## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST DALLAS		PAUL	OFFICE USE ONLY					
NAME	NICKNAME	OLIVER	Date Received RECEIVED						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #; G	CITY OF GROVES						
Change of Address		CITY MANAGER'S OFFICE							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (409 )	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	DALLAS	PAUL	Receipt # Amount \$					
	AUGUNANE	LAST	SUFFIX	Date Processed					
	NICKNAME	OLIVEI	Date imaged						
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE					
ADDRESS	. ب		GROVES	TX. 77619					
(Residence or Business)	S ROUL ) / X.								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 4/09 )								
	(40))								
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)								
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day Year	Month	Day Year					
	9 / 27 / 24 THROUGH 10 / 26 / 24								
11 ELECTION	Month Day Year Primary Runoff Other								
	Description								
	11/5/24 General Special ————————————————————————————————————								
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)								
	COUNCIL WARD II COUNCIL WARD II								
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
	COMMITTEE TYPE	COMMITTEE NAME							
Additional Pages	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	CIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS						
GO TO PAGE 2									
GU TU PAGE 2									

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

			***				
15 C/OH NAME	PAUL	OLIVER		16 Filer	ID (Ethics Commission	en Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ .		
		TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS INS, OR GUARANTEES OF LOANS	s)	\$ 0		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA		\$ &			
	4.	TOTAL POLITICAL EXPEND	ITURES		\$ 🔷		
CONTRIBUTION BALANCE	,	TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY	\$		
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS G G PERIOD	OF THE	\$ 0		
		irm, under penally of perjury, t reported by me under Title 15, E	Honf	16	rrect and includes all	information	
(1) Affidavit		Please comp	olete either option belo	w:			
NOTARY STAMP/SE	AL						
Sworn to and subscribe	ed before me	by	this the	•	_ day of		
20, to certi	fy which, witne	ess my hand and seal of office.					
Signature of officer adminis	stering oath	Printed name of of	icer administering oath		Title of officer admini	stering oath	
			OR				
(2) Unsworn Declara							
My name is $\widehat{\mathcal{P}}$	AUL OF	LIVEIZ	, and my date of birth	is		- ·	
My address is			GREVES :		77619, JEFF	ERSON	
Executed in <u>JEFF</u>	EPSSN 0	(street) County, State of //	(city)	(state)	(zip code) (cou ) 20 24 (year)		
			1-tout	M			
			Signature of Cand	didate/Offic	eholder (Declarant)		