


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | <input checked="" type="radio"/> MS / MRS / MR FIRST: <i>Renée</i> MI: <i>A.</i> NICKNAME: <i>Paschall</i> LAST: SUFFIX: | | OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-weight: bold;">MAY 1 2015</div>  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE <i>409 Bridgit Dr. Converse, TX. 78109</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(210) 658.7628</i> | | | |
| 6 CAMPAIGN TREASURER NAME <input checked="" type="radio"/> MS / MRS / MR FIRST: <i>Johnny</i> MI: <i>J.</i> NICKNAME: <i>Harris</i> LAST: SUFFIX: | | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE <i>409 Bridgit Dr Converse, TX. 78109</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(210) 658.7628</i> | | |
| 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 checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>04 / 10 / 15</i> <i>05 / 01 / 15</i> | | |
| 11 ELECTION | ELECTION DATE: Month Day Year ELECTION TYPE: <i>05 / 09 / 15</i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <i>At-Large Pl. 6 Board Trustee</i> | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Renee A. Paschall

15 ACCOUNT # (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
 PAP
 GENERAL

 SPECIFIC

COMMITTEE NAME

Renee PAP

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. 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

\$ *1980.36*

4. TOTAL POLITICAL EXPENDITURES

\$ *1980.36*

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*

18 AFFIDAVIT

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.



Renee A. Paschall

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Renee Paschall*, this the *1* day of *May*, 20 *15*, to certify which, witness my hand and seal of office.

Jacquelyn Perez

Signature of officer administering oath

Jacquelyn Perez

Printed name of officer administering oath

Notary

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
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|--|
| 1 Total pages Schedule G: 1 | 2 FILER NAME Renée A. Paschall | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|---------------------------|---|
| 4 Date 03/02/15 | 5 Payee name SIGNS ON THE CHEAP |
|---------------------------|---|

| | |
|--|---|
| 6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 387.86 | 7 Payee address; City; State; Zip Code www.SIGNS ON THE CHEAP. com (online) |
|--|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising Expenses | (b) Description (If travel outside of Texas, complete Schedule T) Political Signs for public display <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|---|

| | |
|------------------------|---|
| Date 4/20/15 | Payee name J & M Printing, Inc. |
|------------------------|---|

| | |
|---|--|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 831.87 | Payee address; City; State; Zip Code 2105-B Pat Booker Rd. Universal City, TX. 78148 |
|---|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expenses | Description (If travel outside of Texas, complete Schedule T) Postcard Mail-Outs <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

| | |
|------------------------|---|
| Date 4/27/15 | Payee name J & M Printing, Inc. |
|------------------------|---|

| | |
|---|--|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 760.63 | Payee address; City; State; Zip Code 2105-B Pat Booker Rd. Universal City, TX. 78148 |
|---|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expenses | Description (If travel outside of Texas, complete Schedule T) Postcard Mail-Outs <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|--|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|--|--------------------------------------|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED