CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS (MR) 3 CANDIDATE / OFFICE USE ONLY D OFFICEHOLDER raul NAME Date Received RECEIVED NICKNAME **SUFFIX** 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE NOV 3 0 2020 **OFFICEHOLDER** 1914 W. Oak St Denton 76201 MAILING City Manager's / City **ADDRESS** Secretary's Office Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (646) 436 7847 MS/MRS/MR FIRST PHONE Receipt # Amount \$ м 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Weaver Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER 515 Ranchwood Dr **ADDRESS** 76247 (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** (940) 391 9614 **PHONE** 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Dav COVERED 11/25/2020 THROUGH 10 /25/2020 ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Description 12/08/2020 General 13 OFFICE SOUGHT (if known) Cancel Place 6 DENTON City COUNCIL 12 OFFICE 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	The state of the s	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9148
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 19782,69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ \$ \$583,99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 35,250
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
160	paned to be reported by the wholer that to, Election code.	Miss
		IW)
	Signature of Ca	indidate or Officeholder
	Disease semulate either entire below	
	Please complete either option belov	v:
(1) Affidavit	ROSA A. RIOS Notary Public, State of Texas Comm. Expires 05-23-2024 Notary ID 8760780	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by Jaul Melezen this the	30 th day of Yournbear
20 <u>2020</u> , to certify	which, witness my hand and seal of office.	011
Signature of officer administe	Tion Kosn A. Kins 4	Title of officer administering oath
Signature of officer administe	ring oath Printed name of officer administering oath OR	The of officer administering oath
(2) Unsworn Declaration		
(2) Olisworn Deciaration		
My name is	, and my date of birth is	•
My address is		
For each dis		state) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 <u>(year)</u> .
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com		mmission Filers)
	Paul D. Meltzer		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9148
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 15000
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 19218.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$564,53
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The	instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
10/26 2020	Full name of contributor out-of-state PA Howard E. Watt 6 Contributor address; City; 3512 Remington St	State: Zip Code	7 Amount of contribution (\$) \$36
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)
11/4 2020	Full name of contributor out-of-state PA Clay Thur Mond Contributor andress; 1524 Snefder St Dent	State: Zip Code TX 76209	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/4 2030	Full name of contributor out-of-state PAG Nick Stevens Contributor address; City; 417 Amarillo St Denton		Amount of contribution (\$) \$ 100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/4 2020	Full name of contributor out-of-state PAC John Hoenig Contributor address; City; 2715 Nottingham Dr	State; Zip Code entoil Tx 76209	Amount of contribution (\$) \$ 25
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	done)

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. 30 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer Date 7 Amount of contribution (\$) Amy Taylor 6 Contributor address; City; State; 2026 Sauls In Denton Tx \$50 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) Fara-Francis-Eusea Contributor address; City: State: Zip Code 1601 Meadow Oak Dr Denton TX \$50 76209 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ SUZANNE RUMONT Contributor address; City; State; Zip Code 1700 Crescent & Dentun TX Amount of contribution (\$) 11/4 76201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:_ Amount of contribution (\$) Anne Sullivan Contributor address; City; State; Zip Code 2225 Pembroke Al Denton TX 7/205 \$200 CC Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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 ut-of-state PAC (ID#:		7 Amount of contribution (\$)
11/4 2020	Traci Thompson 6 Contributor address; City; State; 1721 Carlton Denton Tx	1	\$20 cc
8 Principal occup	pation / Job title (See Instructions) 9 Em	ployer (See Instruction	ons)
Date 11/4 2020 Principal occup	3508 Pheasant Hollow Jenton 768	Zip Code	Amount of contribution (\$) \$20 CC
Date II / 4 2020 Principal occur	2512 Natchez Trace Dente	Zip Code	Amount of contribution (\$) \$\frac{3}{100}\$ CC ons)
Date /1/4 2020 Principal occup	Full name of contributor out-of-state PAC (ID#	,	Amount of contribution (\$) \$\frac{4}{150}\$ \$CC\$ ons)

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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	s 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 ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
8	11/4 2020 Principal occup	Wanda S. Needleman 6 Contributor address; City; 1910 Enerson Ln Denton patlon / Job title (See Instructions)	State; Zip Code TX 76 269 S Employer (See Instruc	\$100 cc
	Date 11/4 2020	Full name of contributor out-of-state PAC	State; Zip Code	Amount of contribution (\$)
		2301 Paxton Way Denton	1x 76209	CC
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
	Date 11/4 2020	Full name of contributor out-of-state PAC Rick and Kelli Whisenhot w Contributor address; City; 3306 Belmont St Denton		Amount of contribution (\$) \$ 50
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
	Date 11/4 2020	Full name of contributor Dout-of-state PAC DIANA Elvod Contributor address; City; 1018 Kings Row Denton	State; Zlp Code	Amount of contribution (\$) \$50 66
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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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 contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/4 Katy Whittington 2020 Gaty Whittington 429 Gabe Ct Denton TX 76207	\$ 20
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date Full name of contributor [] out-of-state PAC (ID#:) 11/4 SUZGAME ENCK 2020 Contributor address; City; State; Zip Code 916 Tallahassee Dr Denton TX 76208	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$) \$10 CC
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$\frac{450}{cc}\$ (cc.)

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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 (ID#:	7 Amount of contribution (\$)
11/4 Shavon Kremer 2020 & Contributor address; City: State; Zip Code 3574 Pine Trail Denton TX	\$100 cc
8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date Full name of contributor out-of-state PAC (ID#: 11/4 MONIQUE GUIYAS Contributor address; City: State: Zip Code 2020 2910 Groydon St Denton TX 76209	Amount of contribution (\$) F50 CC
Principal occupation / Job title (See Instructions) Employer (See Ins	structions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) \$100
2005 Pembrooke Al Denron 12 76205 Principal occupation / Job title (See instructions) Employer (See Instructions)	(C structions)
Date Full name of contributor out-of-state PAC (ID# 11/4 Cheryl Monroe 2020 Contributor address; City; State; Zip Code 2408 Fowler Dr Denton TX 76209	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions) Employer (See Ins	structions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

SCHEDULE A1

			SOMEDULE AT
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 ut-of-state PAC	(10#)	7 Amount of contribution (\$)
11/4	AllSON Maguire City;	State; Zip Code	\$25
2020	2208 Miranda Pl Denton	Ta 76210	CC
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 11 5	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
2020	900 Ridge crest Civ Den	State: Zip Code OA 1 × 76205	\$ 200
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/5 2020	Full name of contributor out-of-state PACE Brandi Price Contributor address; City; 2524 W. Oalc St Apt 245	State: Zip Code Denton TX 76201	Amount of contribution (\$) \$ 20 cc
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/5 2020	Full name of contributor out-of-state PAC Shaharzade Ebramiki Contributor address: City; 1014 Alice St Denton	State; Zlp Code	Amount of contribution (\$) \$ 10 C.C.
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruc	tions)

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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	FILER NAME	Paul D. Meltzer		3 Filer ID (Ethlos Commission Filers)
4	Date	Full name of contributor		7 Amount of contribution (\$)
	1/5 2010	Barbara Hokamp 6 Contributor address; City: State; Zip Coo 2316 Crestwood Pl Denton TX 76201	de	\$50 cc
8	Principal occu	pation / Job title (See Instructions) S Employer (See		
	Date	Full name of contributor		Amount of contribution (\$)
	11/5	Rebecca Mason Contributor address; City; State; Zip Co.	de	\$25
	2020	2021 Bowling Green St Denton To 76201	×	ec
	Principal occup	eation / Job title (See Instructions) Employer (See	e Instructio	ons)
	Date	Full name of contributor out-of-state_PAC (ID#:		Amount of contribution (\$)
	11/5	Pat Cheek Contributor address; City; State; Zip Coo	to	\$100
	2020	1220 Tulane Dr Denton Tx 762	01	CC
	Principal occup	pation / Job title (See Instructions) Employer (See	e Instruction	ons)
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	11/5 2020	Elizabeth Dierdorf Contributor address: City: State; Zip Coo	le	450
	,	300 W. Ryan Rd Denton Tx 762	10	()
	Principal occup	pation / Job title (See Instructions) Employer (Se	e Instruction	ons)
			- Control of the second	

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SCHEDULE A1

The	instruction Guide explains how to complete this	s 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		7 Amount of contribution (\$)
11/5	Betty Wright City:	State; Zip Code	450
2020	2009 Jasmine St Den	76205	· ·
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		; (ID#:)	Amount of contribution (\$)
11/5	Carol Willstrom Contributor address; City;	State; Zip Code	\$ 20
2010	* :	DentonTX	*
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	C C Citons)
Date		(ID#:)	Amount of contribution (\$)
11/5	Linda Wallace Contributor address; City;		\$ 20
2020	1200 Ridgecrest Cir Den	State; Zip Code	
		76205	ce
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iona)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/5	Carol Rowley Contributor address; City;		\$ 20
2020	3012 Pennsylvania C+	Denton TX 76205	cc
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer 7 Amount of contribution (\$) 11/5 Chery 1 E1/15 2020 Contributor address; City; State; Zip Code 1729 Emery Demon 1X Principal occupation / Job title (See Instructions) Employer (See Instructions) \$20 Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 11/5 Alison Kelly 2020 Gentributor address; City: State: Zip Code 2000 Great Bear La Denton TX 76210 State; Zip Code \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ 11/6 Celia Williamson 2020 Contributor address; City; State: Zip Code 8001 Zackery Rd Denton TX 76227 Amount of contribution (\$) \$ 50 Employer (See Instructions) Principal occupation / Job title (See Instructions)

Full name of contributor

Out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100

11/6 James Ower
2020 Contributor address: City: State: Zip Code
2007 Teasley Ln Apt 109 Denton TX
76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

76205

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SCHEDULE A1

-				
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME	Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
8	Principal occur	5 Full name of contributor out-of-state PAC Jane Scholz 6 Contributor address; City; 9913 Silver Rock Way De pation / Job title (See Instructions)	State: Zin Code	7 Amount of contribution (\$) \$ 100 **Cettons*)
	Mark Control of the Market Control			
	11/6 2018	Full name of contributor out-of-state PAC Marilyn King Contributor address; City: 3704 Cotten Dr Dent	State; Zip Code	Amount of contribution (\$)
		3,0, 10,000	76207	CC
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date 11/6 2020	Full name of contributor Dout-of-state PAC Andrea Eberhard Contributor address; City: 7304 Frost Ln Dent		Amount of contribution (\$) \$ 50
I	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
	Date 11/6 2020	Full name of contributor out-of-state PAC Anjehta Cadena Contributor address; City; 401 Calder Ln Ponder	State; Zip Code - Tx 76259	Amount of contribution (\$) \$\frac{4}{2}0\$
ſ	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Paul D. Meltzer 7 Amount of contribution (\$) 11/6 Jane Cindric 2020 & Contributor address; City; State; Zip Code 9813 Edmondson Dr J6207 C. Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 100 Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Jordan Lancaster Contributor address; City; State; Zip Code 401 W. Sycamore St Denton Tre 76201 \$20 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) 11/7 Marshall Storm Contributor address: City: State: Zip Code 3214 Avon Dr Denton Tr 76209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Geoffrey Ussery Contributor address: State: Zip Code 200 N. Ruddell St Denton Tx 76205 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. 30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Paul D. Meltzer 5 Full name of contributor Qut-of-state PAC (IDM:______ 7 Amount of contribution (\$) 11/7 Margo Ways 2020 & Contributor address, City: State: Zip Code 8408 Sterling Dr Denton TX 76207 \$ 250 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 2020 Mary Margaret Dodd Contributor address; City; State; Zip Code 1107 Greenlee St Denton TR 76201 \$ 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) 11/7 Gretchen Niendorff 2020 Contributor address; City; State; Zip Code 2020 Mistywood Lr Denton Tx 76209 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) 11/8 Cheri (Lennedy, City: State; Zip Code) Contributor address: City: State; Zip Code 10409 Murray S. Johnson St Denton TX 76207 Employer (See Instructions) Principal occupation / Job title (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. 30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Paul D. Meltzer 7 Amount of contribution (\$) 11/8 Carey Curria City; State; Zip Code \$ 2020 6 Contributor address; City; State; Zip Code \$ 1918 Mistywood La Denton Tx 76209 C Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 11/8 Mariah Hope 2020 Contributor address; City; State; Zip Code \$100 1219 Ectorst Denton TX 76201 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) 11/7 | Karen Mc Dancels 2020 | Contributor address; City: State: Zip Code 2020 | 9605 Pinewood Dr Denton Tx 76207 \$100 Principal occupation / Job title (See Instructions) Date Full name of contributor Tod King City; Denton Amount of contribution (\$) State; Zip Code

