

# 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: **6**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **PAUL** FIRST **STEPHAN** MI  
NICKNAME LAST SUFFIX  
**MAYER**

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6309 Chelsea Way**  
**Garland, TX 75044-3529**

RECEIVED

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214) 478-1125**

Date Hand Delivered or Date Marked **APR 28 2022**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**James** S  
NICKNAME LAST SUFFIX  
**STAN LUCKIE**

Receipt # **Legal Since** Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**6400 TREZEVAANT 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  
**04 / 08 / 2022** THROUGH **04 / 29 / 2022**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
**05 / 07 / 2022** ☒ 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

PAUL S. MAYER

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,825.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,613.40

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 3,735.85

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 6,000.00

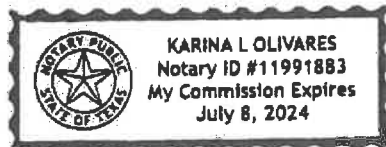
18 SIGNATURE

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Karina L. Olivares this the 28 day of April.

20 22 to certify which, witness my hand and seal of office.

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: <b>3</b> 1 of 3
2 FILER NAME <b>PAUL S. MAYER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MIKE/LORRIE CANTRELL</b> 6 Contributor address; City; State; Zip Code <b>2109 CASTLEFORD LN GARLAND, TX 75040</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/5/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHRIS MERLICK</b> Contributor address; City; State; Zip Code <b>3606 ASSET ST GARLAND TX 75042</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MIKE CLODD</b> Contributor address; City; State; Zip Code <b>918 WOODHAKEN LN GARLAND, TX 75040</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Annette RATLIFF</b> Contributor address; City; State; Zip Code <b>7519 SPIKEWOOD DR GARLAND, TX 75044</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 20 of 3
2 FILER NAME PAUL S. MAYER		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Full name of contributor JERRY PRATER <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1717 SURREY CT GARLAND, TX 75043	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor Steve EVANS <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6002 MEADOW GREEN DR. GARLAND, TX 75044	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/22	Full name of contributor Wesley Johnson <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3007 Bluffview Dr. GARLAND, TX 75043	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/22	Full name of contributor Peter Zehr <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4210 NORWICH GARLAND, TX 75042	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: 3 of 3
2 FILER NAME PAUL S. MAYER		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK KING 6 Contributor address; City; State; Zip Code 2905 WYNHAM LN RICHARDSON, TX 75082	7 Amount of contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES B. QUINN TH.M.H.D. Contributor address; City; State; Zip Code 500 N. CENTRAL EXPWAY, STE 260 PLANO, TX 75074	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRIS WALLACE Contributor address; City; State; Zip Code 4235 CASTLE ROCK CT IRVING, TX 75038	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN FISCHER Contributor address; City; State; Zip Code 2046 FOREST LN #180 GAYLAND, TX 75042	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: 1 Schedule F1: 2 FILER NAME: PAUL S. MAYER 3 Filer ID (Ethics Commission Filers)

4 Date: 04/28/2022 5 Payee name: CLAYTON P. HENRY

6 Amount (\$): \$1,500.00 7 Payee address; City; State; Zip Code: 4322 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) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 04/28/2022 Payee name: Anedot

Amount (\$): \$113.40 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  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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