

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carolyn NICKNAME LAST SUFFIX Vaughn	OFFICE USE ONLY Date Received Date Filed <u>10-5-26</u> Rebecca Huerta City Secretary Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 261025 Corpus Christi, TX 78426		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 877-0148		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Marilyn NICKNAME LAST SUFFIX Jorda	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 261025 Corpus Christi, TX 78426		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
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 07 / 01 / 2026 THROUGH Month Day Year 09 / 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)	13 OFFICE SOUGHT (if known)	
	City Council At Large	City Council At Large	
14 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.		
☐ Additional Pages	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH, NAME <u>Carolyn Vaughn</u>		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)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,500.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,048.⁰¹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,500.⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>24,680.⁰⁰</u>

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.

Carolyn Vaughn

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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

OR

(2) Unsworn Declaration

My name is Carolyn Vaughn, and my date of birth is [REDACTED]

My address is 4214 Spring Creek Dr. Corpus Christi TX 78416 Mexico
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the 5th day of October, 2026.
(month) (year)

Carolyn Vaughn
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19. FILER NAME <i>Carolyn Vaughn</i>		20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,500.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	☒ SCHEDULE E: LOANS	\$ 24,680.01
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,048.01
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: 2
2 FILER NAME Carolyn Vaughn		3 Filer ID (Ethics Commission Filers)
4 Date 8-3-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Carolyn Vaughn	7 Amount of contribution (\$) 3,000.⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX. 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-26-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marty Beeby	Amount of contribution (\$) 1,500.⁰⁰ TX
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX. 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-2-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carolyn Vaughn	Amount of contribution (\$) 10,000.⁰⁰ TX
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX. 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-15-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carolyn Vaughn	Amount of contribution (\$) 5,680.⁰⁰ TX
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX. 78410		
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.		

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9-17-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ernest Garza 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX, 78410	7 Amount of contribution (\$) 500. ⁰⁰ / ₁₀₀
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-24-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carolyn Vaughn Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX, 78410	Amount of contribution (\$) 6,000. ⁰⁰ / ₁₀₀
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-16-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Roberto - R. Delcristo Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX, 78412 - 78449	Amount of contribution (\$) 2,500. ⁰⁰ / ₁₀₀
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9-11-26		5 Payee name Neely Printing			
6 Amount (\$) 460.06		7 Payee address; 1011 - LOUISIANA AVE. CORPUS CHRISTI, TX. 78404		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.		(b) Description yard signs		
	(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 9-14-26		Payee name Catalyst ADVISORS GROUP			
Amount (\$) 659.95		Payee address; 1108 - LAVACA ST. STE 110-506 AUSTIN, TX. 78701-2172		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.		Description DOOR HANGERS		
	☐ 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 9-23-26		Payee name Catalyst ADVISORS GROUP			
Amount (\$) 2,500.00		Payee address; 1108 - LAVACA ST, STE 110-506 AUSTIN, TX. 78701-2172		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting		Description consulting		
	☐ 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	

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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
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>Carolyn Vaughn</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8-28-26</i>		5 Payee name <i>Neely Printing</i>			
6 Amount (\$) <i>3,897.00</i>		7 Payee address; City; State; Zip Code <i>1012 - Louisiana Ave Corpus Christi, TX. 78404</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Signs - Adv.</i>		(b) Description <i>Signs</i>		
	(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 <i>9-8-26</i>		Payee name <i>Catalyst Advisors Group, LLC</i>			
Amount (\$) <i>2,500</i>		Payee address; City; State; Zip Code <i>1108 - Lavaca St. Suite 110-506 Austin, TX. 78701-2172</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting</i>		Description <i>consulting -</i>		
	☐ 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 <i>9-9-26</i>		Payee name <i>Neely Printing</i>			
Amount (\$) <i>3,031.00</i>		Payee address; City; State; Zip Code <i>1011 - Louisiana Ave. Corpus Christi, TX. 78404</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs - Adv.</i>		Description <i>Signs</i>		
	☐ 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	

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