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

SCHEDULE A1

		SCHEDULE AT
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	6 Full name of contributor	7 Amount of contribution (\$)
11/8	SUSAN DAVIS Contributor address: City: State; Zip Code FOT 1 112 Oct 54 De Otto Tx 76 209	\$50
	807 Live Oak St Denton TX 76209	
8 Principal occi	pation / Job title (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/9	Christie Roden	\$50
2010	Contributor address; City; State; Zip Code	
4:32A	1408 Egan St Denton TX 76201 pation / Job title (See Instructions) Employer (See Instruc	CC
T THIS PAR GOOD	Employer (See Wardellons)	uons)
Date	Full name of contributor	Amount of contribution (\$)
11/9	Kava Eng Strom Contributor address: City: State; Zip Code	\$50
2010	Contributor address: City: State: Zip Code 9308 Orangewood Trl Denton Tx 76207	
#36A8/3UA	76207	c C
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
11/9 2020	Jerry Patty Contributor address; City; State; Zip Code	\$150
3020	320 Evers Way Denton TX 76207	
Principal occur		CC
rinioipai docu	pation / Job title (See Instructions) Employer (See Instruc	riona)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer 7 Amount of contribution (\$) 11/9 Sharan Barnhill 2020 & Contributor address; City; State; Zip Code 400 3329 Hummingbird Ln Denton TX Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50 Full name of contributor Out-of-state PAC (IDM: Amount of contribution (\$) 11/10 Marilyn King Contributed address; City; State; Zip Code 3704 Cotten Dr Denton Tx 76207 \$ 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Amount of contribution (\$) 11/10 Elinor Lichtenberg 2020 Contributor address; City; State; Zip Code 1713 Crescent St Denton TX 76201 Principal occupation / Job title (See Instructions) Date Full name of contributor 2020 Wilson Yager City: State: Zip Code 1817 Glen Aerie Lane Denton TX Employer (See Int out-of-state PAC (ID#: Amount of contribution (\$) 450 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer 10/31 Phillip W. Young 2020 Contributor address; City; State; Zip Code \$150 PO Box 366 Denton Tx 76202 CK Principal occupation / Job title (See Instructions) 7 Amount of contribution (\$) Date Amount of contribution (\$) Rahna P. Raney and Contributor address; City; State; Zip Code \$100 3238 Murchison Way Carmichael CA CK Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:_ 11)5 Hatice I. Salih 2020 Contributor address; City; State; Zip Code Amount of contribution (\$) \$100 300 Worthridge St Denton Tx 76201 ck ation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Sarah Gamblin Contributor address; City; State; Zip Code HR 2020 2113 Preston Pl Denton Tx 76209 5:59A Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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: 30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer 5 Full name of contributor ☐ out-of-state PAC (ID#: 7 Amount of contribution (\$) Danna Zoltner 6 Contributor address; City; State; Zip Code 610 Emery ST Denton Tx 76201 \$100 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:__ Amount of contribution (\$) 11/12 Karen Skokan contributor address: City: State: Zip Cod 11009 Ballen tine St Denton TX 7620 City; State; Zip Code \$100 76207 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# 11/12 Bonnie Friedman 2020 Contributor address: City: State: Zip Code 1914 W. Oak St Denton TX 76201 Amount of contribution (\$) \$150 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) 11/12 Ashley Bender Contributer address: City: State: Zip Code 606 Northridge St Denton TX 7-201 76201 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: 30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer Date 5 Full name of contributor Qut-of-state PAC (ID#: 11/12 Victoria Itudge 2020 6 Contributor address; City; State; Zip Code 1823 N. Bell Ave Denton TX 76209 7 Amount of contribution (\$) \$25 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ 11/13 Jerrie Allen 2020 Contributor address; City; State: Zip Code 2545 Natchez Trace Denton IX Amount of contribution (\$) \$100 76210 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 2020 Contributor address: City: State; Zip Code Z521 E. Windson Dr 76209 Principal occupation / Job title (See Instructions) Employer (See Instru Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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AND ADDRESS OF THE PARTY OF THE		SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Pa		
4 Date	Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11/18	Erin M O'Toole 6 Contributor address: City: State: Zip Code 1831 Panhandle St Denton, TX	\$ 100
	1831 Panhandle St Denton, TX 76201	ck
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Ins	
Date	Full name of contributor Out-of-state PAC (IDM:	Amount of contribution (\$)
2020	Patti R-Watts Contributor address; City; State; Zip Code 9044 Stane word Denton (X	\$ 200
	9804 Stone wood Dr Denton 12	CK
Principal occup	ation / Job title (See Instructions) Employer (See Inst	The state of the s
Date 11 1 8 2020	Full name of contributor out-of-state PAC (ID#: Nelda H. Evarts or William J. Evari Contributor address; City; State; Zip Code 1917 Canyon C+ Denton Tx 76.205	The continue of contribution (%)
Control of the Contro	70 20 3	ĊK.
Principal occup	ation / Job title (See Instructions) Employer (See Inst	ruotions)
Date 11/18 2020	Full name of contributor Out-of-state PAC (IDH: Ann G. Barnett Living Trust Contributor address; City; State; Zip Code 3109 Broken Bow St Denton Tx 76209	Amount of contribution (\$) \$ 25
Principal occupa	ation / Job title (See Instructions) Employer (See Inst	ructions)

