

**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	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Paul	MI
	NICKNAME	LAST Calce	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	4105 EMERSON AVE		
	DALLAS, TX 75205-1144		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	04/07/2023	THROUGH	04/26/2023
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
06/03/2023		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		
School Board Trustee Place 6 District HPISD			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

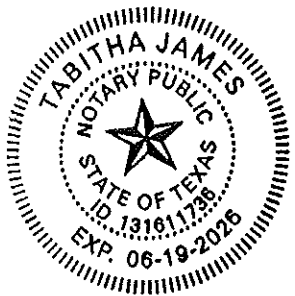
2 of 7

13 C / OH NAME Calce, Paul	14 Filer ID
-------------------------------	-------------

15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

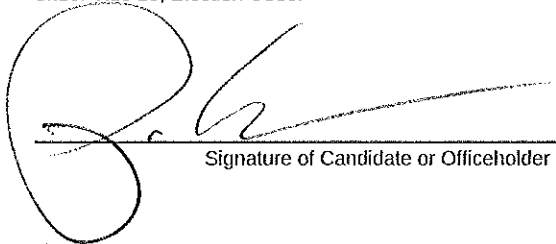
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	50.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,150.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	402.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,197.60
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT



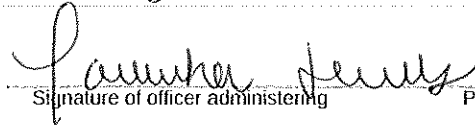
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Candidate, this the 1st day of May, 2023, to certify which, witness my hand and seal of office.



 Signature of officer administering

Tabitha James

 Printed name of officer administering

Notary Public

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Calce, Paul	19 Filer ID
-------------------------------------	--------------------

20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,150.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	28.90
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	373.10
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Calce, Paul		3 Filer ID
4 Date 04/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ching, Paul <hr/> 6 Contributor address; City; State; Zip Code 4228 Caruth Blvd. Dallas, TX 75225	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Darrell <hr/> Contributor address; City; State; Zip Code 1303 Chickasaw Dr. Dallas, TX 75080	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottsacker, Nancy <hr/> Contributor address; City; State; Zip Code 3824 Colgate Dallas, TX 75225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClung, Jeanne <hr/> Contributor address; City; State; Zip Code 3419 Westminster Ave #271 Dallas, TX 75205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palles, Anne <hr/> Contributor address; City; State; Zip Code 3200 Beverly Dr. Dallas, TX 75205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Calce, Paul		3 Filer ID
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Barbara	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4573 Bordeaux Ave Dallas, TX 75205		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/1 Rpt: 6/7	2 FILER NAME Calce, Paul	3 Filer ID
4 Date 04/23/2023	5 Payee name Anedot	
6 Amount (\$) \$28.90	7 Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 7/7		2 FILER NAME Calce, Paul		3 Filer ID	
4 Date 04/08/2023		5 Payee name MailChimp			
6 Amount (\$) \$373.10 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Marketing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	