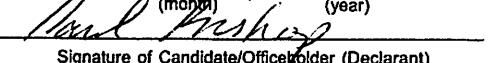


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 5	OFFICE USE FILED FOR RECORD IN MY OFFICE			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Paul W. Bishop NICKNAME		FIRST LAST	MI SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify)		
5 ORIGINAL PERIOD COVERED	Month 7	Day 1	Year / 2025	Month 12	Day / 31	Year / 2025
6 EXPLANATION OF CORRECTION Schedule G of Itemized expenditures was incomplete; Dates for semiannual report were incorrect; committee listed incorrectly						
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:						
<input checked="" type="checkbox"/> Semianual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						
 Signature of Candidate/Officeholder						
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____. to certify which, witness my hand and seal of office.						
Signature of officer administering oath		Printed name of officer administering oath		Title of officer administering oath		
OR						
(2) Unsworn Declaration						
My name is <u>Paul Bishop</u> , and my date of birth is _____.						
My address is _____, <u>Carthage</u> , <u>TX</u> , <u>75633</u> , <u>USA</u> .						
Executed in <u>Panola</u> County, State of <u>Texas</u> , on the <u>16</u> day of <u>January</u> , <u>2026</u> .						
 Signature of Candidate/Officeholder (Declarant)						
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections						

**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 (Ethics Commission Filers)	2 Total pages filed:																												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Paul W		OFFICE USE ONLY Date Received FILED FOR RECORD IN MY OFFICE AT <u>9:32</u> O'CLOCK <u>A</u> M																												
	NICKNAME LAST SUFFIX Bishop																														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <i>Change of Address</i>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Carthage, Texas 75633		LORETTA MASON ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS Receipt # <u>Amount \$</u> BY <u>L. Mason</u> Date Processed Date Imaged																												
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>()</u>																														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Paul W		DEPUTY																												
	NICKNAME LAST SUFFIX Bishop																														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE Carthage, Texas 75633																														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(- -)</u>																														
9 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)																														
10 PERIOD COVERED	Month <u>7</u>	Day <u>1</u>	Year <u>25</u>	Month <u>12</u>	Day <u>31</u>	Year <u>25</u>																									
11 ELECTION	ELECTION DATE Month <u>3</u> Day <u>3</u> Year <u>26</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____																													
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>		13 OFFICE SOUGHT (if known) <u>County Commissioner Pct. 2</u>																												
14 NOTICE FROM POLITICAL COMMITTEE(S) <i>Additional Pages</i>	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.																														
	<table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td colspan="6">COMMITTEE NAME</td> </tr> <tr> <td colspan="6">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="6">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="6">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						COMMITTEE ADDRESS						COMMITTEE CAMPAIGN TREASURER NAME						COMMITTEE CAMPAIGN TREASURER ADDRESS					
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME																														
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	COMMITTEE CAMPAIGN TREASURER NAME																														
	COMMITTEE CAMPAIGN TREASURER ADDRESS																														

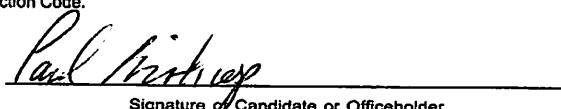
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
**FORM C/OH
COVER SHEET PG 2**
15 C/OH NAME
Paul Bishop

16 Filer ID (Ethics Commission Filers)

17 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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,482.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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

Please complete either option below:
(1) Affidavit
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____.

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
OR		

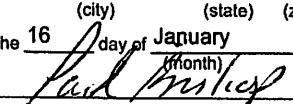
(2) Unsworn Declaration

 My name is Paul Bishop, and my date of birth is _____.

 My address is _____, Carthage, TX, 75633, USA.

(street) (city) (state) (zip code) (country)

 Executed in Panola County, State of Texas, on the 16 day of January, 2026.


 Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Paul W. Bishop	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2025	5 Payee name Panola County Republican Party	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; Check if individual's residence address.	City: Carthage State: Texas Zip Code 75633
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Registration for candidacy
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Paul Bishop		Office sought County Commissioner Pct 2 Office held N/A
Date 01/07/2026	Payee name ProSigns	
Amount (\$) Reimbursement from political contributions intended	Payee address; Check if individual's residence address.	City: Carthage State: Texas Zip Code 75633
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Campaign signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Paul Bishop		Office sought County Commissioner Pct 2 Office held N/A
Date 01/09/2026	Payee name Prosigins	
Amount (\$) Reimbursement from political contributions intended	Payee address; Check if individual's residence address.	City: Carthage State: Texas Zip Code 75633
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Campaign Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Paul Bishop		Office sought County Commissioner Pct 2 Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Paul W. Bishop	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2026	5 Payee name KGAS Radio	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; Check if individual's residence address.	City: Carthage State: Texas Zip Code 75633
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio campaign
	(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 Paul Bishop	Office sought County Commissioner Pct 2 Office held N/A
Date 01/09/2026	Payee name Canva	
Amount (\$) Reimbursement from political contributions intended	Payee address; Check if individual's residence address.	City: Austin State: Texas Zip Code 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Campaign business cards
	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 Paul Bishop	Office sought County Commissioner Pct 2 Office held N/A
Date 01/14/2026	Payee name Canva	
Amount (\$) Reimbursement from political contributions intended	Payee address; Check if individual's residence address.	City: Austin State: Texas Zip Code 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Campaign business cards
	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 Paul Bishop	Office sought County Commissioner Pct 2 Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED