# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR) FIRST Paul Paul	D WI	OFFICE USE ONLY
NAIVIE	NICKNAME LAST	SUFFIX	Date Received
	Meltze	r	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1914WOak St Denton	STATE; ZIP CODE 76 201	JUL 1 5 2020 City Manager's / City
Change of Address			Secretary's Office
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (646) 436 7847	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	MI	Receipt # Amount \$
NAME	NICKNAME MIKE LAST	SUFFIX	Date Processed
	Weaver		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	Tr/ Denton Tx	STATE; ZIP CODE 76207
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (940) 391 9614	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	01/01/2020	THROUGH O6	30 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
12 OFFICE	Denton City Council	13 OFFICE SOUGHT (if known)	
	Denton City Council Place 6		20
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		1	6 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		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL	INITEMIZED DOLLTION CONTRIBUTIONS (OTHER TIME)	
TOTALS		UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR	\$ \$
		IBUTIONS MADE ELECTRONICALLY)	, <i>y</i>
	2. TOTAL	POLITICAL CONTRIBUTIONS	
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2334
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	s of
TOTALS			* <i>P</i>
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3162.59
			3.000
CONTRIBUTION	5. TOTAL	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY 0 11676 76
BALANCE		ORTING PERIOD	\$ 4870.75
OUTSTANDING	_		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$ 17 150
	EAST BAT OF THE REPORTING PERIOD		\$ 17,250
18 AFFIDAVIT			
		I sweat or affirm, under penalty of p	erjury, that the accompanying report is
The state of the s	· // Special Control Control Control Control	true and correct and includes all info	ormation required to be reported by me
LILLIAN PORTE	LUKE PROVENZA	NO under Title 45. Election Code	, , , , ,
	itary Publi <mark>c, State</mark> of omm. Expires <b>0</b> 9-04	H.A.	
OF THE	Notary ID 132157		$\gamma_{4}$
- willing			
		Signature of Cana	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
		Danie	ath
Sworn to and subsci	ibed before me, b	by the said PAVL MELTZER	, this the
day of TVLY , 20 20 , to certify which, witness my hand and seal of office.			
To Participation Alaman			
LUKE PROVENZANO NOTHRY			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER	Paul D. Meltzer	20 Filer ID (Ethics Cor	mmis	sion Filers)
	DULE SUBTOTALS OF SCHEDULE			SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2334
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4.	SCHEDULE E: LOANS		\$	Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	3162.59
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	Ø

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
Paul D. Meltzer	3 Filer ID (Ethics Commission Filers)		
Date  5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) $\hat{\mathcal{F}}/\mathcal{O}$ $\hat{\mathcal{O}}$		
Date Full name of contributor out-of-state PAC (ID#:)  IPM For R. Lane	Amount of contribution (\$)		
2020 Contributor address; City; State; Zip Code 1526 Willow woodst Denton 1x 76205	925		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of contributor	Amount of contribution (\$)		
2010 Contributor address; City; State; Zip Code 4/00 3316 Rose/AWN Dr Denton Tx 76205			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)		
Date Full name of contributor out-of-state PAC (ID#:)  1/18  Kaver Mc Daniels	Amount of contribution (\$)		
2020 Contributor address; City; State; Zip Code 9605 Pinewood Dr Denton TX 76207	\$25		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

The Instruction Guide explains how to complete this form	1 Total pages Schedule A1:		
Paul D. Meltzer	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#_	7 Amount of contribution (\$)		
1/18 Mary Ann Towery 2020 & Contributor address; City; Sta 25/6 Natchez Trace Denton	te; Zip Code \$25.00 X 76210		
8 Principal occupation / Job title (See Instructions) 9 E	mployer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#_ 1/18 Jim and Jean Peterson	Amount of contribution (\$)		
2020 Contributor address; City; Ste 208 Sharon Rose Ct Denton Tx	te; Zip Code 450 76210		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#_	Third of Solid Section (4)		
2020 Contributor address: Marrison City; Sta	te; Zip Code #500		
2 Wellington Ociks CT Denton Tx 76210			
Principal occupation / Job title (See Instructions)	mployer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:_ 2/13 Amber Research	Amount of contribution (\$)		
N. N. P.	te; Zip Code \$100		
529 Malone St #119 Denton	× 76201		
Principal occupation / Job title (See Instructions)	mployer (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Full D. Meltzer 5 Full name of contributor | out-of-state PAC (ID#\_\_\_\_\_\_) Nancy Humphriles 6 Contributor address; City; State; Zip Code 5013 Golden Civ Denton Tx 76208 7 Amount of contribution (\$) \$25 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 2/19 Roger Yale Contributor address; City; State; Zip Code \$250 2020 1417 E. McKinney St Denton Tx 76209 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 2/23 Brian Beck 2020 Contributor address; City; State; Zip Code 124 Mill Pond Rd Denton Tx 76209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 2/18 Patricia Cheek. 2020 Contributor address; City; State; Zip Code 1220 Tulane Denton Tx 76201 \$ 100 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 2/19 Michael Weaver 2010 6 Contributor address; City; State; Zip Code \$100 9612 Applewood Tr/ Denton Tx 76267 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) 2/27 Lynn McCreary 2020 Contributor address; City; State; Zip Code 1112 Ector St Denton Tx 76201 \$50 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 2/28 Alison Maguire 2/21) Contributor address; City; State; Zip Code \$10 2208 Miranda Pl Denton Tx 76210 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code \$30 2610 Royal Acres Dr Denton Tx 76209 Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer 7 Amount of contribution (\$) 3/9 Barb Rodman 6 Contributor address; City; State; Zip Code 2010 2102 Azaka St Denton Tx 76205 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Colleen Mitchell Contributor address; City; State; Zip Code 1300 Brush Creek Rd Denton IX \$100 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Mago Ways Contributor address: City; State; Zip Code 8408 Sterling Dr Denton Tx 76207 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Martha Woud Contributor address; City; State; Zip Code 10808 Southerland Denton Tx 76207 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.

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	aul D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributorout-of-state PAC	(ID#)	7 Amount of contribution (\$)
3/15	Douglas & Nancy Chadwick  6 Contributor address; City; State; Zip Code  2551 Deer Run R Aubrey Tx 76227		\$49
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ons)
Date		(ID#:)	Amount of contribution (\$)
5/17	Jordan Villarred Contributor address; City;	State; Zip Code	425
2020	Contributor address; City; 707 Bernard St Apt 4,2	Denton TX 76201	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
5/21 2020	Full name of contributor out-of-state PAC  John Casey Cavalier  Contributor address; City;  2222 Houston Al Denton	State; Zip Code  72 7620/	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc			ions)
Date 6/3	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
2020	Sundy Swar Contributor address: City; 1413 Cambridge Den-	State: Zip Code	\$ 100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
			nderbinnet dem er zem in dem kontraktionskripte om kommen komen statische einste herbeiten am om den notere en statische serven Andere globel de versche med det in med die kommen det er werde de welchte der de kontraktion der des des des d Andere globel de versche de de kontraktionskripte de verschiede de welchte de de verschiede de de de de de de

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 6/18 Jordan Villarreal 6/18 Contributor address; City; out-of-state PAC (ID#:\_ Marsha Keffer Contributor address; City; State; Zip Code 815 Ector St Denton Tx 76201 Amount of contribution (\$) \$50 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) \$50 2020 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.

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#)	7 Amount of contribution (\$)
6/28	6 Contributor address; City;	State; Zip Code	\$100
2020	2029 Bowling Green St	Dentunix 76201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
6/27	. Wanda Needleman City:	State; Zip Code	\$50
2020	1910 Emerson Lane Der	ton Tx 76209	/
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor □ out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	¥.		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## 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/Office-holder/Political Committee

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:	Paul D. Meltzer	3 FI	iler ID (Ethics Commission Filers)		
1 28/2020	Thin Line Fest		16		
6 Amount (\$) \$250	7 Payee address; 1216 Third St.	North(alu	State; Zip Code  Tx 76224		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Ad for the Event	e Thin Line		
	(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 H	Office sought	Office held		
2/18/2020	Ritchen Table Consult	T NG			
Amount (\$) \$1512	Payee address; 125 Marseille Dr	city; Hurst	State; Zip Code  TX 76054		
. PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advert Sing Expense	1	ssite Graphics firmoptimization		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 2/14/2020	Signs on the Cheap				
Amount (\$) \$474.03	Payee address; 11525A Stonehollow Dr #100	City; AUSTIA	State; Zip Code TX 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Pescription Yard Sign	\$		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	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 Politing Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense TravelIn District TravelOut Of District

Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Zip Code on Tx 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Shoot and edut video Advertising Expense **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Duotone Printing 3/14/2020 Payee address: City; 9540 Garland Rd Ste 38/ #245 Dallas Tx Zip Code P676,56 75218 Category (See Categories listed at the top of this schedule) Description Campaign Flyers PURPOSE Advartising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED