CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST PAULETTE	MI	OFFICE USE ONLY				
INAME	NICKNAME	LAST	SUFFIX	Date Received				
		GUAJARDO	Y	Date Filed 10 28 24				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	6409 FUMA CORPUS CH	[1] () () () () () () () () () (CITY; STATE; ZIP CODE	RHuerta				
Change of Address				Rebecca Huerta				
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 83	PHONE NUMBER 4-4125	EXTENSION	Date Harldydel bered: 47 (Disa Pytmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST SALLIE	мі	Receipt # Amount \$				
NAME	NICKNAME		OHEEN	Date Processed				
	NICKNAME	OHMSTEDE	SUFFIX	Date Imaged				
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE				
TREASURER ADDRESS	242 CIRCLE							
(Residence or Business)	CORPUS C	HRISTI, TX 78411						
8 CAMPAIGN TREASURER PHONE	AREA CODE	2 2 2 2						
FHONE	(713) 20	2-8132						
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
/a 1 = = = = = =	July 15	8th day before ele-	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day Year	Month	Day Year				
	09	/ 27 /2024	THROUGH 10	/26 / 2024				
11 ELECTION	ELECTION DA	TE Primary	ELECTION TYPE					
	Month Day	Year	Runoff Other Description					
÷	11 / 05 /	2024	Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)				
	MAYOR		MAYOR					
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,				
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
<u> </u>	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS					
		GO TO	PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

A STATE OF THE STA	Aug. 11 Suggest and encountered by Suggest Court Court Suggest Court Suggest Court Suggest Sug							
16 C/OH NAME	9	16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 62,945.00						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ITEMIZED						
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,306.72						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 213,385.85						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 59,050.00						
(1) Affidavit	Please complete either option below: (1) Affidavit ERIKA S. VILLANUEVA Notary Public, State of Texas Comm. Expires 07-11-2028							
NOTARY STAMP/SEAL	Notary ID 12029832 before me by PAULETTE GUAJARDO this the	28th day of Oct.						
0.4	which, witness my hand and seal of office. ERIKA S VILLANUEVA	Notary Public						
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath						
	OR	CONTRACTOR STATE						
(2) Unsworn Declaratio	n							
My name is	, and my date of birth is							
	· · · · · · · · · · · · · · · · · · ·							
(I)	(street) (city) (s	tate) (zip code) (country)						
Executed in	County, State of, on the day of(month)	, 20 (year)						
	Signature of Candid	ate/Officeholder (Declarant)						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME PAULETTE GUAJARDO	ommission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 59,945.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 51,306.72	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Th	e Instruction Guide explains ho	w to complete this	s form.	Total pages Schedule A1: ITEMIZED
2 FILER NAME	PAULETTE GUAJAF	RDO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occ	_ upation / Job title (See Instructions	3)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	 pation / Job title (See Instructions))	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	 upation / Job title (See Instructions)	•	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDI		OF THIS SCHEDULE AS N	

2024

PAULETTE GUAJARDO CAMPAIGN

CONTRIBUTORS (SCHEDULE A1)

CONTRIBUTOR	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
		27112	ADDILEGO	CITI	JIAIL	ZIF
eon Matula	\$ 50.00	9/28/2024		СС	TX	78373
aura Leal Estrada	\$ 10.00	9/28/2024		СС	TX	78415
ebbie Hammond	\$ 500.00	9/30/2024		СС	TX	78404
sie Kudlicki	\$ 500.00	10/1/2024		СС	TX	78414
elba Resendez	\$ 500.00	10/1/2024		СС	ТХ	78401
enevieve Gibson	\$ 500.00	10/1/2024		СС	TX	78414
ngelica Masciale	\$ 500.00	10/1/2024		СС	TX	78413
bert Deleon	\$ 500.00	10/1/2024		СС	ТХ	78401
obert Deleon	\$ 500.00	10/1/2024		СС	ТХ	78401
ic Trejo	\$ 500.00	10/1/2024		СС	TX	78414
ic Villarreal	\$ 500.00	10/1/2024		СС	ТХ	78404
i Rajabi	\$ 500.00	10/1/2024		SA	ТХ	78257
ark Adame	\$ 500.00	10/2/2024		SA	TX	78209
rlos Barrera Jr	\$ 500.00	10/2/2024		СС	TX	78417
rnando Ramirez	\$ 500.00	10/2/2024		СС	ТХ	78418
ollins Reed Glendenning	\$ 500.00	10/2/2024		СС	TX	78414
ngela Partridge	\$ 500.00	10/2/2024		СС	ТХ	78413
uben Jimenez	\$ 500.00	10/2/2024		CC	TX	78460
erri Zepeda	\$ 500.00	10/2/2024		СС	TX	78414
nristopher Hamilton	\$ 1,500.00	10/2/2024		СС	TX	78413
remy Braugh	\$ 1,500.00	10/2/2024		Robstown	TX	78380
le Edward Hooper	\$ 500.00	10/2/2024		СС	TX	78410
nnifer Hernandez	\$ 250.00	10/2/2024		СС	TX	78414
en A Donnell	\$ 350.00	10/2/2024		СС	TX	78413
om Carslile	\$ 1,000.00	10/2/2024		СС	TX	78401

Elizabeth Brown	\$ 500.00	10/2/2024		СС	TX	78418
Lynn Camacho	\$ 1,000.00	10/2/2024		СС	TX	78410
Rebecca Spenst	\$ 500.00	10/2/2024		СС	TX	78412
Erica M Garcia	\$ 100.00	10/2/2024		СС	TX	78411
Lura T Dietze	\$ 500.00	10/2/2024		СС	TX	78418
Ronald Guzman	\$ 100.00	10/2/2024		СС	TX	78414
William Hoskins	\$ 250.00	10/2/2024		сс	TX	78374
Jordan Anderson	\$ 500.00	10/2/2024		СС	TX	78404
Diane L Larue	\$ 250.00	10/2/2024		СС	TX	78463
Melody Hartman Cooper	\$ 200.00	10/2/2024		СС	TX	78414
John A Michael	\$ 500.00	10/2/2024		СС	TX	78418
Dwayne Hargis Insurance	\$ 250.00	10/2/2024		СС	TX	78413
Kathy Jo Overstreet	\$ 500.00	10/2/2024		СС	TX	78413
Dr. Alvaro J Ramos, MD PA	\$ 150.00	10/2/2024		СС	TX	78466
Mark C Steen	\$ 200.00	10/2/2024		СС	TX	78413
Michael Hummell	\$ 1,000.00	10/2/2024		СС	TX	78466
LeighAnn Arroyo	\$ 10.00	10/11/2024		Elyria	ОН	44035
Conor Rice	\$ 25.00	10/11/2024		СС	TX	78412
Mark Stockseth	\$ 1,000.00	10/15/2024		СС	TX	78466
Tim Lange	\$ 2,000.00	10/15/2024		СС	TX	78413
Kingsley Okonkwo	\$ 500.00	10/17/2024		СС	TX	78414
Valero Political Action Committee	\$ 2,500.00	10/17/2024		SA	TX	78269
Nicholas Rhodes	\$ 1,000.00	10/21/2024		McAllen	TX	78501
Mossa Paymon Mostaghasi	\$ 1,000.00	10/21/2024		СС	TX	78463
Jason A Skrobarcyzk	\$ 500.00	10/21/2024		СС	TX	78404
Sharon Rucker	\$ 1,000.00	10/21/2024		СС	TX	78413
Philip Skrobarczyk Jr	\$ 500.00	10/21/2024		СС	TX	78418
Will Klatt	\$ 1,000.00	10/21/2024	0	range Grove	TX	78372
Michael Skrobarczyk	\$ 500.00	10/21/2024		СС	TX	78411
C Riggle	\$ 50.00	10/21/2024		СС	TX	78404
TY Gentry	\$ 1,000.00	10/23/2024		СС	TX	78469

Total to Date	\$ 59,945.00				
Vigington Rumley Dunn & Blair, LLP	\$ 500.00	10/25/2024	СС	TX	784
orpus Christi Police Officers Association	\$ 6,000.00	10/25/2024	СС	TX	784
Elvin P O'Bryan	\$ 1,000.00	10/25/2024	СС	TX	784
Mike Lippincott	\$ 1,000.00	10/25/2024	СС	TX	784
Ip Homes LLC	\$ 2,000.00	10/23/2024	SA	TX	782
Azali Homes LLC	\$ 1,000.00	10/23/2024	СС	TX	784
HHA Hospital Medicine of Texas PLLC	\$ 2,500.00	10/23/2024	СС	TX	784
nfinity Hypertension and Kidney Care LLC	\$ 2,500.00	10/23/2024	СС	TX	784
ulia Meyer	\$ 1,000.00	10/23/2024	СС	TX	784
Raymond Salloum	\$ 1,200.00	10/23/2024	СС	TX	784
Mohammad Rezaee	\$ 3,500.00	10/23/2024	СС	TX	784
Steve Saules	\$ 1,500.00	10/23/2024	СС	ТХ	784
arton H. Braselton	\$ 3,500.00	10/23/2024	СС	TX	784

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedu		
2 FILER NAM	PAULETTE GUAJARDO		3 Filer ID (Ethics Cor	mmission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outsic	de of Texas. Complete Schedule T	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsid	e of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUD	DICIAL) (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)				
ı	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction	HIS SCHEDUI	_EAS NEEDED additional reporting	requirements.	

2	0	2	1
4	U	4	4

PAULETTE GUAJARDO CAMPAIGN

IN KIND - CONTRIBUTORS (SCHEDULE A2)

	(30.123022 7.2)						
LENDER	AMOUNT	DATE	DESCRIPTION	ADDRESS	CITY	STATE	ZIP
Bart & Michelle Braselton	\$ 1,500.00	10/8/2024	Fundraiser	5337 Yorktown Ste. 10D	СС	TX	78413
Melanie Nazari	\$ 1,500.00	10/8/2024	Fundraiser	3825 Ocean Dr.	СС	TX	78404
					8		
	4 0 000 00						
Total to Date	\$ 3,000.00						

PLEDGED CONTRIBUTIONS

SCHEDULE B

				22	
	The Instruction Guide explains how to complete th	1 Total pages Sched			
2	PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UNITEMIZED PLEDGES	\$			
5	Date 6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; S		8 Amount of Pledge \$	9 In-kind contribution description	
10	Principal occupation / Job title (See Instructions)	11 Employer (See		ide of Texas. Complete Schedule T	
,	Date Full name of pledgor □ out-of-state PAC (ID#:_ Pledgor address; City; S	State; Zip Code	Amount of Pledge \$	In-kind contribution description	
	Principal occupation / Job title (See Instructions)	Employer (See	L] . de of Texas. Complete Schedule T.	
	Date Full name of pledgor ☐ out-of-state PAC (ID#:	itate; Zip Code	Amount of Pledge \$	In-kind contribution description	
	Principal occupation / Job title (See Instructions)	Employer (See	l	de of Texas. Complete Schedule T.	
	Date Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	e; Zip Code	 	de of Texas. Complete Schedule T.	
	Principal occupation / Job title (See Instructions)	Employer (See			
	ATTACH ADDITIONAL COPIES				
	If contributor is out-of-state PAC, please see Inst	ruction guide for a	dditional reporting	requirements.	

LOANS SCHEDULE E

•		- ivo i morado uno page in the iv	cport.
The	e Instruction Guide explains how to c	complete this form.	1 Total pages Schedule E: NONE
2 FILER NAME	PAULETTE GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan		f-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;		
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-	f-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral		ds were deposited into political
none	т	☐ account (See Instruct	tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
		COPIES OF THIS SCHEDULE AS NEE	
It le	ender is out-of-state PAC, please see	e Instruction guide for additional re	porting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee		Wages/Contract Labor	Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER N	2 FILER NAME PAULETTE GUAJARDO 3 Filer ID (Ethics Commission Filers)							
4 Date	5 Payee n	ame ITEMIZED	- Andrews	1					
6 Amount (\$)	7 Payee a	ddress;	State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this schedule)							
	(c)	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name	Office sought	Office held					
Date	Payee na	ame							
Amount (\$)	Payee ad	idress;	City;	State; Zip Code					
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 Austi	n, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held					
Date	Payee na	ame							
Amount (\$)	Payee ad	dress;	City;	State; Zip Code					
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	ı, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	Office sought	Office held					
	АТТ	ACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED					

2024

PAULETTE GUAJARDO CAMPAIGN

VENDOR EXPENSES (SCHEDULE F1)

