CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Paul MI: S NICKNAME: LAST: Paschall SUFFIX:	**OFFICE USE ONLY**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: ▮▮▮▮   APT / SUITE #:   CITY: Weatherford   STATE: TX   ZIP CODE: 76087

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: ▮▮▮   PHONE NUMBER: ▮▮▮▮▮   EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.   FIRST: Courtney   MI: A
NICKNAME: LAST: Paschall   SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): ▮▮▮▮   APT / SUITE #:   CITY: Weatherford   STATE: TX   ZIP CODE: 76087

8 CAMPAIGN TREASURER PHONE

AREA CODE: ▮▮▮   PHONE NUMBER: ▮▮▮▮▮   EXTENSION:

9 REPORT TYPE

- [ ] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [x] July 15
- [ ] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 1 / Day 1 / Year 24   THROUGH   Month 7 / Day 1 / Year 24

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: Primary   Runoff   Other Description   General   Special _____

12 OFFICE

OFFICE HELD (if any): City of Weatherford - Mayor

13 OFFICE SOUGHT (if known):

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	
	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

| 15 C/OH NAME Mr. Paul S. Paschall		16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$	0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	459.26
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

18 SIGNATURE   I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.
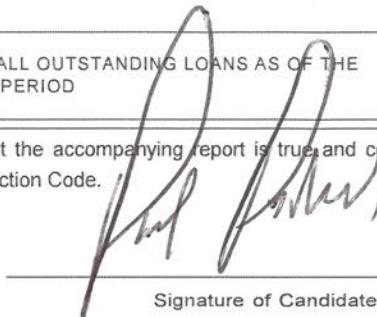
_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

ANDREA MCDONALD
Notary Public, State of Texas
Comm. Expires 06-19-2026
Notary ID 11620436
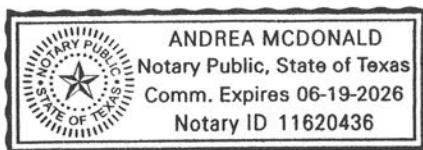
NOTARY STAMP / SEAL

Sworn to and subscribed before me by ___Paul Paschall___ this the __3rd__ day of __July__,
20 __24__ , to certify which, witness my hand and seal of office.
___Andrea McDonald___   ___Andrea McDonald___   ___City Secretary___
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____ , on the _____ day of _____, 20_____.
(month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)