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: 22

OFFICE USE ONLY

Date Received

Date Filed 10-26-26

Rebecca Huerta for City Secretary

Date Hand-delivered or Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: PAULETTE | MI

NICKNAME | LAST: GUAJARDO | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6409 FUMAY
CORPUS CHRISTI, TX 78414

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 834-4125

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: SALLIE | MI

NICKNAME | LAST: OHMSTEDE | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

242 CIRCLE DRIVE
CORPUS CHRISTI, TX 78411

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(713) 202-8132

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☑ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 09 / 25 / 2026 THROUGH Month Day Year: 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 03 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): MAYOR

13 OFFICE SOUGHT (if known): MAYOR

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	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)	$ 82,200.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ ITEMIZED
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 22,398.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 133,107.57
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 59,050.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

ERIKA S. VILLANUEVA
Notary Public, State of Texas
Comm. Expires 07-11-2028
Notary ID 12029832

NOTARY STAMP / SEAL

Sworn to and subscribed before me by PAULETTE GUAJARDO this the 26th day of October, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	ERIKA S VILLANUEVA	Notary Public

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
PAULETTE GUAJARDO	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 82,200.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 22,398.05
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: ITEMIZED
2 FILER NAME: PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
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.

2026	PAULETTE GUAJARDO CAMPAIGN					
	CONTRIBUTORS (SCHEDULE A1)					
CONTRIBUTOR	AMOUNT	DATE	ADDRESS	CITY	STATE	ZIP
Teysha Dougherty	$ 600.00	9/30/2026	[redacted]	CC	TX	78418
Christopher Hamilton	$ 1,000.00	9/30/2026		CC	TX	78401
Benton Kemp	$ 500.00	9/30/2026		Robstown	TX	78380
Jeremy Baugh	$ 1,000.00	9/30/2026		Robstown	TX	78380
Isaac Clubb	$ 2,500.00	9/30/2026		CC	TX	78418
Leah Pagan Olivarri	$ 1,000.00	10/2/2026		CC	TX	78466
Jerry Hunsaker	$ 1,000.00	10/2/2026		CC	TX	78411
Trian Serbu	$ 100.00	10/5/2026		CC	TX	78418
Gregg T. Reyes	$ 5,000.00	10/6/2026		Houston	TX	77042
Valero Political Action Committee	$ 2,500.00	10/6/2026		San Antonio	TX	78269
Kochpac	$ 2,500.00	10/6/2026		Wichita	TX	67220
WSP USA PAC	$ 500.00	10/6/2026		New York	NY	10119
Clark Pipeline Services	$ 1,000.00	10/6/2026		CC	TX	78408
Robert Rodriguez	$ 1,000.00	10/6/2026		Friendswood	TX	77546
Taylor J. Hecht	$ 1,000.00	10/6/2026		CC	TX	78418
Christopher F. Smith	$ 1,000.00	10/6/2026		Richmond	TX	77469
Wanda H. Simms	$ 200.00	10/6/2026		CC	TX	78414
Dennis J. Fisherbeck	$ 1,000.00	10/6/2026		Sugar Land	TX	77479
Blanca S. Maldonado	$ 500.00	10/6/2026		CC	TX	78413
D. Scott Jones	$ 250.00	10/6/2026		Portland	TX	78374
Fernando Ramirez	$ 500.00	10/6/2026		CC	TX	78418
David Hamilton	$ 500.00	10/6/2026		CC	TX	77024
Steven K. Aranda	$ 1,000.00	10/6/2026		Sugar Land	TX	77479
Timothy R. Lange	$ 2,000.00	10/6/2026		CC	TX	78426
Wes Hoskins	$ 1,000.00	10/8/2026		Portland	TX	78374

Wade Spenst	$ 500.00	10/8/2026	[redacted]	CC	TX	78412
Michelle Nichols	$ 500.00	10/8/2026		CC	TX	78418
Jesus Jimenez	$ 250.00	10/9/2026		CC	TX	78413
Max Underground Construction	$ 1,000.00	10/9/2026		CC	TX	78427
Pape-Dawson Engineers PAC	$ 1,500.00	10/9/2026		San Antonio	TX	78213
Halff Associates - State PAC	$ 2,000.00	10/9/2026		Richardson	TX	75082
Vivi See	$ 100.00	10/9/2026		CC	TX	78418
Jesse Ramirez	$ 2,300.00	10/9/2026		CC	TX	78463
John Masciale	$ 500.00	10/10/2026		CC	TX	78413
Charles Webb	$ 1,000.00	10/12/2026		CC	TX	78412
Nancy Beauchamp	$ 100.00	10/14/2026		CC	TX	78404
Christine Perrone	$ 100.00	10/14/2026		CC	TX	78404
Harmon Dobson	$ 250.00	10/14/2026		CC	TX	78411
Saurabh Singhal	$ 2,000.00	10/14/2026		CC	TX	78414
DeAnna Heavilin	$ 250.00	10/14/2026		CC	TX	78418
Lee Trujillo	$ 300.00	10/14/2026		CC	TX	78413
Justin Rackley	$ 1,000.00	10/15/2026		Plano	TX	75093
Jeanene Rosenquist Anthony	$ 500.00	10/15/2026		CC	TX	78412
Genevieve Gibson	$ 500.00	10/15/2026		CC	TX	78414
M. E. Hanisch	$ 100.00	10/15/2026		CC	TX	78411
Susan M Taft	$ 250.00	10/15/2026		CC	TX	78427
Robin M Perrone	$ 100.00	10/15/2026		CC	TX	78413
Elizabeth S. Vanexan	$ 100.00	10/15/2026		CC	TX	78404
Mohammad Rezaei	$ 2,500.00	10/15/2026		CC	TX	78414
Randall McIntyre	$ 1,000.00	10/16/2026		Arlington	TX	76016
Robbi Atkins	$ 100.00	10/16/2026		CC	TX	78411
Craig Sico	$ 2,500.00	10/20/2026		Rockport	TX	78381
Sapram Singh	$ 2,500.00	10/20/2026		Houston	TX	77041
Jason Hoelscher	$ 2,500.00	10/20/2026		Hill Country	TX	78332
Jeff Coym	$ 250.00	10/20/2026		CC	TX	78418
Wilson Almonte	$ 2,500.00	10/20/2026		Houston	TX	77005

John Schroeder	$ 1,000.00	10/20/2026	[redacted]	CC	TX	78414
Charles Kaffie III	$ 1,000.00	10/20/2026		CC	TX	78418
Jalil Baradaran	$ 1,000.00	10/20/2026		CC	TX	78414
Justin Green	$ 1,000.00	10/20/2026		CC	TX	78418
Tarandeep Singh	$ 2,500.00	10/21/2026		Houston	TX	77043
Arthur Steier	$ 2,500.00	10/21/2026		Houston	TX	77098
Eduardo De Lachica	$ 1,000.00	10/21/2026		Sugar Land	TX	77479
Audra Jones	$ 2,500.00	10/22/2026		Houston	TX	77098
Wade P Parks	$ 2,000.00	10/23/2026		Houston	TX	77057
Jeffrey L. Sober	$ 1,000.00	10/23/2026		Spring Branch	TX	78070
Robert Gough	$ 1,000.00	10/23/2026		CC	TX	78412
CC Police Officers Association	$ 5,000.00	10/23/2026		CC	TX	78408
Brandon Perez	$ 2,500.00	10/24/2026		Houston	TX	77007
Total to Date	**$ 82,200.00**					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: NONE
2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ 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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: NONE
2 FILER NAME: 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#:_____)	8 Amount of Pledge $	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code	☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code	☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code	☐ 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

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: NONE
2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#_____)	9 Loan Amount ($)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral ☐ none	15 ☐ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#_____)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
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.

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	PAULETTE GUAJARDO	

4 Date	5 Payee name
	ITEMIZED

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
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 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

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

Date	Payee name		

Amount ($)	Payee address;	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, 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

PAULETTE GUAJARDO CAMPAIGN

VENDOR EXPENSES (SCHEDULE F1)

2026

EXPENSES	AMOUNT	DATE	CATEGORY/PURPOSE	ADDRESS
Election Support Services	$ 2,500.00	10/1/2026	Campaign Expense - Political Consulting, Emails, Facebook, Phone Bank	2611 Rompel Pass, SATX 78232
Arrow Display Signs	$ 733.94	10/1/2026	Campaign Expense - Signs & Stakes	1343 S. Staples, CCTX 78404
Adrian Garza	$ 1,500.00	10/2/2026	Campaign Expense - Consulting	7959 Wolverine, CCTX 78414
Lamar Advertising	$ 7,200.00	10/2/2026	Campaign Expense - Billboard	133 NPID, CCTX 78406
CC Yacht Club	$ 788.66	10/9/2026	Campaign Expense - Campaign Event	98 Coopers Alley, L Head, CCTX 78401
Ralph Hernandez	$ 250.00	10/9/2026	Campaign Expense - Signs Work	2237 Guadalupe St, CCTX78416
B & T Rentals	$ 259.64	10/9/2026	Campaign Expense - Campaign Event	1321 Staples, CCTX 78404
Arrow Display Signs	$ 1,052.19	10/12/2026	Campaign Expense - Signs & Stakes	1343 S. Staples, CCTX 78404
Harbor Parking Inc	$ 330.30	10/13/2026	Campaign Expense - Valet	711 N. Carancahua St., Ste. 1620, CCTX 78401
Lura Dietze	$ 2,215.70	10/14/2026	Campaign Expense - Reimb. Of FB Fundraiser Food	1202 Schell, CCTX 78418
Gulf Coast Mailing & Printing	$ 75.78	10/15/2026	Campaign Expense- Push Cards	P O Box 9312, CCTX 78469
Ralph Hernandez	$ 200.00	10/16/2026	Campaign Expense - Signs Work	2237 Guadalupe St, CCTX78416
Gulf Coast Mailing & Printing	$ 198.10	10/16/2026	Campaign Expense- Push Cards	P O Box 9312, CCTX 78469
MG Building Materials	$ 181.73	10/17/2026	Campaign Expense - T-posts	7406 SPID, CCTX 78412
Padre Island Business Assoc	$ 1,500.00	10/20/2026	Campaign Expense - Advertising	14493 SPID, Ste A, CCTX 78418
Gulf Coast Mailing & Printing	$ 108.25	10/20/2026	Campaign Expense- Push Cards	P O Box 9312, CCTX 78469
Robert Valadez	$ 312.00	10/22/2026	Campaign Expense - T-Shirts	3630 SPID, CCTX 78415
Anedot	$ 1,640.80	10/23/2026	Campaign Expense - Transaction Fee	1340 Pydras St., Ste 1770, New Orleans, LA 70112
Arrow Display Signs	$ 1,350.96	10/23/2026	Campaign Expense - Signs & Stakes	1343 S. Staples, CCTX 78404
Total to Date	$ 22,398.05			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		$ -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 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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

The 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; 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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		
	(c) ☐ 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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	PAULETTE GUAJARDO	

4 Date	5 Payee name
	NONE

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
☐ Reimbursement from political contributions intended				

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

9 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
☐ Reimbursement from political contributions intended				

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
☐ Reimbursement from political contributions intended				

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

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
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 PAULETTE 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 schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	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 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

Date	Business name	
Amount ($)	Business address; 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, 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME PAULETTE GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name NONE	
6 Amount ($)	7 Payee address; City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	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

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

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 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: NONE

2 FILER NAME: PAULETTE GUAJARDO

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ 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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ 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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ 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

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 NAME	2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check 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

Check 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

5 OFFICEHOLDER

•• Complete this section *only* 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