### ピタ CORRECTION/<del>AMENDMEN</del>T AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MR)/MR FIRST  Kristin  NICKNAME  WILLIASON-	suffix Guardino	Date Received (0-11-24 Sami Quintan Asst. City Secretar			
4 ORIGINAL REPORT TYPE	January 15 Rur July 15 Exc limi 30th day before election	noff Final report	Date Hand-delivered or Date Postmarked  (2 1 1 - 2 4  Receipt # Amount \$			
5 ORIGINAL PERIOD COVERED	Month Day Year 03 / 21 / 2024 TH	Month Day Year HROUGH 04 /24 /2024	Date Imaged			
6 EXPLANATION OF CO Correction of Correction of	6 EXPLANATION OF CORRECTION  Correction of transcription error: Cover Sheef fg 2" P17(2) and P17(4)  Correction of error: "Cover Sheet P53" [P21(9)					
	ear, or affirm, under penalty of ck ONLY if applicable:	perjury, that this corrected report i	s true and correct.			
☐ Semiannual		the original report was made in good f	aith and without an intent to			
Other report						
	Discourse	Signature of Candidat	e/Officenoider			
(1) Affidavit	Please Co	omplete either option below:				
NOTARY STAMP/SE/	AL					
Sworn to and subscribed	d before me by	this the	day of,			
20, to certify	y which, witness my hand and seal of of	fice.				
Signature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath			
OR COR						
(2) Unsworn Declaration						
My name is Kristin Wilkinson-Gyardino , and my date of birth is						
My address is		<u></u>	_, <u>77364</u> , <u>USA</u>			
Executed in Monte	(Street)  OMENY County, State of RX95	(city) (state of Synthesis of Sandidate of S	14			
Remember To Atta	ach Any Part Of The Campaign	Finance Report Form Needed To Re				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,029.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 24.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ - O -
	ewear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	$\mathcal{L}$ .	
	Speaker Miller	I
	1x cost Cost	Cast State
	Signature of Ca	indidate or Officeholder
	Please complete either option below	v:
	r rouge complete chilor epiteri solov	<b>▼ 5</b> .
(1) Affidavit		
A HOLE IN NO. COLUMN COMMANDE CONTRACTOR		
NOTARY STAMP/SEA	L	
3.200		
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 administe	bying oath District on the first of the same of the sa	Title of officer administering oath
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath
<b>《</b> 图》	OR CONTRACTOR OF THE CONTRACTO	
(2) Unsworn Declarati	on	
My name is Kristi	n Wilkinson-Guardino, and my date of birth is	
My address is	Conroe 1	X 77304 USA
		state) (zip code) (country)
- Maratan		1
Executed in 1. 1919	Mery County, State of Tex 95, on the day of June	
	Trista Mack	Eins Francis
	Signature of Candi	date/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Kristin Wilkinson-Gyardino		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50. 00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0 -
4. SCHEDULE E: LOANS		\$-0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 37.17
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -8-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 992.55
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -0 -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTORILER	TIONS RETURNED	\$ -0-

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER	MS (MRS)/ MR	stin Stin		МІ	OFFICE USE ONLY
NAME	MICKNAME	Jilkinson-Gu	ardino, Ji	SUFFIX D.	Date Received 4.26.24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE	4.26.24 Sami Quinlan Asst. City Secret any
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTEN	SION	But the dating of a Bata Bata and
OFFICEHOLDER PHONE	(936) 49				Date Hand-delivered or Date Postmarked  4-24-24  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS (MRS)/ MR	rlynne		MI	Date Processed
NAME	NICKNAME	och		SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (f	NO PO BOX PLEASE); APT / S	SUITE #; CIT	Υ;	STATE; ZIP CODE
TREASURER ADDRESS	1	ΔΔ.	ماء ت	-,	
(Residence or Business)		11101	Hgomery, 7	exas 173	556
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	SION	
TREASURER					
PHONE	(936)5	37-1030			
9 REPORT TYPE	January 15	30th day before	election	unoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection	ceeded Modified	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year
COVERED	03	126 /2024	THROUGH	04/	124 /2024
11 ELECTION	ELECTION DAT	re		ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	05/04/	2024 A General	Special		
	7 -17	80.1			
12 OFFICE	OFFICE HELD (if any)		1	SOUGHT (if known	))
	N/A		I	ayor	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE	E WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMBAION TO	EACHDED NAME		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	ENSURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kni	stin	Wilkinson-Guardino	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN	\$-0-
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	ANS)	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ -0-
	4.	TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	\$ 24.28
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$ -0-
		affirm, under penalty of perjury, that the accompanying report i be reported by me under Title 15, Election Code.	is true and c	orrect and includes all information
		Signature of	of Candidate	or Officeholder
		Please complete either option be	elow:	
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before	me by this	the	day of,
20, to certify	which, v	ritness my hand and seal of office.		
Signature of officer administer	ering oath	Printed name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declarati	on			
My name is Kristin	Wil	Cinson Guardino , and my date of bi	rth is	
My address is		. Conroc	_, <u></u> ,,	77304 USA.
Executed in Mortgon	nery	(city) County, State of <u>Tex95</u> , on the day of	(state)	(zip code) (country)
	⟨■,	Kristi Ru	Eliza	- Gearden
		Signature of C	andidate/Offi	ceholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Kristin Wilkinson-Guardino		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4.	SCHEDULE E: LOANS		\$ - 0 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 37.17
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ - 0 -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 992.25
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ - 0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ - 0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$ -0-



