### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	1 F	iler ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		16
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MRS. CAROLYN		Date Received
	NICKNAME LAST	SUFFIX	RECEIVED
	VAUGHN		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	FEB 1 4 2018
OFFICEHOLDER MAILING ADDRESS	4214 SPRING CREEK DR CORPUS	CHRISTI, TX 78410	KARA SANDS CLERK OF THE COUNTY COURT NUECES COUNTY, TEXAS
Change of Address			10
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION .	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	( 361 ) 877-0148		Date natio-delivered of Date rosiniatived
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	MR. JAY	\$ 	Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	KRING		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE:	ZIP CODE
TREASURER ADDRESS	317 MONTCLAIR DR CO	RPUS CHRISTI, TX	78412
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 361 ) 882-4844	EXTENSION	
		. ,	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01/26 /2018 <sub>Th</sub>	HROUGH 02	´ 24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year X Primary	Runoff Other Description	
	03 / 06 / 2018 General C	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	)
		COUNTY COMMISS	SIONER PLACE 1
	GO TO PAG	E	

GO TO PAGE 2

2018-060

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
CAROLYN VAUC	HN		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE PROPERTY OF THE PROPERTY OF	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS	
·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	Y \$ 0
BALANCE	OF REP	ORTING PERIOD	Ψ 0
OUTSTANDING		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	s 0
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	Ψ
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perju	
STATE HALEIG	H SCOTTEN CHAME	true and correct and includes all inform under Title 15, Election Code.	ation required to be reported by me
Notar	y Public, State of Te Commission Expire	exas dinder fille 15, Election Code.	
17545	June 08, 2019	Comes Day	A J
		Signature of Candid	ate or Officeholder
		•	
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subse	ribed before me. I	by the said CAROLYN VAUGHN	, this the _14
day of FEBRUAR		to certify which, witness my hand and seal of office.	
11 N		^	اردا ه برمام
- Hallian	Chaml	oless Haleigh Chamble	ess Notary Public
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

CAROLYN VAUGHN  21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  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 CONTRIBUTIONS  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 F4: EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 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 CONTRIBUTIONS  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  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$	CAROLYN VAUGHN	
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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 \$	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
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11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$
	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
		rions \$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CAROLYN VAUGHN 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (ID#:\_\_ City; State; Zip Code 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ul-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER	NAME		3 Filer ID (Ethics Commission Filers)
CAF	ROLYN VAUGHN		
4 TOTA	L OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$
5 Date	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ , description
	7 Contributor address; City; State; Zip Cod		
		I	Check if travel outside of Texas. Complete Schedule T.
10 Principa	l occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contribu	utor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contribu	utor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contril	butor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
			•
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Co	. <i>, ,</i> . , de	
		1	Check if travel outside of Texas, Complete Schedule T.
Principa	Il occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contrib	utor's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contrib	utor's employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
if contri	butor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	•		
	•		
	ATTACH ADDITIONAL COPIES OF		ULE AS NEEDED

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **CAROLYN VAUGHN** 4 TOTAL OF UNITEMIZED PLEDGES. Amount 9 In-kind contribution 5 Date 6 Full name of pledgor out-of-state PAC (ID#: description of Pledge \$ 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date In-kind contribution Full name of pledgor ul-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ul-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor out-of-state PAC (ID#:\_ Date description Pledae \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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
The	Instruction Guide explains how to cor	mplete this form.	Total pages Schedule E:     1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
CAROLYN	/AUGHN		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	ate PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupa	tion (See instructions)	21 Employer (See Instructions)	-
Date of loan	Name of lender	late PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
lf.	ATTACH ADDITIONAL lender is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS Ne instruction guide for additional r	

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(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 E Candidate/Officeholder/Politic		Expense Printing Exp		Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Gu	ılde explains how to co	mplete this form.	
1 Total pages Schedule F1	<sup>2</sup> FILER NAMEN VAUGHN	,		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
8	(a) Category (See Categories listed at t	the top of this schedule)	(b) Description	
PURPOSE OF	·			uside of Texas, Complete Schedule T. 1, TX, officeholder living expense
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nar H	me	Office sought	Office held
Date	Payee name		·	
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	the top of this schedule) .		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nar H	me	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE	Category (See Categories listed at t	the top of this schedule)	Description Check If travel ou	itside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE				, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sought	Office held
	ATTACH ADDITIONA	L COPIES OF THIS S	SCHEDULE AS NE	EDED

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

	EXPENDITURE CATEO	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Política	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME CAROLYN VAUGHN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if	on Iravel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political .	
PURPOSE OF EXPENDITURE	Category {See Categories listed at the top of the	Checki	ON Travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Ţ,	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
CAROLY	N VAUGHN	
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	
	2 Bosonphor of invocation	
	8 Amount of investment (\$)	
		•
	·	
5-4-		
Date	Name of person from whom investment is purchased	
		· · · · · · · · · · · · · · · · · · ·
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
	·	
	Description of investment	
	·	
	Amount of investment (\$)	
	·	
		·
	·	
	ATTACH ADDITIONAL CODICS OF THIS SOURDLE	AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	WO MEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overhead Polling Expense Printing Expense Salarles/Wages/	e Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
1	CARO	LYN VAUGHN			·
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	EDTOACRED	ITCARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; Stat	te; Zip Code	·	
9 TYPE OF EXPENDITURE		Political	Non-Politica	l	
10	(a) Catego	ory (See Categories listed at the top	of this schedule)	(b) Descripti	on
PURPOSE				Check	if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense
expenditure to benefit C/O	Payee	name			
Amount (\$)	Payee	address; City; Sta	te; Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica	al	
	Catego	ory (See Categories listed at the top	of this schedule)	Descripti	
PURPOSE					If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder name	Office	sought	Office held
		•			
	ATTA	CH ADDITIONAL COPIE	S OF THIS SCHI	EDULE AS NI	EEDED

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Total pages Schedule G:  1 Date  Amount (\$)	The Instruction Guide explains how to a serious state of the Instruction Guide explains how	3 Fifer ID (Ethics Commission Fil
Date Amount (\$)	CAROLYN VAUGHN  5 Payee name  7 Payee address: City; State; Zip Code	3 Fifer ID (Ethics Commission Fit
Date Amount (\$)	<ul><li>5 Payee name</li><li>7 Payee address; City; State; Zip Code</li></ul>	
Amount (\$)	7 Payee address; City; State; Zip Code	
	/	
	/	•
Reimbursement from political contributions intended		
BUBBBBB	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check If travel outside of Texas. Complete Schedule T.
EXPENDITURE	FEES	FILING FEEtin, TX. officeholder living expense
Complete ONLY 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		
	Category (See Calegories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Date		
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
,	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check il travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertisina Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: CAROLYN VAUGHN 4 Date Business name 6 Amount (\$) City; State; Zip Code Business address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE \_\_\_ Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name City; State; Zip Code Amount (\$) Business address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	CAROLYN VAUGHN	
4 <sub>.</sub> 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 instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE K

Th€	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Sched	iule K.
FILER NAME  CAROLY	: 'N VAUGHN		3 Filer ID (Ethics	Commission Filers)
Date	5 Name of person from whom amount is received			8 Amount (\$)
	6 Address of person from whom amount is received;			
	7 Purpose for which amount is received	Chec	k if political contribution i	eturned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received:		tate; Zip Code	
	l .	•		
	Purpose for which amount is received	Chec	k if political contribution r	eturned to filer
Date	Purpose for which amount is received  Name of person from whom amount is received	Chec	k if political contribution r	eturned to filer Amount (\$)
Date			k if political contribution r	
Date	Name of person from whom amount is received	City: St		Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received;	City: St	ate; Zip Code	Amount (\$)
	Name of person from whom amount is received  Address of person from whom amount is received;  Purpose for which amount is received	City: St	ate; Zip Code	Amount (\$)

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
<sup>2</sup> FILER NAME CAROLYN VAUGHN					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expen	diture reporte	d on:		,		
Schedule A2	Sch	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	nedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S	
6 Dates of travel	tes of travel 7 Name of person(s) traveling					
	8 Departu	ire city or r	name of departure locat	tion		
9 Destination city or name of destination location						
10 Means of transporta	tion .	<b>11</b> Purp	ose of travel (including	name of conference, s	seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	diture reported	d on:				
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-St	
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
-	Destination city or name of destination location					
·	Securitation only of marile of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported	f on:				
Schedule A2		dule B	Schedule B(J)	Schedule C2		
Schedule F2		edule F4	Schedule B(J)	Schedule G2	Schedule D Schedule F1  Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling					
Departure city or name of departure location						
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)				
	TA	TACH AE	DITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED	