

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i> NICKNAME	FIRST <i>Paulette</i> LAST	MI SUFFIX						
	<i>Guajardo</i>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6409 Fumay Corpus Christi TX 78414</i>								
	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0;">Date Received</p> <p style="margin: 0;">Date Filed <i>10/31/16</i></p> <p style="margin: 0; font-size: 1.2em;"><i>R Huerta</i></p> <p style="margin: 0;">Rebecca Huerta City Secretary</p> <p style="margin: 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table> </div>			Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>688-9399</i>	EXTENSION						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST <i>Gary</i> LAST	MI SUFFIX						
	<i>Jennings</i>								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3909 Roscher Corpus Christi TX 78418</i>								
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>549-2392</i>	EXTENSION						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Offic holder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">Month Day Year</td> <td style="width: 20%; text-align: center;">THROUGH</td> <td style="text-align: center; font-size: 0.8em;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;"><i>09 / 30 / 2016</i></td> <td></td> <td style="text-align: center; font-size: 1.2em;"><i>10 / 31 / 2016</i></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<i>09 / 30 / 2016</i>		<i>10 / 31 / 2016</i>
Month Day Year	THROUGH	Month Day Year							
<i>09 / 30 / 2016</i>		<i>10 / 31 / 2016</i>							
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 8 / 2016</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council at Large</i>							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *Itemized*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *31,582.84*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *Itemized*

4. TOTAL POLITICAL EXPENDITURES

\$ *34,539.84*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

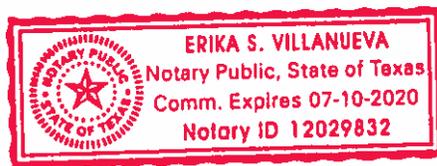
\$ *5,558.98*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *15,000.00*

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paulette Guajardo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paulette Guajardo, this the 31st day of October, 20 16, to certify which, witness my hand and seal of office.

Erika S. Villanueva

Erika S. Villanueva

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Paulette Guajardo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,680. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2902. ⁸⁴
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,500. ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>Itemized</i>
2 FILER NAME <i>Paulette Guajardo</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PAULETTE GUAJARDO CAMPAIGN

2016

CONTRIBUTORS (SCHEDULE A1)

CONTRIBUTOR	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Sarah M. Brem	\$ 150.00	10/3/2016	14 E BAR LE DOC DR	CC	TX	78414
Tim Fitzmorris	\$ 200.00	10/3/2016	5125 OCEAN DR	CC	TX	78412
Jose Cavazos Jr.	\$ 25.00	10/10/2016	5425 WHITEMARSH DR	CC	TX	78413
Dan Leyendecker	\$ 500.00	10/10/2016	14702 SANTA GERTRUDIS DR	CC	TX	78410
Stephanie L. Waterman	\$ 100.00	10/10/2016	5433 S. STAPLES NO P3	CC	TX	78411
Andrew Taubman	\$ 250.00	10/10/2016	5601 SPID #D204	CC	TX	78412
Lee Trujillo	\$ 100.00	10/11/2016	4730 WOOLDRIDGE	CC	TX	78413
David Krams	\$ 100.00	10/10/2016	4642 GAYLE DR	CC	TX	78413
Priscilla Juarez	\$ 250.00	10/10/2016	2315 CIVITAN DR	CC	TX	78417
Eric & Virginia Trejo	\$ 500.00	10/10/2016	5334 TIMBERGATE DR	CC	TX	78413
Robert Viera	\$ 500.00	10/10/2016	6914 APRON DR.	CC	TX	78413
Alfred Hilpold	\$ 50.00	10/10/2016	13742 CAYO GORDA DR	CC	TX	78418
John Jackson	\$ 100.00	10/10/2016	6526 BAUUER	CC	TX	78414
Kamran Zarghouni	\$ 200.00	10/10/2016	46 W BAR LE DOC DR	CC	TX	78414
Christian M Dickson DPM, PA	\$ 200.00	10/10/2016	5920 SARATOGA STE 630	CC	TX	78414
Bo Vela	\$ 250.00	10/10/2016	555 N CARANCAHUA STE 1400	CC	TX	78401
Alex Harris	\$ 500.00	10/10/2016	2138 HIGHWAY 286	CC	TX	78415
Gabriel Guerra	\$ 500.00	10/10/2016	5710 NEUSTADT	CC	TX	78414
Corpus Christi Firefighters Assoc	\$ 1,500.00	10/10/2016	6014 AYERS	CC	TX	78415
Max Underground Construction	\$ 300.00	10/10/2016	P O BOX 271106	CC	TX	78427
Sico Hoelscher Harris & Braugh LLP	\$ 2,000.00	10/10/2016	802 CARANCAHUA STE 900	CC	TX	78401
Govind Nadkarni	\$ 1,000.00	10/6/2016	P O BOX 9094	CC	TX	78469

