

CA D DATE / OFF CEHOLDER  
CA G F A CE REPORT

FORM C/OH  
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

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

3 CANDIDATE / OFFICEHOLDER NAME

/ MRS / MR

FIRST

MI

OFFICE USE ONLY

NICKNAME

LAST

SUFFIX

Date Received

Renee

A.

Paschall

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

409 Bridgait Dr.

Change of Address

5 CANDIDATE / OFFICEHOLDER

AREA CODE PHONE NUMBER EXTENSION

(210) 823-3399

FIRST

MI

Johnn

J

PHONE

6 CAMPAIGN TREASURER NAME

MS / MRS

Receipt #

Amount \$

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

Converse TX 78109

7 CAMPAIGN TREASURER ADDRESS

AREA CODE PHONE NUMBER CITY; STATE; ZIP CODE

(210) 823-8822

(Residence or Business)

Month Day Year

04 04/2019

Month Day Year

04/25/2019

TREASURER PHONE

Primary

General

05 04/2019

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

CA D DATE / OFFICE OLDER  
CA G F A CE REPORT

FORM C/OH  
COVER SHEET PG 2

14  
e A. Paschall

ee

4-27-80 - TV 7/11/80

S

850.-

423.<sup>80</sup>

3.<sup>80</sup>

\$ 850.-

POLITICAL  
COMMITTEE(S)

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

April

Renee A. Paschall

this the 29<sup>th</sup>

O ETARY POL T CAL CO TR BUT O S

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

1

3 Filer ID (Ethics Commission Filers)

2

A. Paschall

4 Date

5 Full name of contributor

out-of-state PAC (I

7 Amount of contribution (\$)

4/11/19

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

4/15/19

Johnny Harris

Contributor address;

City; State; Zip Code

409 Bridgit Dr. Converse, TX, 78109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

Contributor address;

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

350

POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Loan Repayment/Reimbursement      Solicitation/Fundraising Expenses

2

A. Paschall

5

print

1/29/2019

6 Amount (\$)

7 Payee address      City; State; Zip Code

\$185.00

Vista print.com

Advertising  
Ex