

**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: 9				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Paul	MI	<div style="border: 2px solid blue; padding: 5px;"> <p style="color: blue; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: red; font-size: 1.2em; margin: 5px 0;">JAN 10 2023</p> <p style="color: red; font-size: 1.2em; margin: 0 0 5px 0;">10:06 AM</p> <p style="color: blue; font-weight: bold; margin: 0;">WILCO ELECTIONS</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Date Received</p> <p style="color: red; font-size: 1.2em; margin-top: 5px;">Jan 10 2023</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; font-size: 0.8em;">Receipt #</td> <td style="width: 50%; font-size: 0.8em;">Amount</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Processed</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Imaged</p>	Receipt #	Amount	-	-
Receipt #	Amount						
-	-						
	NICKNAME LAST Leal	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4205 Glacier Point Cv Taylor, TX 76574		ZIP CODE				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MR. MICHAEL	MI					
	NICKNAME LAST COOPER	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 340 ALLEN ST. BARTLETT TX 76511						
7 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 820-4347	EXTENSION				
8 REPORT TYPE	<input checked="" 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 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 07/01/2022	THROUGH	Month Day Year 12/31/2022				
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
11 OFFICE	OFFICE HELD (if any) Williamson County Pct. 4 Constable Place Constable District Pct. 4 Williamson	12 OFFICE SOUGHT (if known)					

GO TO PAGE 2

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

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

2 of 9

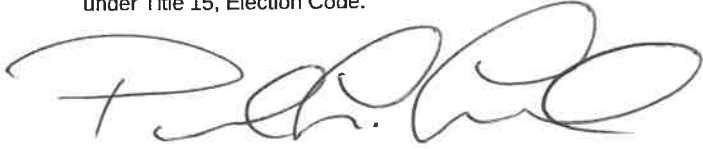
13 C / OH NAME Leal, Paul	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / 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"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

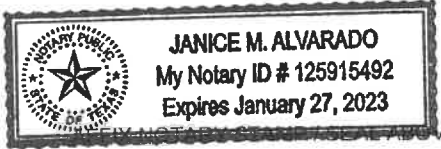
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	4,029.69
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	375.61
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,300.00

17 AFFIDAVIT


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 Paul Leal, this the 10 day of January, 2023, to certify which, witness my hand and seal of office.


 Signature of officer administering

Janice M Alvarado
 Printed name of officer administering

Sr. Office Specialist
 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Leal, Paul		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,300.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,029.69
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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: 1/1 Rpt: 4/9
2 FILER NAME Leal, Paul		3 Filer ID
4 Date 08/14/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Mary Jane <hr/> 6 Contributor address; City; State; Zip Code 906 Old Coupland Rd. Taylor, TX 76574	7 Amount of Contribution (\$) \$3,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/9
2 FILER NAME Leal, Paul		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/01/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Paul (The Honorable)	9 Loan Amount (\$) \$3,300.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 4205 Glacier Point Cove TAYLOR, TX 76574	10 Interest Rate
		11 Maturity Date 12/31/2024
12 Principal occupation / Job title (See Instructions) Elected Constable		13 Employer (See Instructions) Williamson County
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/3 Rpt: 6/9	2 FILER NAME Leal, Paul	3 Filer ID
4 Date 10/20/2022	5 Payee name Circleville Store	
6 Amount (\$) \$54.00	7 Payee address; City; State; Zip Code 600 US Hwy. 95 Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meeting with campaign volunteers.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2022	Payee name Circleville Store	
Amount (\$) \$86.41	Payee address; City; State; Zip Code 600 US Hwy. 95 Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meeting with Campaign volunteers.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2022	Payee name Ducks Unlimited Inc.	
Amount (\$) \$320.00	Payee address; City; State; Zip Code 494 Edwards Rd. Sherman , TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to the Ducks Unlimited Inc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 2/3 Rpt: 7/9	2 FILER NAME Leal, Paul	3 Filer ID
4 Date 10/19/2022	5 Payee name Flix Brewhouse	
6 Amount (\$) \$25.59	7 Payee address; City; State; Zip Code 2200 S I-35 Frontage Rd b1 Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Attended event to promote campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 11/16/2022	Payee name Hutto Young Life	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 1149 Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation to Hutto Young Life Annual Fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 09/29/2022	Payee name Leal, Paul	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4205 Glacier Point Cove TAYLOR, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to personal loan made on 06/03/2019.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 3/3 Rpt: 8/9	2 FILER NAME Leal, Paul	3 Filer ID
4 Date 08/31/2022	5 Payee name Reese, Marcus	
6 Amount (\$) \$423.69	7 Payee address; City; State; Zip Code 1006 W. 2nd St. Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense One room giveaway donations. In partnership with City of Taylor Homes Program.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Rhonda Redden for JP-4	Office sought Office held
Date 08/31/2022	Payee name Rhonda Redden for JP-4	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2210 Southwood Hills Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donation to Rhonda Redden for JP-4 Campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Redden, Rhonda	Office sought Office held Williamson County Justice of the None
Date 10/24/2022	Payee name Texas Critter Crusaders	
Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 468 Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Attended event to promote campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 9/9

FILER NAME

Leal, Paul

Filer ID

Schedule

E

Information entered by filer as a memo:

This is the remaining balance of a loan made on 06/03/2019, for the amount of \$15,000.00