### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	Z Total pages filed:     4			
3 CANDIDATE/	MS / MRS / MR FIRST	. <u>                                      </u>	OFFICE USE ONLY			
OFFICEHOLDER	MRS. CAROLYN		OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received  2 RECEIVED			
,	VAUGHN					
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	F-FEB 4 202018			
OFFICEHOLDER MAILING ADDRESS	4214 SPRING CREEK DR COI	1/1724 6 11170				
Change of Address		•	6 EXAS			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSIÓN	2) OM			
OFFICEHOLDER PHONE	( 361 ) 877-0148		Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS/MRS/MR FIRST JAY	мі <b>S</b>	Receipt # Amount \$			
TREASURER NAME			Date Processed			
	NICKNAME LAST KRING	SUFFIX	Date Imaged			
	STREET ADDRESS (NO PO BOX PLEASE); APT / S	ZIP CODE				
7 CAMPAIGN TREASURER ADDRESS	317 MONTCLAIR DR	CORPUS CHRISTI, TX	78412			
(Residence or Business)						
,						
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER	( 361 ) 882-4844					
PHONE						
9 REPORT TYPE	X January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Bth day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year / 21 / 2017			
	12 / 20 / 2017	тняоидн 12/	´ 31   /  2017			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
-	Month Day Year X Primary	Runoff Olher Description				
	03 / 06 / 2018 General					
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known	1)			
		COUNTY COMMIS	SIONER PLACE 1			
·						
	GO ТО	PAGE 2	2018-059			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·			
14 C/OH NAME			15 Filer ID (Ethics Commission Filers)	
CAROLYN VAUG	3HN			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	·			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	·		-	
•		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
			•	
17 CONTRIBUTION	1 TOTAL I	DOLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TE	1051	
TOTALS	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</li> </ol>			
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
			0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,		\$ 1,500	
	UNLESS ITEMIZED ' 1,500			
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,500	
CONTRIBUTION BALANCE	5. TOTAL F			
	OF REP	ORTING PERIOD	Ψ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ 0	
LUAN TOTALS	LAST D			
18 AFFIDAVIT	1			
		I swear, or affirm, under penalty of	perjury, that the accompanying report is	
CONTRACT LIAISA	SH SCOTTEN CHAM	true and correct and includes all in	formation required to be reported by me	
Nota	ry Public, State of T	exas [		
M	/ Commission Expir June 08, 2019			
NEED TO THE PARTY OF THE PARTY		- Caroun V	Out -	
		Signature of Car	ndidate ox Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc	ribed before me, l	by the said CAROLYN VAUGHN	this the 14	
day of FEBRUAR	Y_, <sub>20_</sub> 18,	to certify which, witness my hand and seal of office		
11.0.0	C10000 1-	On A Mala Land	Makan Pulati	
HOWM.	WIMMO.	lls Haleigh (nambles	Notary Public	
Signature of deficer of	dministering cath	Printed name of officer administering oath	Title of officer administering oath	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20	20 Filer ID (Ethics Commission Filers)	
CAROLYN VAUGHN		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 CONTR	BUTIONS \$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,500.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION: RETURNED TO FILER	\$	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **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 Gilf/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 Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politic		g Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	to complete this form.	,		
Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)		
Date	CAROLYN VAUGHN	<u></u>			
	5 Payee name				
11/30/17	NUECES COUNTY REPUBLICAN PARTY				
Amount (\$)	7 Payee address; City; State; Zip Code	OUDIOTE TV 70444			
1,250	5151 FLYNN PKY STE 103; CORPUS	CHRISTI, 1X /8411			
Reimbursement from political contributions intended					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	FFFO		of Texas. Complete Schedule T.		
EXPENDITURE	FEES	FILING FEEtin, TX,	officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
51155005	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		Check it travel outside of Texas, Complete Schedule T.			
EXPENDITURE	•	Check if Austin, TX,	officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name . DH	Office sought	Office held		
Date	Payee name				
	· <b>-,</b> · · -				
A (ft)	Payee address; City; State; Zip Code				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions			·		
intended	· .				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
· OF			f Texas, Complete Schedule T.		
EXPENDITURE		L   Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held		
	ATTAON ADDITIONAL CORES OF THE		5		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	U		