EXPENSES		AMOUNT DATE		CATEGORY/PURPOSE	ADDRESS
Square	\$	14.80	9/30/2024	Campaign Expense - Transaction Fee	1455 MARKET #600, SAN FRANCISCO, CA 94103
Mail Center USA	\$	806.16	9/30/2024	Campaign Expense - Postage and Mail Supplies	3636 S Alameda, Ste B, CCTX 78411
KIII TV 3	\$	204.00	9/30/2024	Campaign Expense - Commercials	5002 SPID, CCTX 78412
Castro's Flower Shop	\$	449.24	10/2/2024	Campaign Expense - Fundraiser Decorations	2101 Horne Rd, CCTX 78416
Square	\$	46.15	10/1/2024	Campaign Expense - Transaction Fee	1455 MARKET #600, SAN FRANCISCO, CA 94103
CC Yacht Club	\$	1,981.67	10/2/2024	Campaign Expense - Fundraiser Food	98 Cooper's Alley, L Head, CCTX 78401
Alejandro Perez	\$	4,315.00	10/4/2024	Campaign Expense - Media Production	615 N Upper Broadway Unit 108, CCTX 78401
Election Support Services	\$	12,460.00	10/7/2024	Campaign Expense - Political Consulting Mailer	2611 Rompel Pass, SATX 78232
Election Support Services	\$	2,500.00	10/8/2024	Campaign Expense - Political Consulting	2611 Rompel Pass, SATX 78232
CC Yacht Club	\$	219.00	10/8/2024	Campaign Expense - Fundraiser Food	98 Cooper's Alley, L Head, CCTX 78401
Rolando Garza	\$	1,000.00	10/11/2024	Campaign Expense - Radio Advertising	2209 NPID, CCTX 78408
Ralph Hernandez	\$	200.00	10/11/2024	Campaign Expense - Sign Work	2237 Guadalupe St., CCTX 78416
Gulf Coast Mailing & Printing	\$	184.03	10/11/2024	Campaign Expense - Push Cards	P O Box 9312, CCTX 78469
KIII TV 3	\$	2,422.50	10/11/2024	Campaign Expense - Commercials	5002 SPID, CCTX 78411
Gulf Coast Mailing & Printing	\$	184.03	10/17/2024	Campaign Expense - Push Cards	P O Box 9312, CCTX 78469
CC Radio Group	\$	2,100.00	10/18/2004	Campaign Expense - Radio Advertising	4921 Andover Drive, CCTX 78411
Arrow Display Signs	\$	368.05	10/18/2024	Campaign Expense - Signs	1343 S. Staples, CCTX 78404
Digital Signs & Laminating	\$	2,165.00	10/23/2024	Campaign Expense - Signs	115 Waco, CCTX 78401
Liz Gutierrez	\$	700.00	10/23/2024	Campaign Expense - Block Walking	P O Box 7090, CCTX 78467
Anedot	\$	187.10	10/25/2024	Campaign Expense - Transaction Fee	1340 Pydras St, Ste 1770, New Orleans, LA 70112
Magic 104.9	\$	2,000.00	10/22/2024	Campaign Expense - Radio Advertising	2209 NPID, CCTX 78408
Arrow Display Signs	\$	979.66	10/23/2024	Campaign Expense - Signs	1343 S. Staples, CCTX 78404
KRIS TV 6	\$	5,805.00	10/24/2024	Campaign Expense - TV Advertising	301 Artesian, CCTX 78401
KZTV	\$	2,507.50	10/24/2024	Campaign Expense - TV Advertising	301 Artesian, CCTX 78401
KIII TV 3	\$	4,428.50	10/24/2024	Campaign Expense - Commercials	5002 SPID, CCTX 78411

Election Support Services	\$ 3,079.33	10/24/2024	Campaign Expense - Political Consulting	2611 Rompel Pass, SATX 78232
Total to Date	\$ 51,306.72			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATE(GORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B' Candidate/Officeholder/Politica	al Committee 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)					
	-	ns how to complete this form.						
1 Total pages Schedule F2:	2 FILER NAME PAULETTE GL	JAJARDO	3 Filer ID (Ethics Commission Filers)					
	MIZED UNPAID INCURRED OBLIC	GATIONS	\$ -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						
	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Aus	stin, TX, officeholder living expense					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	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 s	schedule) Description						
	Check if travel outside of Texas. Complete S	Schedule T. Check if Au	ıstin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: NONE					
2 FILER NAME	PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; City	y; 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 (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	al Committee 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 explai	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME PAULETTE GUA	JARDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED 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	(a) Category (See Categories listed at the top of this	is schedule) (b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ıstin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	istin, 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 O	OF THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex	verhead/Rental Expense Expense Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
aram aymun	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule G:	2 FILER NA	2 FILER NAME PAULETTE GUAJARDO 3 Filer ID (Ethics Commission							
4 Date	5 Payee name NONE								
6 Amount (\$)	7 Payee add	Iress;			City;		State;	Zip Code	
Reimbursement from political contributions intended									
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description					
EXPENDITURE	(c) C	theck if travel outside of Texas. Complete Sc	hedule T.		Check if Austin	Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office s		., ., .,	g	Office held	
									
