

CA D DATE / OFF CE OLDER  
CA PA 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.

FIRST **RENÉE** MI **A.**

**PASCHALL**

**409 Bridgit Dr. Converse, TX. 78109**

**Bjt**

AREA CODE PHONE NUMBER

**(210) 823-3399**

FIRST **Johnny** MI **J**

NICKNAME **HARRIS** LAST SUFFIX

**409 Bridgit Dr. Converse, TX. 78109**

NAME

**210 658-7628**

SUFFIX

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

Change of Address

5 CANDIDATE/  
OFFICEHOLDER

EXTENSION

Date Hand-delivered or Date Postmarked

Month Day Year

**06 04 2019**

PHONE

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

ZIP CODE

(Residence or Business)

CA D D E / OFF CE OLDER  
CA G F A CE EPOR

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

[REDACTED]

16 NOTICE FROM

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES

[REDACTED]



X E T ES A E BY C ED T CA

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

[Redacted]

Re A. Paschall

TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 4/4/19

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE

Accounting/Banking Candidate / Officeholder name Office Overhead/Rental Expense Transportation Equipment held & Related Expense SD T Bel.

Date Payee name

Amount (\$) City; State; Zip Code

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED