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: | | | | | | | |
|--|--|-----------------------|---|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS MRS / MR FIRST RENEE | м А. | OFFICE USE ONLY | | | | |
| INAIVIE | NICKNAME LAST | SUFFIX | Date Received | | | | |
| | PASCHALL | | received | | | | |
| 4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE 409 Bridgit Dr. Converse, TX | 4/4/19 R\+ | | | | | |
| Change of Address | | | \mathcal{D}_{u} | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (210)823-3399 | ENSION | Date Hand-delivered or Date Postmarked | | | | |
| 6 CAMPAIGN TREASURER | MS / MRS MR FIRST JOHNNY | мі Ј | Receipt # Amount \$ | | | | |
| NAME | NICKNAME LAST | Date Processed | | | | | |
| | HARRIS | | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 409 Bridgit Dr. Converse, Tx. 78109 | | | | | | |
| (Residence or Business) | O | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTE (210) (158-7628 | ENSION | | | | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | | |
| | July 15 8th day before election | Exceeded \$500 limit | Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH | 05 | 04 /2019 | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary Runoff | ELECTION TYPE | | | | | |
| h | Month Day Year Primary Runoff Month Day Year General Special | Other Description | | | | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFI | ICE SOUGHT (if known) | | | | | |
| | | | = | | | | |
| GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OHNAME, A. Paschall 15 Filer ID (Ethics Commission Filers) | | | | | | |
|---|---|-----------|--|--|--|--|
| 16 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. | | | | | |
| | COMMITTEE TYPE COMMITTEE NAME COMMITTEE TO Re-elect Recommittee address A09 Bridgit Dr. Converse, T | • | | | | |
| Additional Pages | COMMITTEE CAMPAIGN TREASURER NAME JOHN Ham'S COMMITTEE CAMPAIGN TREASURER ADDRESS 409 Bridgit Dr. Converse, Tx. | 78109 | | | | |
| 17 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 423,80 | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 423,80 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 | | | | |
| 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. My Notary ID # 130852273 Expires October 6, 2020 Signature of Capilidate as Officeholder | | | | | | |
| Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE | | | | | | |
| Sworn to and subscribed before me, by the said Pence A Paschau, this the day of April , 20 9, to certify which, witness my hand and seal of office. | | | | | | |
| Rose Saldwar Pose Saldwar Notary Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extension and process)

| | Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | |
|---|---|----------------|--------------------------|--------------------------------------|---------|---------------|------------------------------|--------------------------|
| 1 | Total pages Schedule G: | 2 FILER NA | | t, Pasc | ha | 1 | 3 Filer ID (Ethics | Commission Filers) |
| ı | Date 4/4/19 | 5 Payee nan | iée A, | Pascho | ul | | | |
| ь | Amount (\$) Reimbursement from political contributions intended | Payee add | Bridait | City; State; Zip Dr. TX. 78 10 | | | | |
| 8 | PURPOSE OF EXPENDITURE | | See Categories lis | ted at the top of this sch | | | e of Texas, Complete Schedul | |
| 9 | Complete ONLY if direct expenditure to benefit C/C |) | ate / Officeho all-13 | | rust | Office sought | | office held e - PL. 6 |
| | Date | Payee nan | ne | | | | | |
| | Amount (\$) | Payee add | dress; | City; State; Zip | Code | | | |
| | political contributions intended | | | | | | | - |
| | PURPOSE OF EXPENDITURE | Category (| See Categories lis | ted at the top of this sch | nedule) | | e of Texas. Complete Schedul | |
| | Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | |
| | Date | Payee nan | ne | | | | | |
| | Amount (\$) Reimbursement from political contributions | Payee add | lress; | City; State; Zip | Code | | | |
| | PURPOSE OF EXPENDITURE | Category (| See Categories lis | ted at the top of this sch | nedule) | | e of Texas. Complete Schedul | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/C | | ate / Officeho | lder name | | Office sought | (| Office held |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses to group of listed above)

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | | Gift/Awards/Memorials Expense Legal Services | Polling Expense Printing Expense Salaries/Wages/ | | Travel In District Travel Out Of District Other (enter a category not listed above) | | |
|--|--|--|--|-----------------|---|--|--|
| The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F4: | 2 FILER | vée A. Pascha | J.1 | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEM | 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | | | | | | |
| 5 Date 4419 | Payee Rom | ée A. Pascha | | | | | |
| 7 Amount (\$) | 8 Payee | | e; Zip Code | | 0 | | |
| \$393.80 | \$393.80 409 Bridgit Dr. Converse, Tx 78109 | | | | | | |
| 9 TYPE OF EXPENDITURE | X | Political | Non-Political | | | | |
| 10 | (a) Categ | ory (See Categories listed at the top o | f this schedule) | (b) Description | on | | |
| PURPOSE OF | Adv | ertising | | Check if | travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | | | | Check i | if Austin, TX, officeholder living expense | | |
| | DX | penses | | | | | |
| 11 Complete ONLY if direct expenditure to benefit C/OL | | ndidate / Officeholder name | Office | Sought ARGE | Place - 6 | | |
| Renée A. Paschall-Board of Trustees - JISD School Bd. | | | | | | | |
| Date | Payee | name | | | | | |
| Amount (\$) | Payee | address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| TYPE OF EXPENDITURE | | Political | Non-Politica | ıl | | | |
| | Categ | ory (See Categories listed at the top of | of this schedule) | Description | on | | |
| PURPOSE | | | | | travel outside of Texas. Complete Schedule T. | | |
| OF Expenditure | | | | Check | if Austin, TX, officeholder living expense | | |
| | | | | | | | |
| Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |