CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: 7

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR.
FIRST: PAUL
MI: A
NICKNAME:
LAST: DAVIDHIZAR
SUFFIX:

OFFICE USE ONLY

Date Received: 7/15/16

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

132 ELKINS LAKE HUNTSVILLE, TX 77340

Date Hand-delivered or Date Postmarked: 7/15/16

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (936) PHONE NUMBER 662-3577 EXTENSION

Receipt # | Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR.
FIRST: JAMES
MI: R.
NICKNAME:
LAST: DAVIDHIZAR
SUFFIX:

Date Processed: 7/15/16

Date Imaged: 7/15/16

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1239 SOUTHWOOD DR. HUNTSVILLE, TX 77340

8 CAMPAIGN TREASURER PHONE

AREA CODE (936) PHONE NUMBER 436-1333 EXTENSION

9 REPORT TYPE

☐ January 15
☒ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 4 / Day 28 / Year 2016 THROUGH Month 6 / Day 30 / Year 2016

11 ELECTION

ELECTION DATE
Month 5 / Day 7 / Year 2016

ELECTION TYPE
☐ Primary
☐ General
☐ Runoff
☒ Special
☐ Other Description

12 OFFICE

OFFICE HELD (if any)
HUNTSVILLE CITY COUNCIL AT-LARGE POSITION 1

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
PAUL DAVIDHIZAR	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 825 ⁰⁰
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4. ☐ SCHEDULE E: LOANS	$ 0
5. ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1460 ¹²
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Paul Davidhizar	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
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 480.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1305.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 34.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1494.12
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 12.12
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

FRANCES LEE WOODWARD
Notary Public
STATE OF TEXAS
COMM. EXP. FEB. 19, 2017
NOTARY ID 12681012-9
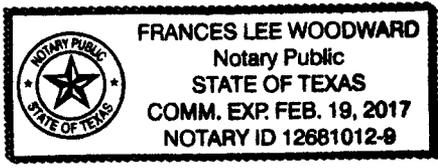
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Davidhizar , this the 15th day of July , 20 16 , to certify which, witness my hand and seal of office.

_____	Lee Woodward	City Secretary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME PAUL DAVIDHIZAR

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
6/9/2016	WILL DURHAM	$100 00
	6 Contributor address; City; State; Zip Code	
	356 ELKINS LAKE HUNTSVILLE, TX 77340	

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
6/24/2016	KEVIN EDNEY	$100 00
	Contributor address; City; State; Zip Code	
	899 ELKINS LAKE HUNTSVILLE, TX 77340	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/28/2016	GORDON BROWN	$100 00
	Contributor address; City; State; Zip Code	
	364 ELKINS LAKE HUNTSVILLE, TX 77340	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/28/2016	WALTER M. WOODWARD	$100 00
	Contributor address; City; State; Zip Code	
	1565 VETERANS MEMORIAL PKWY HUNTSVILLE, TX 77340	

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 2

2 FILER NAME PAUL DAVIDHIZAR

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
5/10/2016	MRS. W.G. McDONALD	$125 00
	6 Contributor address; City; State; Zip Code	
	467 ELKINS LAKE HUNTSVILLE, TX 77340	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
5/10/2016	MARIA MANTZOROS	$300 00
	Contributor address; City; State; Zip Code	
	1197 ELKINS LAKE HUNTSVILLE, TX 77340	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2	2 FILER NAME PAUL DAVIDHIZAR	3 Filer ID (Ethics Commission Filers)

4 Date 5/27/2016	5 Payee name ACMI

6 Amount ($) $350.00	7 Payee address; City; State; Zip Code P.O. Box 690 Huntsville, Tx 77340

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

ADVERTISING EXPENSE PUSH-CARDS

(b) Description

☐ 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 4/29/2016	Payee name KSAM

Amount ($) $600.00	Payee address; City; State; Zip Code 622 IH 45 S Huntsville, Tx 77340

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

ADVERTISING EXPENSE RADIO ADS

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

Date 6/16/2016	Payee name STACEY LOLL

Amount ($) $400.00	Payee address; City; State; Zip Code 1137 Elkins Lake Huntsville Tx 77340

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

ADVERTISING EXPENSE

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

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2	2 FILER NAME PAUL DAVIDHIZAR	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2016	5 Payee name STACEY LOLL	
6 Amount ($) $110 12	7 Payee address; City; State; Zip Code 1137 ELKINS LAKE HUNTSVILLE, TX 77340	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ 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	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

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

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