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: 7
3 CANDIDATE / OFFICEHOLDER	Ms / Mrs / Mr First Kaylynn	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Paxson	SUFFIX	Date Received 07/16/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	CITY; STATE; ZIP CODE (78418	RH/MR
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 723-1001	EATENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr first Kaylynn	МІ	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	
	Paxson		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 16013 El Soccorro Loop CC TX		STATE; ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENS I ON	
TREASURER PHONE	(361) 723-1001		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 15 / 2025	THROUGH 7	Day Year / 15 / 2025
11 ELECTION	ELECTION DATE Month Day Year 12 / 14 / 24 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) City Council District 4	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII	S MAY HAVE BEEN MADE WITHOUT THE CANI	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

CAMPAIG	N FIN	ANCE REPORT	СО	VE	R SHEET PG 2
15 C/OH NAME Kaylynn Paxson			16 Filer	ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	8750.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4.	TOTAL POLITICAL EXPENDITURES		\$	10868.61
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	6355.96
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	129.58
		affirm, under penalty of perjury, that the accompanying report is true e reported by me under Title 15, Election Code.	and cor	rect a	and includes all information
		Kaylynn Paxson Kaylynn Paxson (Jul 16, 2025 09:36 CD	T)		
		Signature of Ca	ndidate d	or Off	iceholder

Please complete either option below:

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co					
Kay	/lynn Paxson					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8750.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	10868.61			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	250.00		
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 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	\$				
						

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	1 Total pages Schedule A1:	
2		Kaylynn Paxson		3 Filer ID (Ethics Commission Filers)
4	Date	See attached	state; Zip Code	7 Amount of contribution (\$)
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	etions)
	Date		te PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)
	Date	Full name of contributor out-of-sta	state; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor out-of-sta	state; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	otions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Т	he Instruction Guide explains how to complete this form	1 Total pages Sched	1 Total pages Schedule A2:		
2 FILER NAM	ie Kaylynn Paxson		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL C	F 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			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	 In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	, de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributo	r 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 ho	1 Total pages Schedule B:			
2	FILER NAME	Kaylynn Paxson	3 Filer ID (Ethics C	ommission Filers)		
4	TOTAL OF	UNITEMIZED PLEDGES	S		\$	
5	Date	, ,	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;		te; Zip Code		
					Check if travel outsi	l . de of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instruction	ns)	11 Employer (See	Instructions)	· · · · · · · · · · · · · · · · · · ·
	Date		out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		
						de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions	5)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;		ate; Zip Code		
					Check if travel outsi	l de of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruction	s)	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 outsi	de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions	5)	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.

if the requested information is not applicable, DO NOT include this page in the report.									
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:						
2 FILER NAME Kay	lynn Paxson		3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UN	IITEMIZED LOANS		\$						
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)						
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date						
□ Y □ N			TT Waturity date						
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)							
14 Description of Collinone	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)						
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)						
not applicab l e	18 Guarantor address; City;	State; Zip Code							
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)							
Date of l oan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)						
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate						
Y N			Maturity date						
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)							
Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)							
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)						
	Guarantor address; City;	State; Zip Code							
not applicable									
Principal Occupati	on (See Instructions)	Employer (See Instructions)							
	ATTACH ADDITIONAL COD	IEC OF THIS COHEDIN E AC NEI	- DED						

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		,
1 Total pages Schedule F1:	2 FILER NAME Kaylynn Paxson		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name See attached			
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 Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, 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 NEI	EDED	

Office Holder - Kaylynn Paxson

Campaign Finance Report - Contributions

Schedule A1

Contributor	Amount	Date	Address	City	State	Zip
IOD Interest Payment	\$0.30	1/14/2025		cc	TX	78418
TREPAC-Texas REALTORS PAC	\$6,000.00	2/6/2025		Austin	TX	78766-224
IOD Interest Payment	\$0.11	3/13/2025		cc	TX	78418
Susan De Cou Lamb	\$100.00	2/27/2025		cc	TX	78401
Rodd Village Development LLC	\$100.00	2/27/2025		cc	TX	78415
J & E Ranch Tracts, LLC	\$125.00	2/27/2025		cc	TX	78415
Terra Motors, LLC	\$125.00	2/27/2025		cc	TX	78415
Salazar Investments	\$150.00	2/27/2025		cc	TX	78415
Anna Marie Aldridge	\$250.00	2/27/2025		cc	TX	78414-340
The Shoreline Real Estate Team Inc	\$250.00	2/27/2025		cc	TX	78418
Mossa Paymon Mostaghasi	\$500.00	2/27/2025		cc	TX	78463
Shoreline Hospitality , LP dba: Residence Inn	\$1,000.00	2/27/2025		cc	TX	78401
Mourad Hasbaoui	\$150.00	3/10/2025		cc	TX	78416
IOD Interest Payment	\$0.23	3/13/2025		cc	TX	78418
IOD Interest Payment	\$0.29	3/13/2025		cc	TX	78418
IOD Interest Payment	\$0.32	3/13/2025		cc	TX	78418
IOD Interest Payment	\$0.24	3/13/2025		cc	TX	78418
Tabel	A0 754 40					
Total	\$8,751.19	l				

Kaylynn Paxson

Campaign Finance Report - In-Kind Contributions

Schedule A2

Contributor	Amount	Date	Description	Address	
					•

\$0.00 Total

Kaylynn Paxson

Campaign Finance Report - Expenses

Schedule F1

Expense	Amount	Date	Category	Description	Address
Milestone CS	\$ 7,500.00	1/21/2025	Consulting	Consulting	3522 S Alameda, CC TX 78418
PIBA	\$ 250.00	3/1/2025	Event Expense	Float	14493 S Padre Island Dr, A-313 CC TX 78418
Cloudflare	\$ 10.11	3/24/2025	Advertising Expense	Website	101 Townsend St., San Francisco, California 94107
CBRC	\$108.50	4/25/2025	Event Expense	Banquet	14641 S Padre Island Dr. CC TX 78418
Milestone CS	\$ 3,000.00	5/27/2025	Consulting	Consulting	3522 S Alameda, CC TX 78418

Total \$10,868.61

Maintained as of last period: \$ 8,473.38

Period, Report Contributions: \$8,751.19 \$8750.00* no interest

Period, Report Expenses: -\$10,868.61 \$ 6,355.96 TOTAL:

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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/Wa		Trave	In District Out Of District enter a category r	not listed above)			
		The Instruction Guide explain	ns how to co	omplete this form.						
1 Total pages Schedule F2:	2 FILER	NAME Kaylynn Paxson			3 Filer	ID (Ethics Con	nmission Filers)			
4 TOTAL OF UNITEM	IIZED UN	IPAID INCURRED OBLI	GATIONS	3	\$	250.00)			
5 Date	6 Payee	name								
08/04/2025	PIBA									
7 Amount (\$)	8 Payee			City;		State;	Zip Code			
250.00	14493 \$	SP I D St A PMB 313 C	C TX 78	3418						
9 TYPE OF EXPENDITURE		Political	Non-Po l i	tical						
10	(a) Categor	ry (See Categories listed at the top of this	s schedu l e)	(b) Description						
PURPOSE OF	Event E	Expense		Lunch Spons	or					
EXPENDITURE										
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, off	iceholder living exp	pense			
11 Complete ONLY if direct expenditure to benefit C/OF		didate / Officeholder name	Of	fice sought		Office held	1			
Date	Payee	name								
Amount (\$)	Payee	address;		City;		State;	Zip Code			
TYPE OF EXPENDITURE		Political	Non-Pol	itical						
	Catego	ry (See Categories listed at the top of this	s schedule)	Description						
PURPOSE OF EXPENDITURE										
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ıstin, TX, o	fficeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OF		didate / Officeholder name	0	ffice sought		Office held	I			
	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:			
2 FILER NAME	Kaylynn Paxson	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; Cit	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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Polit	ical Committee Legal Serv	ices	Salanes/	Wages/Contract Lat	oor Other (e	enter a category	not listed above)	
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAG	SE FOR EACH C	REDIT CARD	ISSUER	
1 TOTAL PAGES SCHEDULE F4: 2 FILER NAME Kaylynn Paxson					3 FILE	R ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A CREDIT CARD				\$			
5 CREDIT CARD ISSUER	Name of financial institut	ion			·			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit	Card Issuer Paid			
	\$							
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	dule)	(b) Description				
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Che	eck if Austin, TX, offi	ceholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought					Office Held		
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issuer Paid				
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sched	dule)	(b) Description				
☐ Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Ch	eck if Austin, TX, of	ficeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held		
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged		(c) Date(s) Credit Card Issuer Paid				
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE One of this set of the set of		sted at the top of this sched	dule)	(b) Description				
☐ Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held		
	ATTACH ADDIT	TIONAL COPIE	S OF THIS	SCHEDULE A	S 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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Kaylynn Paxson		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
B 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 Aust	in, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office he l d
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 Aust	tin, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/6	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 Aust	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office he l d

