

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: <i>2</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Paul</i>	MI <i>S</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Paschall</i>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: <i>[REDACTED]</i> APT / SUITE #: <i>[REDACTED]</i> CITY, STATE, ZIP CODE <i>Weatherford TX 76087</i>			RECEIVED CITY OF WEATHERFORD, TX <i>JAN 15 2025</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>[REDACTED]</i>	PHONE NUMBER <i>[REDACTED]</i>	EXTENSION	CITY SECRETARY'S OFFICE BY: <i>Am</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Courtney</i>	MI <i>A</i>	Receipt #	Amount \$	
	NICKNAME	LAST <i>Paschall</i>	SUFFIX	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY: <i>[REDACTED]</i> Weatherford			STATE; ZIP CODE <i>TX 76087</i>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>[REDACTED]</i>	PHONE NUMBER <i>[REDACTED]</i>	EXTENSION	Date Imaged		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <i>7</i>	Day <i>1</i>	Year <i>24</i>	Month <i>12</i>	Day <i>31</i>	Year <i>24</i>
11 ELECTION	ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE	OFFICE HELD (if any) <i>City of Weatherford - Mayor</i>			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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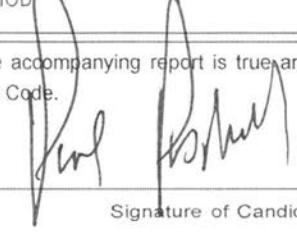
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME _____

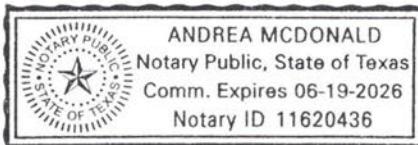
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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

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

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Paul Paschall this the 15th day of January 20 25, to certify which, witness my hand and seal of office.

Andrea McDonald Signature of officer administering oath

Andrea McDonald Printed name of officer administering oath

City Secretary 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 _____.


Signature of Candidate/Officeholder (Declarant)