# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

| 1 Filer ID (Ethics Comm               | nission Filers)                                                                                                         | 2 Total pages filed                      | 7                            | D                     | ate File                       | USE ONLY<br>d 10/28/24           |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------|-----------------------|--------------------------------|----------------------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME | MS/MRS/MR FIRST  May 1  NICKNAME  Paxso                                                                                 | n                                        | MI                           | Dat                   | Rebecca                        | Huerta                           |
| 4 ORIGINAL REPORT<br>TYPE             | July 15 Run  July 15 Exc Imil                                                                                           | off<br>eeded modified reporting          | Final report Other (specify) |                       | eipt #                         | Amount \$                        |
| 5 ORIGINAL PERIOD<br>COVERED          | Month Day Year                                                                                                          | ointment (officeholder only  Month       |                              | ear                   | e Processed                    |                                  |
| 6 EXPLANATION OF CO                   | DRRECTION Eugens                                                                                                        | ۷.                                       |                              |                       |                                |                                  |
| 7 SIGNATURE I SWE                     | ear, or affirm, under penalty of                                                                                        | perjury, that this                       | corrected re                 | oort is tru           | ue and corr                    | ect.                             |
| Chec                                  | ck ONLY if applicable:                                                                                                  |                                          |                              |                       |                                |                                  |
| Semiannual mislead or t               | reports: I swear, or affirm, that to misrepre-sent the information of                                                   | he original report<br>ontained in the re | was made in g                | ood faith             | and without                    | an intent to                     |
| date I learne                         | ts: I swear, or affirm, that I am fill<br>ed that the report as originally file<br>the report as originally filed was i | d is inaccurate or                       | incomplete. I                | than the<br>swear, or | 14th busines<br>affirm, that a | ss day after the<br>any error or |
|                                       | ^^^^                                                                                                                    |                                          | 1                            | 1                     |                                |                                  |
| (1) Affidavit                         | STATE OF TEXAS Comm. Exp. 04-06-2026                                                                                    | omplete eithe                            | signature of Ca              |                       | iceholder                      |                                  |
| Sworn to and subscribed               | before me by Kaylyr                                                                                                     | in paks                                  | On this ti                   | ne <u>28</u>          | _ day of 🕅                     | tober.                           |
| 20 21 to certify                      | which, witness my hand and seal of off                                                                                  | ice.                                     | vino                         |                       | otarux                         | Dulalic                          |
| Signature of officer administr        |                                                                                                                         | of officer administerin                  |                              | 1/11                  | 1                              | administering oath               |
| RESTRICTED TO                         |                                                                                                                         | OR                                       |                              | S Service             |                                |                                  |
| (2) Unsworn Declarat                  | on                                                                                                                      |                                          |                              |                       |                                |                                  |
| My name is                            |                                                                                                                         | and                                      | l my date of hirth           | ie                    |                                |                                  |
|                                       |                                                                                                                         |                                          | iny date of birth            | 15                    |                                |                                  |
| My addition in                        | (street)                                                                                                                |                                          | (city)                       | (state)               | (zip code)                     | (country)                        |
| Executed in                           | County, State of                                                                                                        | , on the                                 |                              |                       | , 20(year)                     |                                  |
|                                       |                                                                                                                         |                                          | Signature of Car             | didate/Offic          | ceholder (Decl                 | arant)                           |
| Remember To Atta                      | ch Any Part Of The Campaign I                                                                                           | Finance Report F                         | orm Needed 1                 | o Report              | And Explai                     | n Corrections                    |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C                                        | Guide explains how             | to complete this form.                                                                                 | 1 Filer ID (Eth        | ics Commission Filers)                    | 2 Total pages fi            | led:                                                             |  |
|---------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------|-----------------------------|------------------------------------------------------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR                  | <sub>FIRST</sub><br>Kaylynn                                                                            |                        | мі                                        | OFFICE USE ONLY             |                                                                  |  |
|                                                               | NICKNAME                       | Paxson                                                                                                 |                        | SUFFIX                                    | Date File                   | ed 10 28  24                                                     |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX<br>14300 SPID | #203 CC TX 7841                                                                                        | сіту; sтат<br><b>8</b> | re; zip code                              | Retue                       | a Huerta                                                         |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (361 )                         | PHONE NUMBER 723-1001                                                                                  | EXT                    | ENSION                                    |                             | ecpetarynarked                                                   |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR                  | Kaylynn<br>LAST<br>Paxson                                                                              |                        | MI<br>SUFFIX                              | Date Processed  Date Imaged | Amount \$                                                        |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) |                                | (NO PO BOX PLEASE); APT / S<br>#203 CC TX 7841                                                         |                        | CITY;                                     | STATE;                      | ZIP CODE                                                         |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE ( 361 )              | PHONE NUMBER 723-1001                                                                                  | ЕХТЕ                   | ENSION                                    |                             |                                                                  |  |
| 9 REPORT TYPE                                                 | January 15 July 15             | 30th day before e                                                                                      | ection                 | Runoff  Exceeded Modified Reporting Limit | treasurer a<br>(Officehold  | fter campaign<br>ppointment<br>er Only)<br>rt (Attach C/OH - FR) |  |
| 10 PERIOD<br>COVERED                                          | Month 7                        | Day Year 1 / 24                                                                                        | THROUGH                | Month<br>9                                | Day Yea / 24                |                                                                  |  |
| 11 ELECTION                                                   | Month Day                      | Year Primary                                                                                           | Runoff Special         | Other Description                         |                             |                                                                  |  |
| 12 OFFICE                                                     | OFFICE HELD (if any)           |                                                                                                        |                        | CE SOUGHT (If known                       | ### AFW - MI - WE           |                                                                  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THE CANDIDATE / OFFIC          | CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUII COMMITTEE NAME | S MAY HAVE BEEN MA     | DE WITHOUT THE CAN                        | DIDATE'S OR OFFICEHOL       | DER'S KNOWLEDGE OR                                               |  |
| Additional Pages                                              | GENERAL SPECIFIC               | COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRE                                                              | ASURER NAME            |                                           |                             |                                                                  |  |
|                                                               |                                | COMMITTEE CAMPAIGN TRE                                                                                 | EASURER ADDRESS        | S                                         |                             | 7                                                                |  |
|                                                               |                                | <b>GO TO</b>                                                                                           | PAGE 2                 |                                           |                             |                                                                  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

|                                | SCHOOL SCHOOLS TO THE CASE OF THE CASE CASE CASE CASES |                                                    |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 15 C/OH NAME                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16 Filer ID (Ethics Commission Filers)             |
| 17 CONTRIBUTION<br>TOTALS      | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ 3,815.00                                        |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                 |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 1,063.83                                        |
| CONTRIBUTION<br>BALANCE        | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ 1,929.16                                        |
| OUTSTANDING<br>LOAN TOTALS     | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>LAST DAY OF THE REPORTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | * 129.58                                           |
|                                | wear, or affirm, under penalty of perjury, that the accompanying report is true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and correct and includes all information           |
| ID:                            | AH H MANNINO # 13368975-7 Notary Public ATE OF TEXAS Im. Exp. 04-06-2026  Please complete either option below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ndidate or Officeholder                            |
| (1) Affidavit                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| NOTARY STAMP/SEAL              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| Sworn to and subscribed        | before me by KAKIVAN PAXSON this the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 28 day of October.                                 |
| 20 21 to certify               | which, witness my hand and seal of office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 28 day of October.                                 |
| Signature of officer administe | ring oath  Printed name of officer administering oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Notary Public  Title of officer administering oath |
| E E PRESENTATION               | OR .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |
| (2) Unsworn Declaration        | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |
| My name is                     | , and my date of birth is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
| My address is                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |
| Executed in                    | (street) (city) (s County, State of , on the day of (month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tate) (zip code) (country), 20 (year)              |
|                                | Signature of Candid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ate/Officeholder (Declarant)                       |

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

| 19 FI | 9 FILER NAME 20 Filer ID (Ethics Co.                                           |               |    |                    |  |  |
|-------|--------------------------------------------------------------------------------|---------------|----|--------------------|--|--|
|       | CHEDULE SUBTOTALS<br>AME OF SCHEDULE                                           |               |    | SUBTOTAL<br>AMOUNT |  |  |
| 1.    | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |               | \$ | 2,965.00           |  |  |
| 2.    | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |               | \$ | 850.00             |  |  |
| 3.    | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                           |               |    |                    |  |  |
| 4.    | 4. SCHEDULE E: LOANS                                                           |               |    |                    |  |  |
| 5.    | 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS       |               |    |                    |  |  |
| 6.    | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                    |               |    |                    |  |  |
| 7.    | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS      |               |    |                    |  |  |
| 8.    | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                               |               |    |                    |  |  |
| 9.    | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN                      | IDS           | \$ |                    |  |  |
| 10.   | 0. 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<br>TO FILER       | IONS RETURNED | \$ |                    |  |  |

### 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 | s form.                  | 1 Total pages Schedule A1:            |
|-------------------------|-------------------------------------------------|--------------------------|---------------------------------------|
| 2 FILER NAME<br>Kaylyni | n Paxson                                        |                          | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                  | 5 Full name of contributor                      | C (ID#:) State; Zip Code | 7 Amount of contribution (\$)         |
| 8 Principal occu        | pation / Job title (See Instructions)           | 9 Employer (See Instruc  | etions)                               |
| Date                    |                                                 | C (ID#:)                 | Amount of contribution (\$)           |
|                         | Contributor address; City;                      | State; Zlp Code          |                                       |
| Principal occup         | eation / Job title (See Instructions)           | Employer (See Instruc    | tions)                                |
| Date                    | Full name of contributor                        | C (ID#:)                 | Amount of contribution (\$)           |
|                         | Contributor address; City;                      | State; Zip Code          |                                       |
| Principal occup         | eation / Job title (See Instructions)           | Employer (See Instruc    | tions)                                |
| Date                    |                                                 | ; (ID#:)                 | Amount of contribution (\$)           |
|                         | Contributor address; City;                      | State; Zip Code          |                                       |
| Principal occup         | ation / Job title (See Instructions)            | Employer (See Instruct   | ilons)                                |
|                         |                                                 |                          |                                       |
|                         | ATTACH ADDITIONAL COPIES O                      | OF THIS SCHEDULE AS N    | EEDED                                 |

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
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
Others (extensions) in the district of the content of

| Candidate/Officeholder/Politice<br>Credit Card Payment     | Committee Legal            | instruction Guide explain             | Salaries/Wages/Co s how to complete |                                         | Other (enter a catego    |                    |
|------------------------------------------------------------|----------------------------|---------------------------------------|-------------------------------------|-----------------------------------------|--------------------------|--------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>Kaylynn Pa | xson                                  |                                     |                                         | 3 Filer ID (Ethics       | Commission Filers) |
| 4 Date                                                     | 5 Payee name<br>SEE ITEMIZ | ED ATTACHED                           |                                     | *************************************** |                          |                    |
| 6 Amount (\$)                                              | 7 Payee address;           |                                       |                                     | City;                                   | State;                   | Zip Code           |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See C        | alegorias listed at the top of this t | ochedule) (b) D                     | escription                              |                          |                    |
|                                                            | (c) Checkift               | ravel outside of Texas. Complete Sc   | hedule T.                           | Check if Austin,                        | TX, officeholder living  | expense            |
| 9 Complete ONLY if direct expenditure to benefit C/OF      |                            | filceholder name                      | Of                                  | ffice sought                            |                          | Office held        |
| Date                                                       | Payee name                 |                                       |                                     |                                         |                          |                    |
| Amount (\$)                                                | Payee address;             |                                       |                                     | Clty;                                   | State;                   | ZIp Code           |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Ca           | tegories listed at the top of this so | hedule) De                          | escription                              |                          |                    |
|                                                            | Checkifts                  | avel outside of Texas. Complete Sci   | redule T.                           | Check If Austin,                        | TX, officeholder living  | expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Of             | ficeholder name                       | Off                                 | fice sought                             | (                        | Office held        |
| Date                                                       | Payee name                 |                                       |                                     |                                         |                          |                    |
| Amount (\$)                                                | Payee address;             |                                       |                                     | City;                                   | State;                   | Zip Code           |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Cate         | egories listed at the top of this sch | ledule) De                          | escription                              |                          |                    |
|                                                            | Check if tre               | ivel outside of Texas. Complete Sch   | adule T.                            | Check if Austin, T                      | X, officeholder living e | xpense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Of             | liceholder name                       | Off                                 | fice sought                             | (                        | Office held        |
|                                                            | ATTACHA                    | DDITIONAL COPIES C                    | F THIS SCHED                        | ULE AS NEEDI                            | ED                       |                    |

### Kaylynn Paxson

### Campaign Finance Report - Contributions

Schedule A1

| Contributor          | Amount   | Date      | Address | City | State | Zip   |
|----------------------|----------|-----------|---------|------|-------|-------|
| Lorena Garcia-Godsey | \$500.00 | 7/8/2024  |         | cc   | Tx    | 78418 |
| Teri Pittman         | \$25.00  | 7/12/2024 |         | cc   | Tx    | 78418 |
| Cheri Sperling       | \$300.00 | 7/17/2024 |         | cc   | Tx    | 78418 |
| Karen Rossi          | \$150.00 | 7/17/2024 |         | cc   | Tx    | 78418 |
| MK Walling           | \$100.00 | 7/17/2024 |         | cc   | Tx    | 78418 |
| David Pena           | \$100.00 | 7/17/2024 |         | CC   | Tx    | 78414 |
| Samuel Fryer         | \$100.00 | 7/17/2024 |         | cc   | Tx    | 78468 |
| Suzanne Guggenheim   | \$100.00 | 7/17/2024 |         | cc   | Tx    | 78418 |
| Kirk George          | \$20.00  | 7/17/2024 |         | cc   | Tx    | 78418 |
| Justin Green         | \$250.00 | 8/2/2024  |         | CC   | Tx    | 78418 |
| Shawn Flanagan       | \$100.00 | 8/19/2024 |         | cc   | Tx    | 78411 |
| Barbara Jornegen     | \$20.00  | 8/29/2024 |         | CC   | Tx    | 78418 |
| Brad Freeland        | \$500.00 | 9/15/2024 |         | cc   | TX    | 78418 |
| David Loeb           | \$500.00 | 9/11/2024 |         | CC   | TX    | 78411 |
| Polly Bolzer         | \$200.00 | 9/26/2024 |         | cc   | TX    | 78418 |
|                      |          |           |         |      |       |       |

Total \$2,965.00

#### U

### Kaylynn Paxson

### Campaign Finance Report - In-Kind Contributions

Schedule A2

| Contributor            | Amount   | Date   | Description   | Address |             |    |
|------------------------|----------|--------|---------------|---------|-------------|----|
| Evelyn Pless-Schuberth | \$250.00 | 7.8.24 | Entertainment |         | CC Tx 784   | 18 |
| Romeo Galindo          | \$600.00 | 7.8.24 | Venue         |         | CC TX 78418 |    |
|                        |          |        |               |         |             |    |
|                        |          |        |               |         |             | ļ  |
|                        |          |        |               |         |             | ļ  |
|                        |          |        |               |         |             |    |
|                        |          |        |               |         |             |    |
|                        |          |        |               |         |             |    |
|                        |          |        |               |         |             |    |
|                        |          |        |               |         |             |    |
|                        |          |        |               |         |             |    |

Total

\$850.00

### Kaylynn Paxson

### Campaign Finance Report - Expenses

Schedule F1

| Expense                 | Amount   | Date      | Category               | Address                                     |
|-------------------------|----------|-----------|------------------------|---------------------------------------------|
| Neely's Printing & More | \$227.32 | 7/16/2024 | Printing               | 1011 Louisiana Ave, CC TX 78404             |
| Ace Hardware            | \$11.01  | 7/17/2024 | Printing               | 15326 SPID CC TX 78418                      |
| Isle Mail & More        | \$10.66  | 7/17/2024 | Printing               | 14493 SPID Suite A CC TX 78418              |
| Island Gatherings       | \$270.63 | 7/25/2024 | Catering/Event Expense | 14814 Compass St CC TX 78418                |
| T-Posts                 | \$168.59 | 7/29/2024 | Marketing              | Southerlands 4041 S Staples St, CC TX 78411 |
| Hardware                | \$105.00 | 7/29/2024 | Marketing              | Walmart 1250 Flour Bluff CC TX 78418        |
| Padre Island Golf Carts | \$270.62 | 9/3/2024  | Marketing              | 15401 SPID #119 CC TX 78418                 |
|                         |          |           |                        |                                             |
|                         |          |           |                        |                                             |
|                         |          |           |                        |                                             |
|                         |          |           |                        |                                             |

Total \$1,063.83

Maintained as of last period:

27.99

Period, Report Contributions:

\$ 2,965.00

Period, Report Expenses:

\$ (1,063.83)

TOTAL:

\$ 1,929.16