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		SCHEDULE A1
	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	ul D. Meltzer	3 Filer ID (Ethics Commission Filers)
11 13 2020	# Full name of contributor out-of-state PAC (ID#: Hildegard Rainbow 6 Contributor address; City; State; 1101 Vista Verde Rd Denton	7 Amount of contribution (\$) Zip Code \$50 TX 210 &c c er (See Instructions)
Control of the Contro	3520 Camino Real Trail Denton	4 50
:19 P	Full name of contributor Qut-of-state PAC (ID#) Pamela Hulsey Contributor address; City; State; 2 1401 Stratford Ln Denton To 7620 Ition / Job title (See Instructions) Employ	\$ 100
Date II 14 2020 O: USA Principal occupa	Full name of contributor out-of-state PAC (ID#: Lynn, McCreary Contributor address; City; State; 2 1112 Ector St Denton Tx 7 Ition / Job title (See Instructions) Employe	
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEEDED

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	SCHEDULE AT
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 (\$) \$100 CC cons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$ 1000 CC ons)
Date Full name of contributor out-of-state PAC (ID#: 11/14 Caleb Norris 2020 Contributor address; City; State; Zip Code 120 W. Oak St Apt A Denton TX 76301 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\frac{4}{10}\$ CC ons)
Date Full name of contributor out-of-state PAC (ID#: 1)14 Charles Rives 2020 Contributor address; City: State; Zip Code 2006 Southridge Dr Denton Tk 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\display 25\$
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

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SCHEDULE A1

	JOHEDULE AT		
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 I 14 Jonathan Griffin Gut-of-state PAC (IDM: 11/14 Jonathan Griffin Jonathan Griffin Gut-of-state PAC (IDM: 11/14 Jonathan Griffin Jonathan Griffin Gut-of-state PAC (IDM: 11/14 Jonathan Griffin Jonathan Gr	7 Amount of contribution (\$) \$50 CC structions)		
Date Full name of contributor out-of-state PAC (IDM: 1/14 Ann MacMilkn 2020 Contributor address; City; State; Zip Code 1929 Parkside Dr Denton Tx 7620 9:560 Principal occupation / Job title (See Instructions) Employer (See Instructions)	CC		
Date Full name of contributor out-of-state PAC (ID#: 11/14 Kerol Harrod 2020 Contributor address; City; State; Zip Code 2319 Robinhood Ln Denton TX Principal occupation / Job title (See Instructions) Employer (See Inst	Amount of contribution (\$) # 20 Le structions)		
Date Full name of contributor			
ATTACH ADDITIONAL CODIES OF THE COLUMN			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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SCHEDULE A1

	OUNEDULE AT
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Paul D. Meltza	3 Filer ID (Ethics Commission Filers)
4 Date 8 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$\\$\\$\\$\\$\ 100 CC ons)
Date Full name of contributor out-of-state PAC (ID#: 11/15 Pichard Simms Contributor address; City; State; Zip Code 2249 Stonegate Dr Denton Tx 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$150 CC
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$\frac{5}{2}/00 C C Ons)
Date Full name of contributor out-of-state PAC (ID#: 11/15 Signid Glenn 2020 Contributor address; City; State; Zip Code 1505 Valley Creek Rd Denton IX 2:13p Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\frac{4}{100}\$ C.C. PURS)

