

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>5</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Paul	MI S	OFFICE USE ONLY			
	NICKNAME	LAST Paschall	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE [REDACTED] Weatherford, TX 76087			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Courtney	MI	Receipt # <i>[REDACTED]</i> Amount \$ <i>[REDACTED]</i>			
	NICKNAME	LAST Paschall	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: [REDACTED] Weatherford, TX 76087			STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION	Date Imaged			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 1	Day / 1	Year 25	Month 3	Day / 24	Year / 25	
11 ELECTION	ELECTION DATE Month Day Year 5 / 13 / 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____				
12 OFFICE	OFFICE HELD (if any) City of Weatherford - Mayor			13 OFFICE SOUGHT (if known) City of Weatherford - Mayor			
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

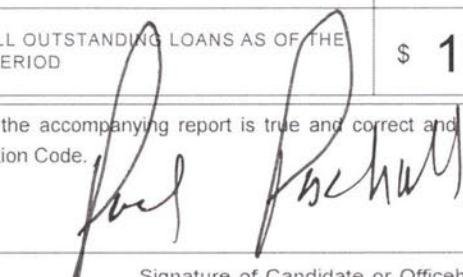
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Mr. Paul S. Paschall

16 Filer ID (Ethics Commission Filers)

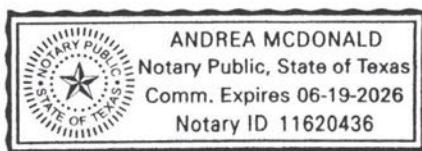
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,346.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,113.26
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Paul Paschall this the 1st day of April,
20 25, to certify which, witness my hand and seal of office.

Andrea McDonald
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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Paul S. Paschall	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 10,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,346.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

LOANS

SCHEDULE E

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 Total pages Schedule E:
2 FILER NAME Mr. Paul S. Paschall			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 02/24/2025	7 Name of lender Paul & Courtney Paschall	□ out-of-state PAC (ID# _____)	9 Loan Amount (\$) 5,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; [REDACTED] Weatherford, TX 76087	City: _____ State: _____ Zip Code: _____	10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor [REDACTED]	18 Guarantor address; [REDACTED] Weatherford, TX 76087	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)		
Date of loan 03/01/2025	Name of lender Paul & Courtney Paschall	□ out-of-state PAC (ID# _____)	Loan Amount (\$) 5,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; [REDACTED]	City: _____ State: _____ Zip Code: _____	Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral none		✓ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION not applicable	Name of guarantor [REDACTED] Guarantor address; [REDACTED] City: _____ State: _____ Zip Code: _____		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mr. Paul S. Paschall	3 Filer ID (Ethics Commission Filers)	
4 Date 02/24/2025	5 Payee name NTX Graphics		
6 Amount (\$) 2,937.00	7 Payee address; [REDACTED] Weatherford, TX 76086	City: _____ State: _____ Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Graphics	
	(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 03/05/2025	Payee name NTX Graphics		
Amount (\$) 2,901.10	Payee address; [REDACTED] Weatherford, TX 76086	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Political Signs	
	Check if travel outside of Texas. Complete Schedule 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
Date 03/19/2025	Payee name Tractor Supply		
Amount (\$) 507.90	Payee address; [REDACTED] Weatherford, TX 76086	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Posts for Signs	
	Check if travel outside of Texas. Complete Schedule 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			