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	o complete this form.		
1 Total pages Schedule H:	² FILER NAME Kaylynn Paxson		3 Filer ID (Ethics Cor	nmission Filers)
4 Date	5 Business name			
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 expens	se
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Offic	ce 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 expens	е
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Offic	ce 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 expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME Kaylynn Paxson		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
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 required.)	e instructions rega	ding type of	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 rega	rding type of	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 rega	rding type of	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 rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

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

SCHEDULE K

The	dule K:		
2 FILER NAME	s Commission Filers)		
4 Date	5 Name of person from whom amount is received	I	8 Amount (\$)
	6 Address of person from whom amount is received; City; Star	te; Zip Code	
	7 Purpose for which amount is received 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; Sta	ate; Zip Code	
	Purpose for which amount is received 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; Star	te; Zip Code	
	Purpose for which amount is received 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; Sta	ate; Zip Code	
	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

	ii tiio roquostou iiii	ommanom i	o not appi	00010, 20 110		ado imo page				
The Instruction Guide explains how to complete this form.				1 1	Total pages Schedule 1	Г:				
2	FILER NAME Kaylynn Paxson						3	Filer ID (Ethics Comm	nission	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	6 Dates of travel 7 Name of person(s) traveling									
		8 Departu	re city or nan	ne of departure lo	ocation					
		9 Destinat	ion city or na	ame of destination	n locatio	on				
10	Means of transportation	n	11 Purpose	e of travel (includ	ing nam	e of conference,	semin	ar, or other event)		
	Name of Contributor / C	Corporation	or Labor Org	ganization / Pledo	gor / Pay	/ee				
	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					Schedule F1 Schedule B-SS				
	Departure city or name of departure location									
		Destinat	ion city or na	ame of destinatio	n locatio	on				
	Means of transportation	n	Purpose	e of travel (includ	ling nam	e of conference,	semin	ar, or other event)		
	Name of Contributor / C	Corporation	or Labor Org	ganization / Pledo	gor / Pay	/ee				
	Contribution / Expenditu	ure reported	l on:							
	Schedule A2	Schedu	ile B	Schedule B(J)		Schedu l e C2		Schedule D	s	chedule F1
	Schedule F2	Schedu	le F4	Schedu l e G		Schedu l e H		Schedule COH-UC	s	chedule B-SS
	Dates of travel	Name of	f person(s) tr	raveling						
Departu		Departu	rture city or name of departure location							
Destina			ion city or na	ame of destinatio	n locatio	on				
	Means of transportation	n	Purpose	e of travel (includ	ling nam	e of conference,	semin	ear, or other event)		
		Αī	TACH ADD	ITIONAL COPI	ES OF	TH I S SCHEDUI	LE AS	NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instru	action Guide explains how to complete this form,
	•• Complete only	f "Report Type" on page 1 is marked "Final Report" ••
1	1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
3	3 SIGNATURE	
	designating a report as a final report termina	ions or political expenditures in connection with my candidacy. I understand that attes my campaign treasurer appointment. I also understand that I may not accept any ign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4	 FILER WHO IS NOT AN OFFICEHOL Complete A & B below only if you ar 	
	A. CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contribu	tions or unexpended interest or income earned from political contributions.
	may not convert unexpended polit personal use. I also understand t unexpended contributions or unexp filing this final report. Further, I un	r unexpended interest or income earned from political contributions. I understand that I ical contributions or unexpended interest or income earned on political contributions to that I must file an annual report of unexpended contributions and that I may not retain bended interest or income earned on political contributions longer than six years after derstand that I must dispose of unexpended political contributions and unexpended cal contributions in accordance with the requirements of Election Code, § 254.204.
	B. ASSETS	
	Check only one:	
	I do not retain assets purchased w	th political contributions or interest or other income from political contributions.
	that I may not convert assets purch	olitical contributions or interest or other income from political contributions. I understand assed with political contributions or interest or other income from political contributions to at I must dispose of assets purchased with political contributions in accordance with the 4.204.
		Signature of Candidate
5	5 OFFICEHOLDER •• Complete this section only if you are	an officeholder ••
	I am aware that I remain subject to fil file. I am also aware that I will be red an officeholder, I retain political cont	ing requirements applicable to an officeholder who does not have a campaign treasurer on quired to file reports of unexpended contributions if, after filing the last required report as ributions, interest or other income from political contributions, or assets purchased with other income from political contributions.
		Signature of Officeholder