## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                              | uide explains how to complete this form.          1       Filer ID (Ethics Commission Filers)       2       Total page  | s filed:                  |  |  |
|---|---|---------------------------|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | Mr. Paul  | CE USE ONLY               |  |  |
|   | NICKNAME LAST SUFFIX Date Received 7/7/2  | 1023                      |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2:10<br>1804 Oriental Bonham TX 75418  | P.M.                      |  |  |
| Change of Address                                   | (incla  | Amin                      |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE PHONE NUMBER EXTENSION Date Hadd-deliv<br>(214) 212 - 3161 Receipt #  | Amount \$                 |  |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                     | MS / MRS / MR FIRST MI<br>NUX . Poul<br>NICKNAME LAST SUFFIX  | 2023                      |  |  |
|   | HOLF Date Imaged  |                           |  |  |
| 7 CAMPAIGN<br>TREASURER                             | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |                           |  |  |
| ADDRESS<br>(Residence or Business)                  | 1804 Orientell Bonham TX 75418  |                           |  |  |
| 8 CAMPAIGN<br>TREASURER                             | AREA CODE PHONE NUMBER EXTENSION  |                           |  |  |
| PHONE (214) 212.3161                                |   |                           |  |  |
| 9 REPORT TYPE                                       | January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)  |                           |  |  |
|   | July 15 Bth day before election Exceeded Modified Final Reporting Limit   | Report (Attach C/OH - FR) |  |  |
| 10 PERIOD<br>COVERED                                | Month Day Year Month Day Year   |                           |  |  |
|   | 01/13/23 THROUGH 07/14/1  | 1023                      |  |  |
| 11 ELECTION   | ELECTION DATE     ELECTION TYPE       Month     Day     Year         Primary     Runoff     Other       Description   |                           |  |  |
|   |   |                           |  |  |
|   | 11/03/20 Decial   |                           |  |  |
| 12 OFFICE   | OFFICE HELD (if any)<br>CONSTRUDE PCT-1   |                           |  |  |
| 14 NOTICE FROM<br>POLITICAL                         | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT<br>THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                           |  |  |
| COMMITTEE(S)  | COMMITTEE TYPE COMMITTEE NAME   |                           |  |  |
| Additional Pages                                    | GENERAL COMMITTEE ADDRESS   |                           |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  |                           |  |  |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                           |  |  |
| GO TO PAGE 2  |   |                           |  |  |

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

|    | - · - · · |      |
|----|-----------|------|
| 15 | C/OH      | NAME |

| 16 C/OH NAME                   |  | <b>16</b> Filer ID (Ethics Commission Filers)         |
|--------------------------------|--|---|
| 17 CONTRIBUTION<br>TOTALS      | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | HER THAN \$   |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES O  | F LOANS) \$   |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$  |
|                                | 4. TOTAL POLITICAL EXPENDITURES  | \$ ()   |
| CONTRIBUTION<br>BALANCE        | <ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS O<br/>OF REPORTING PERIOD</li> </ol>  | F THE LAST DAY  |
| OUTSTANDING<br>LOAN TOTALS     | <ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO<br/>LAST DAY OF THE REPORTING PERIOD</li> </ol>  | ANS AS OF THE \$                                      |
| 18 SIGNATURE                   | swear, or affirm, under penalty of perjury, that the accompanying re   | port is true and correct and includes all information |
|                                | quired to be reported by me under Title 15, Election Code.   | 1 / 0   |
|                                |  | 0 1/1/57  |
|                                | ( an   | T IT IT   |
|                                | Signa  | ture of Candidate or Officeholder                     |
|                                |  |   |
|                                |  |   |
|                                | Please complete either option  | n below:  |
|                                |  |   |
|                                |  |   |
|                                |  |   |
| (1) Affidavit                  |  |   |
|                                |  |   |
| NOTARY STAMP/SEA               |  |   |
| NUTART STAMP/SEA               |  |   |
| 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 | ering oath Printed name of officer administering oath  | Title of officer administering oath                   |
|                                | OR   |   |
| (2) Unsworn Declarati          | on   |   |
|                                |  |   |
|                                | , and my date  | of birth is   |
| My address is                  | · · · · · · · · · · · · · · · · · · ·  | ,,,,,,,   |
|                                |  | (state) (zip code) (country)                          |
| Executed in                    | County, State of, on theday  | of, 20<br>(month) (year)                              |
|                                |  |   |
|                                | Signature  | e of Candidate/Officeholder (Declarant)               |