Paulette Guajardo Campaign - 2016
CONTRIBUTORS

Paul Walton	\$	500.00	10/10/2016	6906 SIR GAWAIN	CC	TX	78413
K & M Premier Real Estate	\$	150.00	10/13/2016	7009 S STAPLES STE 102	CC	TX	78413
Coastal Area Builders PAC	\$	250.00	10/13/2016	5325 YORKTOWN RD	CC	TX	78414
Ann Mellish	\$	250.00	10/7/2016	8042 CERZO	SA	TX	78250
Brenda Chapman	\$	100.00	10/7/2016	4305 LAKE APACHE	CC	TX	78413
Cheryl Rister	\$	100.00	10/7/2016	432 SANTA MONICA	CC	TX	78411
Nancy Wilson	\$	50.00	10/7/2016	4949 ALICANTE WAY	OCEANSIDE	CA	92056
Elizabeth Hanna	\$	50.00	10/12/2016	14530 VERDEMAR	CC	TX	78418
Scott Howell	\$	50.00	10/12/2016	13826 HAWKSNEST BAY	CC	TX	78418
John & Minta Moore	\$	150.00	10/13/2016	15902 PALO SECO DR	CC	TX	78418
Connie Schwirtlich, MD	\$	200.00	10/13/2016	PLAYA DEL REY	CC	TX	78418
Meredith Carter	\$	150.00	10/12/2016	3801 DENVER	CC	TX	78411
Michael & Carolina Mauger	\$	500.00	10/9/2016	6009 S STAPLES	CC	TX	78413
Brennan Wells	\$	250.00	10/13/2016	16562 SPID	CC	TX	78418
Travis Teel	\$	100.00	10/10/2016	518 GORDON	CC	TX	78404
Claudia Reyes	\$	100.00	10/10/2016	7801 LOVAIN	CC	TX	78414
Monica Ellison	\$	200.00	10/20/2016	4020 SANTA FE	CC	TX	78411
Lynda De Leon	\$	100.00	10/20/2016	6909 WINDY HOUSE CIR	CC	TX	78414
Rudy Garza	\$	150.00	10/20/2016	6221 MICHAUX DR	CC	TX	78414
Larry & Priscilla Olivarez	\$	100.00	10/20/2016	5225 GREENBRIAR DR	CC	TX	78413
Melissa Cadena Venecia	\$	150.00	10/20/2016	117 AMISTAD DR	CC	TX	78404
Theresa Cassidy	\$	50.00	10/20/2016	337 CLAREMORE ST	CC	TX	78412
Miguel Calderon	\$	500.00	10/20/2016	8050 MARSIELLE	CC	TX	78414
Renee Cooper	\$	50.00	10/20/2016	3832 DENVER	CC	TX	7841
Griselda Harrison	\$	75.00	10/20/2016	6261 STRASBOURG	CC	TX	78414
Bonnie Coullier	\$	200.00	10/20/2016	502 STIRMAN	CC	TX	78411
Mirna Almaguer	\$	150.00	10/20/2016	4513 PATRIOTS	CC	TX	78413