Date	Payee nan	ne							
Amount (\$)	Payee add	ress;			City;		State;	Zip Code	
Reimbursement from political contributions intended									
PURPOSE OF	Category	(See Categories listed at the top of this s	schedule)	De	scription				
EXPENDITURE		Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austi	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/G		ate / Officeholder name	•	Office s	ought			Office held	
Date	Payee nan	ne							
Amount (\$)	Payee add	ress;			City;	2	State;	Zip Code	
Reimbursement from political contributions intended									
PURPOSE OF	Category	(See Categories listed at the top of this so	chedule)	Des	scription				
EXPENDITURE	По	heck if travel outside of Texas. Complete Sci	hedule T.		Check if Austir	n, TX, officel	holder living ex	kpense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	(Office s	l		-	Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS SC	HEDUI	LE AS NEED	ED			

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polii Credit Card Payment		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER NAME	GUAJARDO	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Business name NONE					
6 Amount (\$)	7 Business address;	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	nedule) (b) Description				
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description				
	Check if travel outside of Texas, Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to con	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME PAULETTE GUAJARDO	0	3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name NONE			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

SCHEDULE K

				o pago	and ropo			
	The	es Sched						
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;		State		de		
		7 Purpose for which amount is received		Check if p	olitical cont	ribution	returned to filer	
	Date	Name of person from whom amount is received					Amount (\$)	
		Address of person from whom amount is received;			e; Zip Cod	de		
		Purpose for which amount is received		Check if p	olitical conti	ribution	returned to filer	
	Date	Name of person from whom amount is received					Amount (\$)	
		Address of person from whom amount is received;		State	; Zip Co	de		
		Purpose for which amount is received		Check if po	olitical contr	ibution i	returned to filer	
	Date	Name of person from whom amount is received					Amount (\$)	
		Address of person from whom amount is received;	City;	State	e; Zip Cod	le		
		Purpose for which amount is received		Check if po	olitical contr	ibution r	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

SCHEDULE T

ii the requested in	ormation	is not app	olicable, DO NO	i include thi	ıs page ıı	n the report.		
The Instru	ction Guide	explains	how to complete	this form.		1 Total pages Schedule T: NONE		
2 FILER NAME	PAULETTE GUAJARDO						nission Filers)	
4 Name of Contributor / (Corporation	or Labor O	rganization / Pledg	or / Payee				
5 Contribution / Expendit	ure reported	d on:						
Schedule A2		edule B	Schedule B(. □ c-b	dule C2			
Schedule F2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
6 Dates of travel	7 Name of person(s) traveling							
	8 Departu	re city or na	ame of departure lo	cation	····			
	9 Destinat	tion city or	name of destination	location				
10 Means of transportatio	n	11 Purpo	se of travel (includi	ng name of cont	ference, se	minar, or other event)		
Name of Contributor / 0	Corporation	or Labor O	rganization / Pledge	or / Payee				
Contribution / Expendit	ure reported	on:	· · · · · · · · · · · · · · · · · · ·					
Schedule A2	Sche	edule B	Schedule B(J) Sched	lule C2	Schedule D	Schedule F1	
Schedule F2	Sch	edule F4	Schedule G	Sched	ule H	Schedule COH-UC		
Dates of travel	Name o	f person(s)	traveling			AND THE PROPERTY OF THE PROPER		
	Departu	re city or na	ame of departure lo	cation				
	Destinat	ion city or r	name of destination	location				
Means of transportatio	n	Purpo	se of travel (includi	ng name of conf	ference, se	minar, or other event)		
Name of Contributor / 0	Corporation	or Labor O	rganization / Pledgo	or / Payee				
Contribution / Expendit	ure reported	l on:						
Schedule A2	Schedu	le B	Schedule B(J)	Schedule	C2 [Schedule D	Schedule F1	
Schedule F2	Schedu	ile F4	Schedule G	Schedule	н [Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of	person(s)	traveling					
	Departui	e city or na	ame of departure loc	cation) ₀		
	Destinati	on city or n	name of destination	location	•			
Means of transportation	n	Purpose of travel (including name of conference, seminar, or other event)						
	TA	TACH AD	DITIONAL COPIE	S OF THIS SC	HEDULE	AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Checl	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
<u> </u>	OFFICE	EHOLDER
•		Plete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder