

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <input checked="" type="radio"/> FIRST Renée NICKNAME LAST SUFFIX Paschall</p>	<p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center; border: 1px solid red; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;"> received 5/8/19 BJH </div> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">409 Bridgit Dr. Converse, TX. 78109</p>										
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(210) 823-3399</p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST Johnny NICKNAME LAST SUFFIX Harris</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed											
Date Imaged											
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">409 Bridgit Dr. Converse, TX. 78109</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(210) 823-8822</p>										
<p>9 REPORT TYPE</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)
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<p>10 PERIOD COVERED</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">04 / 29 / 2019</td> <td></td> <td style="text-align: center; font-size: 1.2em;">05 / 04 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	04 / 29 / 2019		05 / 04 / 2019		
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04 / 29 / 2019		05 / 04 / 2019									
<p>11 ELECTION</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 05 / 04 / 19 </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 05 / 04 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="font-size: 1.2em;">JISD - At-Large, Place 6 - School Board Trustee</p>	<p>13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.2em;">JISD At-Large Place 6 School Board Trustee</p>									

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Renee 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
<input checked="" type="checkbox"/> GENERAL	<u>Committee to Re-Elect Renee Paschall</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>409 Bridgit Dr. Converse, TX, 78109</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Johnny Harris</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>409 Bridgit Dr. Converse, TX, 78109</u>

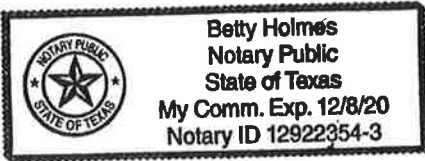
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>850.-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES <u>\$ 802.99</u>	\$ <u>641.99 802.99 RHP</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>47.01</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 A. Paschall, this the 8th day of May, 20 19, to certify which, witness my hand and seal of office.

Betty Holmes Signature of officer administering oath
Betty Holmes Printed name of officer administering oath
Notary Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Renée A. Paschall

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 F1: 2	2 FILER NAME Renee A. Paschall	3 Filer ID (Ethics Commission Filers)
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4 Date 04/29/2019	5 Payee name Vistaprint
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6 Amount (\$) \$ 185.-	7 Payee address; City; State; Zip Code Vistaprint.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Renee A. Paschall	Office sought JISD School Board - At Large - Pl. 6	Office held
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Date 5/2/19	Payee name Supreme Image SilkScreen and Embroidery
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Amount (\$) \$ 151.55	Payee address; City; State; Zip Code 216 Green Acres Granite Shoals, TX 78654
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T-shirts - Solicitation Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED