CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how t	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	FIRST		MI	OFFICE USE ONLY	
IVAIVIE	NICKNAME	lkinson-Guard	ino, JD.	SUFFIX	City Secretary	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE;	ZIP CODE	god M. Gonjin	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936) 4	PHONE NUMBER 74-2388	EXTEN	SION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS (MRS) MR	FIRST Farlynne		МІ		
NAME	NICKNAME	LAST		SUFFIX	Date Processed 4.4. 2025 Date Imaged	
		Koch	į,			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	omery, TX		STATE; ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTEN	SION		
TREASURER PHONE	(936) 5	537-1030				
9 REPORT TYPE	January 15	30th day before e	election R	lunoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	action	xceeded Modified eporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year O	/10/2024	K9 Month	Day Year	
COVERED	62	101 /2024	THROUGH	03	/25 /2024	
11 ELECTION	ELECTION DA	 		ELÈCTION TYPE		
	Month Day	Year Primary	Runoff	Other Description	4	
	05/04/	8034 X General	Special			
12 OFFICE	OFFICE HELD (if any)	N/A		E SOUGHT (if know	m)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MAD	E WITHOUT THE GAI	MADE BY POLITICAL COMMITTEES TO SUPPORT VDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME N	/A			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TE	BEASURER ADDRESS			
			DAGEG			
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kr	stin Wilkinson-Guardino	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$-0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1513.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ~ 0 ~
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,501.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$11.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ - o -
	17	e and correct and includes all information Cheirs Seestlin Level and includes all information
	Please complete either option below	w:
	r iouse complete cimes speaking	
,		
(1) Affidavit		,
NOTARY STAMP/SE	AL	
Sworn to and subscribe	d before me by this the	day of
20, to certi	y which, witness my hand and seal of office.	
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	
(2) Unsworn Declara	tion	
12. 15		
My name is	n Wilkinson Guardino, and my date of birth	
My address is	, Contoe	TX , 77304 , U,SA
Executed in Montgo	(street) Mery County, State of Texas , on the day of Ap (more signature of Capa	(state) (zip code) (country) (th) (year) didate/Officeholder (Declarant)
	orginature of earth	,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1	19 FILER NAME 20 Filer ID (Ethics Con Kristin Wilkinson - Guardino					
21 S	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$1,130.2		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-		
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.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					
		The second secon				

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.	1 Total pages Schedule A1:
2 FILER NAME Kristin	Wilkinson-Guardino		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Kristin and Len Guardino 6 Contributor address: City; Sta Conroe, TR. 77304		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
02/21/24	Notan R. Maxie Contributor address; City; Si Convoe, TX 7	tate; Zip Code	林1,000.一
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/15/24	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)
1.516.		tate; Zip Code	\$ 20
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	etions)
Date	Full name of contributor out-of-state PAC (ID#	k:)	Amount of contribution (\$)
2/5/24	Amazon Contributor address; City; S Amazon on line	State; Zip Code	this was a partial return from vendor
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions) (please disregard kg

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

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees Office Oo Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Committee Legal Services Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1: 2	z filer NAME Kristin Wilkinson Guardino		3 Filer ID (Ethics Commission Filers)
Date 2/2/2024	5 Payee name Amq ZoN		
Amount (\$) \$\$\frac{1}{20.54}\$\$	7 Payee address; AMAZON . COM	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other-telephone equipment expense	(b) Description Phone jack	lethernet cable
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Ocuplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/7/2024	Payee name UPS Store		
Amount (\$)	Payee address; 3915 W.Davis St., #130 Conroc, TR 77304	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee: Notary Services	Application Ballot	for Place on the
	Check if travel outside of Texas. Complete Schedule T	Check if Au	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2/9/2024	Payee name Fed Ex Office		
Amount (\$) \$ 38.47	Payee address: 1304 W. Davis St. Conroe, TR 77304	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing Expense	Description CampaigN	materials
	Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	: Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	IEEDED
	AI IAOITADITION E COZo c.		Pavised 11/15

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin Committee Legal Services Salarie	Fees Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Cald Payment	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Kristin Wilkinson-Guardi	no	3 Filer ID (Ethics	Commission Filers)	
	5 Payee name				
2/6/2024	Office Depot 7 Payee address;	City;	State;	Zip Code	
6 Amount (\$) \$\frac{1}{3} 28.13	ODP Business Solutions On	line	Ciato,		
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Campaign	Material		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aus	stin, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 2/21/2024	Payee name Aneolot				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 40.30	Anedot.com				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Accounting Expense (Fee	Description Process or Contribution	fees for uns		
	Check if travel outside of Texas. Complete Schedule	T. Check if Au	ustin, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date 2/26/2024	Signs Etc., Inc.				
Amount (\$) \$ 103.55	Payee address: 3605 North Loop 336 Convoe TX 77304	City:	State:	Zip Code	
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	Printing Expense	sign prin	rting		
	Check if travel outside of Texas. Complete Schedu	le T. Check if A	ustin, TX, officeholder liv		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED	Pavised 11/15/20	
		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		Davised 11/15/90	

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	i interig Di	ages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Kristin Wilkinson-Guardine	3 Filer ID (Ethics Commission Filers)
2/27/2024	5 Payee name Signs, Etc., Inc	
# 753.53	7 Payee address; 3605 North Loop 336 Convoe, TR 77364	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Sign printing
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Occupied ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
21 25/2024	Payee name Fed Ex Office	
Amount (\$)	Payee address; 1304 W. Davis St. Convoc TX 77304	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Prin-ling Expense	campaign materials
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit G/O	Candidate / Officeholder name	Office sought Office held
Date 2/29/2024	Payee name Tractor Supply Co.	
Amount (\$) \$ 65.90	Payee address: 12466 I. 45 N. Willis, TR 77378	City: State: Zip Code
DUTT A ST	Category (See Categories listed at the top of this schedule)	Description T-Posts and
PURPOSE OF EXPENDITURE	other-campaign sign posts expense	connectors
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2024	5 Payee name Office Depot	γαιγιο	
6 Amount (\$) #12.98	7 Payee address; ODP Bysiness Solutions online	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this see Printing expense	(b) Description	material
	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 3/20/2024	Speedy Stop#87		
Amount (\$) \$15.03	Payee address; 2500 N. Loop 336 Convoe R 77304	City;	State; Zip Code
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Transportation Expense	Gasoline	-
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	etin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE G

Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead//Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Experse Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District
Credit Card Payment The Instruction Gulde explains how to complete this form.
1 Total pages Schedule G: 2 FILER NAME Kristin Wilkinson Gyardino 3 Filer ID (Ethics Commission File
4 Date 5 Payee name Office Depot
Amount (\$) \$\\$\\$\\$26.94 Reimbursement from political contributions intended \[\text{Convoc-1319 SH-105-E} \\ \text{Convoc-177 77304} \]
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Campaign material
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH
Date Payee name Office Depot 2/1/2024 DOBBOTODOS DOBBOTODOS
Amount (\$) Payee address; City; State; Zip Code 1319 SH-105-E Conyoe TX 77354
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Campaign material
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name 2/2/2024 Canua
Amount (\$) Payee address; City; State; Zip Code \$ 12.99 Reimbursement from political contributions intended On line
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food y Gift/A Il Committee Lega	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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 G:	2 FILER NAME	Nilkinson-C			3 Filer ID (Ethics Co	ommission Filers)
4 Date 2/2024	5 Payee name	ss, com				
Amount (\$) 19.19 Reimbursement from political contributions intended	on	ss.com line		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		Categories listed at the top of this Nelosite Fee	schedule)	(b) Description (q Webs)te e	xpense	
9 Complete ONLY if direct expenditure to benefit C/OH	(-)	iftravel outside of Texas. Complete \$ Officeholder name	Schedule T.	Office sought	n, TX, officeholder living exp	Office held
Date 2/2/2024	Payee name Word Pre	255, Com			Older	Zip Code
Amount (\$) (2.00 Reimbursement from political contributions intended	Payee address Wordpr	s; ess.com line		City;	State;	2.ip Gode
PURPOSE OF EXPENDITURE	Other	e Categories listed at the top of the			email exp	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate	/ Officeholder name		Office sought		Office held
Date 2/13/2024	Payee name Fed Ex	Office	•		0	Zip Code
Amount (\$) \$ 11.36 Reimbursement from political contributions intended		u.Davis St. TX 77364		Glty;	State;	2ip 0000
PURPOSE OF EXPENDITURE	Printing	ee Categories listed at the top of the Expense			material stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit G/C	Candidat	ckiftravel outside of Texas. Comple e / Officeholder name	ele Schedule I.	Office sought		Office held
	ATTAC	H ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	
						Revised 11/15/2

SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule G: 2	2 FILER NAME Kristin Wilkinson-Guaro	lino	3 Filer ID (Ethics Co	mmission Filers)
4 Date 2/16/2024	5 Payee name Office Depot		· post of section	
6 Amount (\$) 18.93 Reimbursement from political contributions intended	7 Payee address; 1319 SH-105-E Convoe TX 77304	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule of the schedul	campaign	material	onse
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held
Date 2/22/2024	Payee name			
Amount (\$) 12.79 Reimbursement from political contributions intended	Payee address; Canua. Com Online	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Graphic D	esign	<u>e</u> ense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	C	Office held
Date 3/1/2024	Payee name Costco			
Amount (\$) # 47. 60 Reimbursement from political contributions intended	Payee address; 8185 SH 242 Conroe TR 77385	Clty;	State;	ZIp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Transportation expense	gasoline	stin, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
0	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED	

SCHEDULE G

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundralsing Transportation Equipme Travel In District Travel Out Of District Other (enter a category	nt & Related Expense	
1 Total pages Schedule G:	Schedule G: 2 FILER NAME Kristin Wilkinson-Gyardino 3 Filer ID (Ethics Commission)						
4 Date 3/2/2024	5 Payee nar	me Oress, com					
6 Amount (\$) \$\frac{19.19}{Reimbursement from political contributions intended}		dress; press. com		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this	1	(b) Description Website	fiere		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check If Aus	tin, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeholder name		Office sought	(Office held	
Date 3/3/2024	Payee na	er Muk					
Amount (\$) 39.96 Reimbursement from political contributions intended		ddress; Kermule.Com nline		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of thi Printing Expens		Description Campaign	buttons		
EXI ENDITORE		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living e	kņense	
Complete ONLY if direct expenditure to benefit C		idate / Officeholder name		Office sought		Office held	
Date 3/6/2024	Payee n	ame Depot	* .				
Amount (\$) \$ 2.99 Reimbursement from political contributions intended	Payee a	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St. 1364	City;	State;	Zip Gode	
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of the			for signage		
Complete ONLY if direct expenditure to benefit C/Oh		Check if travel outside of Texas. Complete idate / Officeholder name	e Schedule T.	Office sought	ustin, TX, officeholder living e	Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement a Overhead/Rental Expense ing Expense ing Expense ies/Wages/Contract Labor 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 G:	2 FILER NAME Kristin Wilkinson-Guard	3 Filer ID (Ethics Commission Filers)							
4 Date	5 Payee name								
3/6/2024	7 Paves address: City: State; Zip Code								
6 Amount (\$) ## 6/.67 Reimbursement from political contributions intended	7 Payee address; 1407 I-45 North Conroc TX 77304	City;							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other expense (b) Description Post Pounder & hardware for Signage								
	(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								
3/8/2024	Sticker Mule								
Amount (\$)	Payee address;	City;	State; Zip Code						
Reimbursement from political contributions intended	Stickermule, com on line								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu		1 11 -						
	Printing expense	campaign	campaign buttons						
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	stin, TX, officeholder living expense						
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office held									
Date	Payee name								
3/22/2024	Canva								
Amount (\$) # 12.99 Reimbursement from political contributions intended	Payee address;	City;	State; ZIp Code						
PURPOSE OF EXPENDITURE	Printing expense	graphico	lesign						
	Check if travel outside of Texes. Complete Schedul	eT. Check if Au Office sought	stin, TX, officeholder living expense Office held						
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Onico cougni							
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	tpense /ages/Contract Labor	Solicitation/Fundralsing Transportation Equipme Travel In District Travel Out Of District Other (enter a category)	nt & Related Expense			
6	Kristin Wilkinson-Guardino				3 FIRET ID (ETRICS C	ommission Filers)			
4 Date 3/6/24	Kristin Wilkinson-Guardino 5 Payee name Michael Schultz								
6 Amount (\$) 20.00	7	5		City;	State;	Zip Code			
Reimbursement from political contributions intended		-, TR. 77304							
8	(L) Category (Los Categories			(b) Description					
PURPOSE OF EXPENDITURE	Other expense Reimb.			Keimb. to Vo	to volunteer/995				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense					
9	Candi	date / Officeholder name		Office sought	(Office held			
Complete ONLY if direct expenditure to benefit C/OH									
Date	Payee na	ime							
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code			
Reimbursement from political contributions intended									
PURPOSE OF	Categor	y (See Categories listed at the top of th	is schedule)	Description					
EXPENDITURE									
		Check if travel outside of Texas. Complete	Schedule T.		tin, TX, officeholder living ex				
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held									
Date	Payee n	ame							
Amount (\$)	Payee a	ddress;		Gity;	State;	Zlp Code			
Reimbursement from political contributions intended									
PURPOSE OF	Catego	ry (See Categories listed at the top of th	nis schedule)	Description					
EXPENDITURE		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/Ol		didate / Officeholder name		Office sought		Office held			
					EDED				
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	-NED				