

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:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS ☒ MR

FIRST

MI

NICKNAME

LAST

SUFFIX

PAUL STEPHAN
MAYER

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

6309 Chelsea WAY
GARLAND, TX 75044-3529

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 478-1125

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

STAN LUCKIE

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6400 TREZEVANT ST.
ROWLETT, TX 75089-0004

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 978-8821

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 Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01 / 16 / 2022 THROUGH 04 / 07 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 2022

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRUSTEE - DISTRICT 3

14 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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

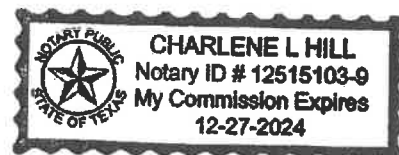
15 C/OH NAME <u>PAUL S. MAYER</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,550.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,040.85</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,524.25</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6,000.00</u>

18 SIGNATURE 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.

Paul S. Mayer
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Paul Mayer this the 6 day of April, 2022, to certify which, witness my hand and seal of office.

Charlene L. Hill

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 10 of 5

2 FILER NAME

PAUL S. MAYER

3 Filer ID (Ethics Commission Filers)

4 Date

01/06/2022

5 Full name of contributor

☐ out-of-state PAC (ID#)

ED SEBHERS

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

1001 WINDING BROOK DR GARLAND TX 75044

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/13/2022

Full name of contributor

☐ out-of-state PAC (ID#)

FERRIN H. HOLCOMB, D.D.S.

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

7402 COLEWOOD DR GARLAND TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/20/2022

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT GARNER

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

6415 DUFFIELD DR DALLAS TX 75248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/27/2022

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID GIBBONS

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

701 BUTTERNUT DR GARLAND TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 5

2 FILER NAME

PAUL S. MAYER

3 Filer ID (Ethics Commission Filers)

4 Date

01/28/2012

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARK KING

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

2905 WYNHAM LN, RICHMOND, TX 75082

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/04/2012

Full name of contributor

☐ out-of-state PAC (ID#)

WAYMON H YAE

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

9105 COLLETTA HEIGHTS DR. DALLAS, TX 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2012

Full name of contributor

☐ out-of-state PAC (ID#)

FREDERIC HEINKE

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

12008 TIMBERLAKE CT. DALLAS, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/14/2012

Full name of contributor

☐ out-of-state PAC (ID#)

Tina Leslie Henson

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1408 WILLOWOOD CIR, GARLAND, TX 75042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

PAUL S. MAYER

3 Filer ID (Ethics Commission Filers)

4 Date

02/10/2022

5 Full name of contributor

☐ out-of-state PAC (ID#)

KEVIN SLAY

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

1237 CHAPEL HILL CT. McKinney, TX 75069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/09/2022

Full name of contributor

☐ out-of-state PAC (ID#)

William Gilbert

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

864 AVERY ST. Allen, TX 75013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2022

Full name of contributor

☐ out-of-state PAC (ID#)

DON BAYNHAM

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

5806 FIRECREST DR. GARLAND, TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2022

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID GIBBONS

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

701 BOTTERNOT DR GARLAND, TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 5
2 FILER NAME PAUL S. MAYER		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACKIE FEAGIN 6 Contributor address; City; State; Zip Code 3302 PELAN LN. GARLAND, TX 75041	7 Amount of contribution (\$) \$ 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rebecca K. LUCKIE Contributor address; City; State; Zip Code 6400 TREZEVANT ST. ROWLETT, TX 75089	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith MONTGOMERY Contributor address; City; State; Zip Code 6304 Chelsea Way, GARLAND, TX 75044	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert J. SMITH Contributor address; City; State; Zip Code 310 FAIR CREST, GARLAND, TX 75040	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 5
2 FILER NAME PAUL S. MAYER		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): JAMIE Miller	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 3627 Glenbrook CT, GARLAND, TX 75041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): BORAK OZCAN	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 690 Beechview LN. GARLAND, TX 75040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

PAUL STEPHAN MAYER

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

01/31/2022

7 Name of lender

☐ out-of-state PAC (ID#: _____)

PAUL STEPHAN MAYER

9 Loan Amount (\$)

\$1,000.00

6 Is lender
a financial
institution?Y N

8 Lender address;

City;

State;

Zip Code

6309 Chelsea Way

GARLAND, TX 75044-3529

10 Interest rate

0

11 Maturity date

NONE

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15

☒ Check if personal funds were deposited into political
account (See Instructions)16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

04/04/2022

Name of lender

☐ out-of-state PAC (ID#: _____)

PAUL STEPHAN MAYER

Loan Amount (\$)

\$2,500.00

Is lender
a financial
institution?Y N

Lender address;

City;

State;

Zip Code

6309 Chelsea Way

GARLAND, TX 75044-3529

Interest rate

0

Maturity date

NONE

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none☒Check if personal funds were deposited into political
account (See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
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 F1: 3		2 FILER NAME PABL STEPHAN MAYER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/31/2022		5 Payee name CLAYTON P. HENRY			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 9322 MOSS TRAIL, DALLAS, TX 75231			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description DEVELOP CAMPAIGN, SOCIAL MEDIA, MAILINGS, WEBSITE		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 02/26/2022		Payee name CLAYTON P. HENRY			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 9322 MOSS TRAIL, DALLAS, TX 75231			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description DEVELOP CAMPAIGN, SOCIAL MEDIA, MAILINGS, WEBSITE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03/30/2022		Payee name CLAYTON P. HENRY			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 9322 MOSS TRAIL, DALLAS, TX 75231			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description DEVELOP CAMPAIGN, SOCIAL MEDIA, MAILINGS, WEBSITE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03/30/2022		Payee name CLAYTON P. HENRY			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 9322 MOSS TRAIL, DALLAS, TX 75231			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description DEVELOP CAMPAIGN, SOCIAL MEDIA, MAILINGS, WEBSITE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 20F2	2 FILER NAME PAUL STEPHAN MAYER	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2022	5 Payee name GRAPHICS MANAGEMENT	
6 Amount (\$) \$3,397.85	7 Payee address; City; State; Zip Code 9322 MOSS TRAIL, DALLAS, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description YARN SIGNS, 4X4 SIGNS, PUSH CARS, CONTRIBUTION CARS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/01/2022	Payee name INSTALL CONNECT, INC.		
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 505 W. STATE ST. GARLAND, TX 75040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description INSTALL 4X4 SIGNS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/01/2022	Payee name ANEDOT		
Amount (\$) \$143.00	Payee address; City; State; Zip Code 1920 MCKINNEY AVE DALLAS, TX 75201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description TRANSACTION FEES	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED