

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6				
3 CANDIDATE / OFFICEHOLDER NAME Change of Address	MS / MRS / MR FIRST Kaylynn NICKNAME LAST Paxson			MI SUFFIX				
	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE; ZIP CODE 16013 El Socorro Loop CC TX 78418			OFFICE USE ONLY				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Date Received Date Filed 2-6-26							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 723-1001	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kaylynn NICKNAME LAST Paxson				MI SUFFIX			
	Receipt #				Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 16013 El Socorro Loop CC TX 78418				STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 723-1001	EXTENSION					
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day / 1	Year / 25	THROUGH		Month 12	Day / 31	Year / 25
11 ELECTION	ELECTION DATE Month / Day / Year / / /			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any) City Council District 4			13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME						
	COMMITTEE ADDRESS							
	COMMITTEE CAMPAIGN TREASURER NAME							
	COMMITTEE CAMPAIGN TREASURER ADDRESS							

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kaylynn Paxson	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 4. TOTAL POLITICAL EXPENDITURES \$ 1023.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5570.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 129.58

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____.
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath **Printed name of officer administering oath** **Title of officer administering oath**

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My address is 16013 El Socorro Loop CC TX 78418 USA

(street) (city) (state) (zip code) (country)

Executed in Nueces County, State of TX, on the 6 day of 2, 2026.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Kaylynn Paxson	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.73
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,023.32
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Kaylynn Paxson			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor See itemized	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Kaylynn Paxson	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name See itemized		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office Holder - Kaylynn Paxson
Campaign Finance Report - Contributions
Schedule A1

Kaylynn Paxson
Campaign Finance Report - In-Kind Contributions
Schedule A2

Kaylynn Paxson
Campaign Finance Report - Expenses
Schedule F1

Expense	Amount	Date	Category	Description	Address
Padre Island Golf Carts	\$ 54.12	7/7/2025	Event Expense	Rental	15401 SPID Ste 119 CC TX 78418
PIBA	\$ 250.00	7/21/2025	Event Expense	Sponsorship	14493 S Padre Island Dr, A-313 C
Walmart	\$ 130.97	7/28/2025	Event Expense	Sponsorship	1250 Flour Bluff Dr. CCTX 78418
Cloudflare	\$ 10.44	8/6/2025	Advertising Expense	Website	101 Townsend St., San Francisco,
Coastal Bend Heroes	\$109.50	10/9/2025	Event Expense	Banquet	Corpus Christi TX 78418
Amazon	\$ 183.80	10/14/2025	Other	School Sponsorship	410 Terry Ave N, Seattle, WA 98101
PIBA	\$ 120.00	10/27/2025	Event Expense	Event Expense	14493 S Padre Island Dr, A-313 C
CBRC	\$108.26	11/17/2025	Event Expense	Banquet	14641 S Padre Island Dr. CCTX 78418
TJ Maxx	\$ 56.23	12/8/2025	Advertising Expense	Print materials	4938 S Staples st, CC TX 78411

C TX 78418
, California 94107
19
C TX 78418
3418