Paulette Guajardo Campaign - 2016
CONTRIBUTORS

Amanda Cutbirth	\$	2,000.00	10/19/2016	14318 PLAYA DEL REY	CC	TX	78418
Andrew Greenwell	\$	500.00	10/14/2016	800 N. SHORELINE STE. 2800S	CC	TX	78401
CC Firefighters Assoc (COPE FUND)	\$	5,000.00	10/21/2016	6014 AYERS	CC	TX	78415
Sherry Rumley	\$	2,500.00	10/24/2016	5138 CAPE ANN	CC	TX	78412
Rudy Sanchez	\$	50.00	10/22/2016	6134 JESSICA	CC	TX	78414
Zeba LLC	\$	400.00	10/26/2016	P O BOX 3696	CC	TX	78463
Rhodes Urban	\$	300.00	10/26/2016	202 OHIO	CC	TX	78404
Eric & Natalie Villarreal	\$	300.00	10/27/2016	321 COLE	CC	TX	78404
Clayton & Lisa Cohea	\$	150.00	10/26/2016	3826 KANGAROO	CC	TX	78414
Genevieve Gibson	\$	250.00	10/28/2016	8018 MARSIELLE	CC	TX	78414
Rosie Schmitgen	\$	50.00	10/28/2016	3417 NEW CASTLE	CC	TX	78418
Amy Vela	\$	100.00	10/28/2016	134 AMISTAD	CC	TX	78404
Alyssa Simons	\$	30.00	10/28/2016	14202 ENCANTADA AVE#202	CC	TX	78418
Laureen Pedrotti	\$	100.00	10/28/2016	3901 ROSCHER	CC	TX	78418
Rose Navalta	\$	100.00	10/28/2016	525 WOOLDRIDGE	CC	TX	78413
Amy Koch	\$	100.00	10/28/2016	5402 SUGAR CREEK	CC	TX	78413
Josie Kudlicki	\$	300.00	10/28/2016	6037 TARAFAYA	CC	TX	78414
Jamie Wesselski	\$	250.00	10/28/2016	7634 LOVAIN	CC	TX	78414
Eduardo Gomez	\$	100.00	10/28/2016	3926 COVINGTON	CC	TX	78414
Max Underground Construction	\$	400.00	10/26/2016	P O BOX 271106	CC	TX	78427
Linebarger Goggan Blair & Sampson	\$	500.00	10/17/2016	P O BOX 17248	CC	TX	78760
Bayfront Marina Investments, LP	\$	500.00	10/26/2016	707 NORTH SHORELINE BLVD	CC	TX	78401
Bianca De La Chica	\$	250.00	10/28/2016	1651 CASTLE COURT	HOUSTON	TX	77006
Logan Burton	\$	500.00	10/28/2016	1101 N WOOD ST	ROCKPORT	TX	78382
Total to Date	\$	28,680.00					

Paulette Guajardo Campaign - 2016
CONTRIBUTORS

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>Itemized</i>	
2 FILER NAME <i>Paulette Guajardo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PAULETTE GUAJARDO CAMPAIGN

2016

IN KIND - CONTRIBUTORS (SCHEDULE A2)

CONTRIBUTOR	AMOUNT	DATE	PURPOSE	ADDRESS	CITY	STATE	ZIP
Victor Guajardo	\$ 565.84	10/10/2016	Food/Beverages	6409 FUMAY	CC	TX	78414
R. Deleon	\$ 250.00	10/23/2016	Food/Beverages	802 N. CARANCAHUA #900	CC	TX	78401
Reena Bell	\$ 432.00	10/20/2016	Food/Beverages	25 HEWITT	CC	TX	78411
Rachel Richardson	\$ 180.00	10/20/2016	Food/Beverages	418 SOUTHERN	CC	TX	78414
Minta Moore	\$ 150.00	10/12/2016	Food/Beverages	15902 PALO SECO DR	CC	TX	78418
Meredith Carter	\$ 100.00	10/12/2016	Food/Beverages	3801 DENVER	CC	TX	78411
Melanie Jennings	\$ 487.50	10/28/2016	Food/Beverages	3909 ROSCHER	CC	TX	78418
Mirna Almaguer	\$ 487.50	10/28/2016	Food/Beverages	4513 PATRIOTS	CC	TX	78413
Amanda Cutbirth	\$ 100.00	10/12/2016	Food/Beverages	14318 PLAYA DEL REY	CC	TX	78418
Katie Howell	\$ 150.00	10/12/2016	Food/Beverages	13826 HAWKSHEST BAY	CC	TX	78418
Total to Date	\$ 2,902.84						

PLEGGED CONTRIBUTIONS

SCHEDULE B

The instruction Guide explains how to complete this form.		1 Total pages Schedule B: <i>None</i>	
2 FILER NAME <i>Paulette Guajardo</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>Itemized</i>
2 FILER NAME <i>Paulette Guajardo</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

PAULETTE GUAJARDO CAMPAIGN

2016

LOANS (SCHEDULE E)

LENDER	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Victor Guajardo	\$ 1,500.00	10/3/2016	6409 FUMAY	CC	TX	78414
Victor Guajardo	\$ 3,000.00	10/21/2016	6409 FUMAY	CC	TX	78414
Victor Guajardo	\$ 2,000.00	10/31/2016	6409 FUMAY	CC	TX	78414
Total to Date	\$ 6,500.00					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Paulette Guajardo</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Itemized.</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Paulette Guajardo</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
---	---------------

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: <i>None</i>
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2 FILER NAME <i>Paulette Guajardo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Name of person from whom investment is purchased

	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased

	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 FILER NAME *Paulette Guajardo* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ *-0-*

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Paulette Guajardo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <i>None.</i>
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Paulette Guajardo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name <i>None.</i>
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Paulette Guajardo</p>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <p style="text-align: center; font-size: 1.2em;">None.</p>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

None.

2 FILER NAME

Paulette Guajardo

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <i>None.</i>
2 FILER NAME <i>Paulette Guajardo</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED