

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: 8			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Paul			MI S	OFFICE USE ONLY Date Received RECEIVED CITY OF WEATHERFORD, TX			
	NICKNAME	LAST Paschall		SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: CITY: Weatherford TX 76087			STATE: ZIP CODE	APR 25 2025 CITY SECRETARY'S OFFICE BY: <i>AM</i>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE [REDACTED]			PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Courtney			MI	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST Paschall		SUFFIX	Receipt #			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: [REDACTED]			CITY: Weatherford TX 76087	STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED]			PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 3	Day / 25	Year 25	THROUGH	Month 4	Day / 25	Year / 25	
11 ELECTION	ELECTION DATE Month 5 Day / 3 Year / 25			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
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	COMMITTEE NAME [REDACTED]						
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS [REDACTED]						
		COMMITTEE CAMPAIGN TREASURER NAME [REDACTED]						
		COMMITTEE CAMPAIGN TREASURER ADDRESS [REDACTED]						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

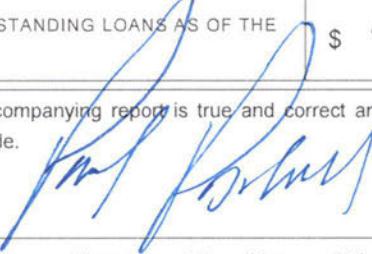
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Paul S. Paschall

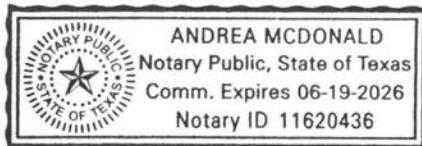
16 Filer ID (Ethics Commission Filers)

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)	\$ 13,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,437.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,650.53
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,000.00
OUTSTANDING LOAN TOTALS		

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:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Paul Paschall this the 25th day of April,
20 25, 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)

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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,800.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,437.13
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

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 complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME Paul S. Paschall			3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2025	5 Full name of contributor John Rogers	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 750.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Weatherford TX 76086	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/11/2025	Full name of contributor Richard Heizer	out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Weatherford TX 76087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/11/2025	Full name of contributor Carroll Dawson	out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Weatherford TX 76086	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/11/2025	Full name of contributor Gary Molenberg	out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Weatherford TX 76087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 complete this form.			1 Total pages Schedule A1:
2 FILER NAME Paul S. Paschall			3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2025	5 Full name of contributor Jim Duncan	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 200.00
	6 Contributor address: [REDACTED]	City: State: Zip Code Weatherford TX 76086	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/11/2025	Full name of contributor AAA Properties	out-of-state PAC (ID# _____)	Amount of contribution (\$) 1,000.00
	Contributor address: [REDACTED]	City: State: Zip Code Weatherford TX 76086	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/11/2025	Full name of contributor JAG Metals	out-of-state PAC (ID# _____)	Amount of contribution (\$) 10,000.00
	Contributor address: [REDACTED]	City: State: Zip Code Weatherford TX 76086	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/11/2025	Full name of contributor Dennis Hooks	out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
	Contributor address: [REDACTED]	City: State: Zip Code Weatherford TX 76087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 complete this form.			1 Total pages Schedule A1:
2 FILER NAME Paul S. Paschall			3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2025	5 Full name of contributor RGP Realty Group, LLC	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 300.00
	6 Contributor address; [REDACTED]	City: State: Zip Code Weatherford TX 76087	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/11/2025	Full name of contributor David Deison	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City: State: Zip Code Weatherford TX 76086	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address;	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address;	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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: **1**

2 FILER NAME

Mr. Paul S. Paschall

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

04/02/2025

7 Name of lender

out-of-state PAC ID# _____)

9 Loan Amount (\$)

7,000.00

6 Is lender a financial institution?

Y N

8 Lender address:

City: _____ State: _____ Zip Code: _____

10 Interest rate

Weatherford, TX 76087

11 Maturity date**12 Principal occupation / Job title (See Instructions)****13 Employer (See Instructions)****14 Description of Collateral**

▪ none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION**17 Name of guarantor****19 Amount Guaranteed (\$)****18 Guarantor address:**

City: _____ State: _____ Zip Code: _____

▪ not applicable

20 Principal Occupation (See Instructions)**21 Employer (See Instructions)****Date of loan****Name of lender**

out-of-state PAC ID# _____)

Loan Amount (\$)**Is lender a financial institution?**

Y N

Lender address: _____ 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**Name of guarantor****Amount Guaranteed (\$)****Guarantor address:**

City: _____ State: _____ Zip Code: _____

not applicable

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 Paul S. Paschall	3 Filer ID (Ethics Commission Filers)	
4 Date 04/04/2025	5 Payee name Mayes Media Group		
6 Amount (\$) 9,075.05	7 Payee address; [REDACTED] Sunnyvale, TX 75182	City: _____ State: _____ Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting and Advertising Expense	(b) Description Website, Facebook Page, Mailers	
	(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 04/17/2025	Payee name Melinda Smesny		
Amount (\$) 187.68	Payee address: [REDACTED] Weatherford, TX 76087	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event set up, Decorations	
	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 04/17/2025	Payee name Noah Ford		
Amount (\$) 174.40	Payee address: [REDACTED] Weatherford, TX 76087	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food	
	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			