Filer name

Kristin Wilkinson-

### CA ELE

An exe

Beginning on January 1, 2024, \$32,810 in political contribution in any calendar year must file

	OFFICEHOLDER: ING EXEMPTION		
*	e submitted with each paper report.	Date Hand-deliv	rered or Date Postmarked
	\$32,810 in political expenditures	Receipt #	Amount \$
		Date Processed	
Guardino	Filer ID #	Date Imaged	

OFFICE USE ONLY

Date Received

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32.810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>เจทอารา ก็กจก</u>ce\_ report due on \_ I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit				
NOTARY STAMP/SEAL		;	Signature of Filer	
Sworn to and subscribed before me by		this the	e day of	
20, to certify which, witness my hand and	I seal of office.			
Signature of officer administering oath	Printed name of officer admi	nistering oath	Title of office	er administering oath
	OR			
(2) Unsworn Declaration  My name is Kristin Wilkinson - G  My address is  Executed in Montgomery County, State of		Trista Mis	is	(country)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

### **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 comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME	Kristin Wilkinson-Guard	ino	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-	state PAC (ID#:)	7 Amount of contribution (\$)
04/22/24	Debrg Nelson 6 Contributor address; City;		
1,01,01	6 Contributor address; City;	State; Zip Code	\$50.00
	New Br	9un-fels, TX. 78132	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	,,,,,,,,,,,,,,,,,	5tate, 2.p 5500	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	vtione)
Principal occup	ation 7 Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS Nee Instruction guide for additional	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

### 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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	o (o. nor a oatoge	.,
1 Total pages Schedule F1:	2 FILER NAME Kristin Wilkinson-Guardino		3 Filer ID (Ethics	Commission Filers)
4 Date 03/29/2024	5 Payee name Frost Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$10	40.Box 1315, Houston, TR. 7725	-1		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Service Ch	arge	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/22/2024	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.30	Anedot, com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processor + contribution		ed to
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/24/2024	Tractor Supply Co.			
Amount (\$)	Payee address; 1407 I-45-N	City;	State;	Zip Code
\$19.73	Conroe, TR. 7730	54		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Cable fies/signage	Signage e	xpense	
EXPENDITURE	expense			
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED	

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Neos/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Kristin Wilkinson-Guardina		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2024	5 Payee name		
6 Amount (\$)	7 Payee address; 503 I-45 N Convoe, TR. 77304	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office supplies	Office supp	lies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
04/24/2024	Payee name Party City, Conroc Texas pages and Deces,		
Amount (\$)	Payee address; 1306 W. Davis Convoe, TR 77304	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event expense	decoration	15
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY 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 Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### SCHEDULE G

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Ву	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Ov Polling E se Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NAM	ne Wilkinson-G	auardina	)	3 Filer ID (Ethics	Commission Filers)
4 Date 03/28/2024	5 Payee name					
Amount (\$)  47. 48  Reimbursement from political contributions intended		ess; N. Loop 336 ( , TR 77304	N,	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		See Categories listed at the top of	of this schedule)	(b) Description		
	(c) Ch	neck if travel outside of Texas. Comp	olete Schedule T.	Check if Austin,	, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date 03/29/2024	Payee name	Office Depot	+			
Amount (\$) \$ \( \frac{\dagger}{\dagger} \) Reimbursement from political contributions intended	Payee addr			City;	State;	Zip Code
PURPOSE OF EXPENDITURE		See Categories listed at the top	of this schedule)	Push cards	/post-ara	ls
	CH	neck if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held
Date 03/29/2024	Payee name	Office Deport				
Amount (\$)  30.94  Reimbursement from political contributions intended	Payee addr			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Adverti			Description Name hadg		
Complete ONLY if direct		eck if travel outside of Texas. Comp te / Officeholder name	Diete Schednie I.	Check if Austin, Office sought	TX, officeholder living e	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						1,
	ATTAC	H ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NEED	ED	

#### SCHEDULE G

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic Credit Card Payment		s/Wages/Contract Labor Other (	Out Of District (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Kristin Wilkinson-Guardina		er ID (Ethics Commission Filers)
4 Date 03/30/2024	5 Payee name C9NV9		
6 Amount (\$)  63, 00  Reimbursement from political contributions intended	7 Payee address; Online	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  graphic design p	0000 JOB ASSOCIATION OF THE PORT OF THE PO
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/01/2024	Payee name Signs, Etc., Inc		
Amount (\$)  † 94, 96  Reimbursement from political contributions intended	Payee address; 3605 N. Loop 336 W. Convoc Tr. 77304	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Signage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 04/01/2024	Payee name Office Depot		
Amount (\$)  \$\frac{47.72}{Reimbursement from political contributions intended}	Payee address; 1319 W. Davis St. Convoe, TR 77304	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Office expense	Printer lak card	fidges
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

### SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offin Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:  (0 4 Date	2 FILER NAME Kristin Wilkinson-Guardi 5 Payee name	NO	3 Filer ID (Ethics	Commission Filers)
04/01/2024	Office Depot			
Amount (\$)  19.43  Reimbursement from political contributions intended	7 Payee address; 1319 W. Davis St. Conroe, TR. 77304	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Office Supplies	a) Category (See Categories listed at the top of this schedule)  Office Supplies  Ink cartridge		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 04/02/2024	Payee name Wordpress			
Amount (\$)  (9.19  Reimbursement from political contributions intended	Online	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	Overhead expense	Website f	èe	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date 04/04/2024	Payee name Convoc 19C			
Amount (\$)  9.74  Reimbursement from political contributions intended	Payee address; 230 S. Loop 336 W. Connoc, TR, 77304	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule	e) Description		1
PURPOSE OF EXPENDITURE	Event expense	event attendance fee		
	Check if travel outside of Texas. Complete Schedule	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEED	ED	

#### SCHEDULE G

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense **Printing Expense** Travel Out Of District 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. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kristin Wilkinson-Guardino 4 Date 4406/10/40 Tractor Supply Co. 6 Amount (\$) City; State; Zip Code 第10.15 1407 I-45 N. Reimbursement from political contributions intended Conroe TO 77304 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** T- Posts/signage Adverting expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 04/05/2024 Tractor Supply Co. Amount (\$) City; State; Zip Code 1407 I-45 N. \$ 22.04 Reimbursement from Conroe TR. 77304 political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising T-Post/signage OF expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Fed-Ex 04/05/2024 Office Amount (\$) Payee address; City; State: Zip Code 1304 W. Davis St. Reimbursement from political contributions intended Conroe 72. 77304 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense oush cards OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Ex Printing Ex Salaries A	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME Wilkinson-Gu	avdius		3 Filer ID (Ethics	Commission Filers)
4 Date 04/06/2024	5 Payee nar		-(1-01)[0			
6 Amount (\$)  # 6.92  Reimbursement from political contributions intended	_	dress:  1. Davis Str  2. R 77304		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this	180	(b) Description  rubber ban	ds	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
04/06/2024	Payee nar	ne Ex Office				
Amount (\$)  36.53  Reimbursement from political contributions intended		Wi Davis St. TR 77304		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this Sing Expense	schedule)	Push Cards	5	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Ī	Office held
Date 04/06/2024	Payee nar					
Amount (\$)  \$\frac{1}{2} \partial 2-5, 90  Reimbursement from political contributions intended	onlin			City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s	schedule)	Description tent Wall		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal 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 G:	2 FILER NAME Kristin Wilkinson-Guar	dino	3 Filer ID (Ethics Commission Filers)	
4 Date 04/06/2024	5 Payee name Acaplemy			
6 Amount (\$) \$ 54.11 Reimbursement from political contributions intended	7 Payee address; 1414 Loop 336 W. Canroe TR. 77304	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description  +ext		
	(c) Check if travel outside of Texas. Complete Sci	nedule 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 04/07/2024	Payee name USPS	-		
Amount (\$)  ## 42,40  Reimbursement from political contributions intended	Payee address; 809 W. Dallgs-\$t. Convoe, TX. 77301	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Advertising expense	chedule) Description		
	Check if travel outside of Texas. Complete Sc	hedule T. 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 04/12/2024	Payee name USPS			
Amount (\$)  10.07  Reimbursement from political contributions intended	Payee address; 809 W. Dallas St. Connec TR 77304	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description SHMP5		
	Check if travel outside of Texas. Complete Sch		TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME Wilkinson-Gu	ardin	.6	3 Filer ID (Ethics	Commission Filers)
<sup>4</sup> Date 04/13/2024	5 Payee nar	me				
Amount (\$)  Amount (\$)  Reimbursement from political contributions intended		dress; 609 N. Campbell is, TX 77378	st.	City;	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description		
OF EXPENDITURE	Advers	tising expense		Stamps		
	(c)	Check if travel outside of Texas. Complete Sci	nedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date 04/14/2024	Payee nar	ly Stop				
Amount (\$)  15.17  Reimbursement from political contributions intended		dress; N. Loop 336 W. CTX 77364		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s	chedule)	Description <b>795</b>		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
04/17/2024	Payee nar					
Amount (\$)  \$ 28,18  Reimbursement from political contributions intended		oress; N. Laop 336 W. L TX 77304		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Transp	(See Categories listed at the top of this so	chedule)	Description 595		
		Check if travel outside of Texas. Complete Sch	nedule T.		TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
	٨ΤΤ٨	CH ADDITIONAL CODIES OF	E TUIC C	CHEDIII E VO VIEEDI	ED.	

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Of Food/Beverage Expense Pood/Beverage Expense Pood/Beverage Expense Proof/Pood Pood Pood Pood Pood Pood Pood Pood	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow 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-Guardi	ino	3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2024	5 Payee name  5 igns, Etc., Inc.			
6 Amount (\$) \$\frac{1}{4}\frac{1}{4}\cdot \frac{1}{4}\f	7 Payee address; 3605 N. Loop 336 W. Convoe, 72 77304	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Advertising Expense	(b) Description Signage		
	(c) Check if travel outside of Texas. Complete Schedule	eT. 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 04/17/3aみ4	Payee name Party City Convoe			
Amount (\$)  3 9.5 /  Reimbursement from political contributions intended	Payee address; 1306 W. Davis St., Suite F Canroe, TR. 77304	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Event expense	Description  decovery	15	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 04/18/2024	Payee name Payty City Convoe Payee address;			
Amount (\$)  Reimbursement from political contributions intended	Payee address; 1306 W. Davis St., Ste. B Convoe, TX 77304	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Event expense	Description  decoration	S	
	Check if travel outside of Texas. Complete Schedule	e 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				

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment	The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	g Expense lent & Related Expense	
		is how to complete this form.		y not listed above)	
to the second se	RNAME				
	Kristin Wilkinson-Guardino			Commission Filers)	
4 Date 5 Payer 04/19/2024 Par		- 1110			
\$\\\ 17.43\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	address; b. W. Davis \$t. 1100 TR. 77304	City;	State;	Zip Code	
PURPOSE	gory (See Categories listed at the top of this so				
OF EXPENDITURE	Event expense Decoration				
(c)	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	Check if Austin, TX, officeholder living expense		
9 Ca Complete ONLY if direct expenditure to benefit C/OH	ndidate / Officeholder name	Office sought	(	Office held	
04/19/2024 Trac	aname For Supply				
Amount (\$) Payer  \$ 30.14  Reimbursement from	address; 7 I-45 N. 10e TX. 17304	City;	State;	Zip Code	
PURPOSE	gory (See Categories listed at the top of this so	Description T-St-kes	/signage	-	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austii	n, TX, officeholder living ex	pense	
Ca Complete ONLY if direct expenditure to benefit C/OH	ndidate / Officeholder name	Office sought	(	Office held	
Date Payer US	name PS	¥			
	w. Dallas St.	City;	State;	Zip Code	
political contributions intended	10e, TR. 77301				
DUDDOCE	gory (See Categories listed at the top of this so extrising expense	Description Stamps			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate / Officeholder name	Office sought	(	Office held	
A	TTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED		

#### SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense iting Expense aries/Wages/Contract Labor w 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:  / 0  4 Date	2 FILER NAME Kristin Wilkinson-Guara	lino	3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2024	5 Payee name Speedy Stop		
6 Amount (\$) 15.00 Reimbursement from political contributions intended	7 Payee address; 2500 N. Loop 336 W. Conroc TR. 77304	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	
PURPOSE OF EXPENDITURE	Transportation Expense	995	
	(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
04/21/2024	Payee name Krozev		
Amount (\$)  4 4, 33  Reimbursement from political contributions intended	Payee address; 341 S. Loop 336 Convie, TR. 77304	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule Polling expense	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule		TV (")
	Candidate / Officeholder name		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
Date 04/21/2024	Payee name Home Depot		
Amount (\$)  4 4.32  Reimbursement from political contributions intended	Payee address; 1341 W. Davis Conroe, TX. 77304	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Polling expense		tent sand bags
	Check if travel outside of Texas. Complete Schedule T	Chack if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED!	ED