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SCHEDULE A1

	SCHEDULE A I
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 6 Full name of contributor out-of-state PAC (ID#:) 11/16 William Moen 2020 6 Contributor address; City: State; Zip Code 16:194 303 Mimosa Ar Denton Tx 76 201 8 Principal occupation / Job title (See Instructions) 6 Full name of contributor out-of-state PAC (ID#:) 2020	7 Amount of contribution (\$) \$100 (.c.
Date Full name of contributor out-of-state PAC (ID#: 11/16 ASNEY Thorpe Contributor address; City; State; Zip Code 1409 Santos Dv Denton TX 76207 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$ 10 & 4
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$ 250 CC ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$ 50 C c one)

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1010141	TAKT TOLITICAL CONTRI	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 11 17 2020 4:540 8 Principal occur	4 Date 5 Full name of contributor Qut-of-state PAC (IDH:		7 Amount of contribution (\$) \$ 50 CC ottons)
Date 11/16 2020	Full name of contributor out-of-state PAC Keith Shelton Contributor address: 2500 Hinkle Dr Apt 125	State: Zip Code Denton TX 76201	Amount of contribution (\$) \$\mathref{A}\mathref{D}\mathref{D}\mathref{A}\mathref{D}\mathref{A}\mat
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Oate 11 18 2020	Full name of contributor out of state PAC Leslie Finger Contributor address; City; 1904 Camelliast Dentor	State; Zip Code	Amount of contribution (\$) \$10
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 1 18 2020	Full name of contributor Out-of-state PAC Mary Harris Contributor address; City; 2509 Shenandoak Trail D	State; ZIp Code	Amount of contribution (\$) \$75
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
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			SCHEDULE AT	
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 11 18 2020 3:52p 8 Principal occ	5 Full name of contributor aut-of-state PAC (ID#_Barbara St.ppec 6 Contributor address; City: State Denton Denton		7 Amount of contribution (\$) \$ 100 CC tions)	
Date IIII9 2000 S:SSA Principal occur	Full name of contributor out-of-state PAC (IDM:	e; Zip Code Denton TX 76205 nployer (See Instruct	Amount of contribution (\$) \$50 CC.	
Date 11/19 2020 Cloya Principal occur	1710 Sam Bass Blud Apt 1924 De	TIP Code NTON IX 1625 IPloyer (See Instruct	Amount of contribution (\$) \$ 50 C C	
Date ///19 LDLD 9:50A Principal occur	Full name of contributor out-of-state PAC (ID#: Olivia Walker Contributor address; City; State 3100 Montecito Dr Dentin Tx Dation / Job title (See Instructions) En	; Zip Code	Amount of contribution (\$) 9150 CC ions)	
	ATTAGUADRITONAL CONTRA TORING			
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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 8 Full name of contributor Qut-of-state PAC (ID#:) 11 19 Jance Bigby 2020 6 Contributor address; Y City; State; Zip Code 1105 Sandpiper Dr Denton Tx 76205 4:070 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$20 CC			
Date Full name of contributor Out-of-state PAC (IDW:	Amount of contribution (\$) \$\frac{1}{2}50\$ CK Ions)			
Date 11/25 Patricia S. White Contributor address; City; State; Zip Code 2820 Wind River La Denton Tx 76210 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#: 11/25 SUE W. Gray 2020 Contributor address; City; State; Zip Code 2006 Lee Dr Denton TX 76209 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$ 15 CK tions)			

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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) Paul D. Meltzer 7 Amount of contribution (\$) Linda Wallace 6 Contributor address; City; State; Zip Code 11/20 \$50 1200 Ridgecrest Cir Denton Tx 76205 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Ben Miller Contributor address; City: State: Zip Code PO Box 1135 Avgyle Tx 76226 ce apation / Job title (See Instructions) Employer (See Instructions) 11/20 4 100 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 11/20 Me Min. Achter berg 2020 Contributor address; City; State; Zip Code 2129 Rembrooke Pl Denton TX Principal occupation / Job title (See Instructions) Employer (See Instru \$50 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:____ Amount of contribution (\$) Tom B. Slade Contributor address; City; State; Zip Code 2005 Stonegate Ar Denton TX 2245 Employer (See Inst Principal occupation / Job title (See Instructions) Employer (See Instructions)

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SCHEDULE A1

-	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
11/20 2020 9:4% 8 Principal occu	Catherine Lustgarten	State: Zip Code Denton, In 76307 5 Employer (See Instruc	7 Amount of contribution (\$) \$ 150 Cc ptions)
202à 5:14p Principal occus	Lucas Holl	State: Zip Code 1 x 76209 Employer (See Instruct	Amount of contribution (\$) \$47 cc tions)
Date 11/22 2020 9:52 Principal occup	Full name of contributor	State; Zip Code on (X 76210 Employer (See Instruct	Amount of contribution (\$) \$ 100 & C
Date	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Martin American Service (Service Control Contr	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	EEDED

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Revised 1/1/2020

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	1 D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
Date of loanIs lender a financial	Paul D. Meltzer		9 Loan Amount (\$) 4/5,000 10 Interest rate
Institution?	1914 Oak St Dento	r Tx 76201	11 Maturity date
	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/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 (enters category pot listed phose)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2020	5 Payee name Spectrum Reach		*
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1095	Charlotte, NC 28078		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising expense	TV ads week	4
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
10/25/2020	Spectrum Reach		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 730	charlotte, NC 280	78	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	IV ads Week 3	
	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 10/26/2020	Hunter Digital Insi	ghts Cons	viting
Amount (\$)	Payee address;	City;	State; Zip Code
122.71	915 Coit St D.	enton T	7 76201
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	- Face 60 10/19 12AM	10/C Gds to 10/24 11:59 PM
	Check if travel outside of Texas. Complete Schedule T.		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 S	CHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orders of others)

Credit Card Payment	The Instruction Guide explains how to		her (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Paul D. Meltzer	3	Filer ID (Ethics Commission Filers)
4 Date 10/26/2020	5 Payee name	cle	
6 Amount (\$) 223.97	7 Payee address; 3555 Duchess Den	City	State; Zip Code 76 2 05
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description News ads	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/10/20	Duotone printing		
Amount (\$) \$4461.44	Payee address; 9540 Garland Rd STE	381#245 DK	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Postcard	postage funds
	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		
11/11/2020	Fast Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 811.88	2119 Sadau Ct Denton	Tx 76210	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	Large signs	5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

		EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Overhing Expense Polling Expense Printing Exp			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Occurosof ayrıcık		The Instruction Guid	de explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NA		tzer		3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payes ad	denes		City;	State;	Zip Code
\$ 500	2340	E. Trinit	Mills ICA	Suite 300	Iton Tx	·
	(a) Catagoria					75006
8	(a) Category	/ (See Categories listed at th	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adv	ertising e	xpense	Youtube	commerce	al
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Au	stin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	9	Office sought		Office held
Data	Payee nai	, , , , , , , , , , , , , , , , , , ,				
11/12/2020		e Weaver				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$34.39	515	Ranchwoo	d Dr	Justin	TX	76247
PURPOSE OF EXPENDITURE	Ship	(See Categories listed at the	top of this schedule)	FedEx o	Reimbursi lelivery a to Duote	ement for
		Check if travel outside of Texas.	Complete Sebastule T			
Complete ONLY if direct		te / Officeholder name			tin, TX, officeholder livin	
expenditure to benefit C/OH		to / Omosholder harrie	•	Office sought		Office held
Date	Payee na		core			
11/12/2020	Spe	ctrum R	each			
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
\$ 272	Cha	rlotte NC	-		2	8078
	Category	See Categories listed at the t	op of this schedule)	Description		•
PURPOSE OF EXPENDITURE	Adver	tising ex	pense	Tv ads		
		heck if travel outside of Texas. (Complete Schedule T.	· Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name	Э	Office sought		Office held
	ATTA	ACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED	
arma provided by Toyaa Ethi						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meltzer 4 Date 2020 6 Amount (\$) City; State: Zin Code

\$1662.40	9540 Garland Rd Ste 3	81 #245 DallasTx	75218
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Postage for postur	uds
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense
 Complete ONLY if direct expenditure to benefit C/Or 	Candidate / Officeholder name	Office sought	Office held
11/13/2020	Duotone Printing		
Amount (\$) \$1592.50	Payee address; 9540 Garland Ad Ste 3814	City; State; 4145 Dalhs Tx 7.	Zip Code 52/8
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertsing expense	Postage Por postuo #3	rds
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIN E AS MEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Zip Code charlotte. \$ 119 28078 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE TV ads Advertising expense OF **EXPENDITURE** (c) 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 Office held expenditure to benefit C/OH Pavee name Date One Source Promotions 11/16/2020 Amount (\$) Zip Code 2009 Greenstone Trail Corrolton \$642.86 75010 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising expense Yard Signs 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 Office held expenditure to benefit C/OH Payee name Duotone Printing 11/18/2020 Amount (\$) Payee address: Zip Code Dallas Tx 75218 9540 Garland Rd Suite 381 41945 Category (See Categories listed at the top of this schedule) Description Print and mail postcards **PURPOSE** Advertising expense **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 Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 Date 11 19 2020	Denton Record Chronic	cle	
\$ Amount (\$) \$350	PO BOX 369 Denton TX	City: 76202	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertsing expense	(b) Description News ac	ds
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 11 19 2020	Denton Record chroni	cle	
Amount (\$) \$ 704, 86	Po Box 369 Denton, 7.	City: X 76202	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description News	Ads
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/20/2020	Orbit Press		
Amount (\$)	Payee address;	City;	State; Zip Code
4 489.29	1811 N. ELMST Denton TX	76201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Door ha Cands	nger/Poll worker
	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 S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	Odianos)	Wages/Contract Labor 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 Filer ID (Ethics Commission Filers)
4 Date 11/20/2020	Meisner Creative	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 750	1700 Cordeno Ct Denton	Tx 76210
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising expense	Video shots
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
11/20/2020	Duotone Printing	
Amount (\$)	Payee address;	City; State; Zip Code
\$1204.68	9540 Garland Rd STE 381 A	+245 Dallas TX 75218
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising expense	Print and mail postands #2
	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	
11/16/2020	Drop Cowboy	
Amount (\$)	Payee address;	City; State; Zip Code
¥250	30 N- Gould St Ste 2890	Sheridan WY 82801
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Advantura	telecommunications
EXPENDITURE	Advertising expense	phone advertising
	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 S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel in District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Paul D. Meitzer 4 Date Duotone Printing 7 Payee address; 9540 Garland Rd Ste 321 #245 Dallas 11/23/2020 Zip Code 4645 75218 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Print and Mail PURPOSE Advertising expense POSTURANdS OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Denton Record Chronicle 11/24 2020 Amount (\$) Payee address; State: Zip Code Po Box 369 Denton Tx 76202 \$115,50 Category (See Categories listed at the top of this schedule) Description Advertising expense News Ads **PURPOSE** 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 Office held expenditure to benefit C/OH Date 11/4/2020 to Payee name Square 11/23/2020 Amount (\$) Payee address: City: State: Zip Code \$255,68 Category (See Categories listed at the top of this schedule) Description Credit eard donation **PURPOSE** Fees 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 Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of Distr	ict gory not listed above)
Credit Card Payment		The Instruction Guide explain			Outel leiner a sens	gory not listed above)
1 Total pages Schedule F1:	2 FILER N	aul D. Meltzer	~		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	ime	r			
11/25/2000	Duo	tone Printing	9			
\$ 240	7 Payee ac 9540	tone Printing Horess; Garland Rd Ste	381#2	145 Dellas	State;	Zip Code 75218
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	20 100	
PURPOSE OF EXPENDITURE	Prin	ting expense		Poll he	andout	5
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Amerikan dar elektrick de kontrakt in endligen dag av elle predikt endligen beginne de eller eller beginne dar	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;	Mary and the second	City;	State;	Zip Code
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texes. Complete Sci	hedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	PROPERTY OF THE PROPERTY OF TH	Office held
	0					
Date	Payee na	me				
Amount (\$)	Payee add	dress;	Madesta and the second	City;	State;	Zip Code
						·
	Ontonen					**************************************
PURPOSE	Calegory	(See Categories listed at the top of this sol	hedule)	Description		
OF EXPENDITURE						
	П	Check if travel outside of Texas. Complete Sch				
Complete ONLY if direct		te / Officeholder name	nedute 1,		TX, officeholder living	
expenditure to benefit C/OH	,	te / Onicertoider name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Paul D. Meltzer		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2020	Denton Record Chroni 7 Payee address; 3555 Duchess Denton ?	cle	
Amount (\$) 356.03 Reimbursement from political contributions intended	7 Payee address; 3355 Duchess Denton ?	City; 人	State; Zip Code 76203
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description News ads Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/11/2020	office Max		
Amount (\$) #60 Reimbursement from political contributions intended	Payee address; Denton TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense Check if travel outside of Texas. Complete Schedule T.	Description Envelopes Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	Office held
Date 11/11/2020	Payee name United States Postal	Service	
Amount (\$) 4 148.50 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense. Check if travel outside of Texas. Complete Schedule T.	Postage Check if Austin	2 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 NEEDE	ED