

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: <u>3</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Mr. Paul W. Bishop</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received FILED FOR RECORD IN MY OFFICE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
<i>Carthage, TX 75633</i>						
AT <u>2:30</u> O'CLOCK <u>P M</u>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (<u>1</u>)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mr. Paul Bishop</i>	MI	LORETTA MASON ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS Receipt # <i>110897</i> DEPUTY		
NICKNAME LAST SUFFIX						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;				CITY; STATE; ZIP CODE <i>Carthage TX 75633</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE (<u>1</u>)	PHONE NUMBER	EXTENSION			
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 <i>1/1/26</i>	Day	Year	Month <i>1/15/26</i>	Day	Year
11 ELECTION	ELECTION DATE Month Day Year <i>3/3/26</i>	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) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>County Commissioner Pct 2</i>				
14 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Paul W. Bishop Campaign</i> COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME <i>Paul W. Bishop</i> COMMITTEE CAMPAIGN TREASURER ADDRESS <i>Carthage, TX 75633</i>			
GO TO PAGE 2						

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME	<i>Paul Bishop</i>	
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 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,482.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS		

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.

Paul Bishop
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 1/1/73.
 My address is Carthage, TX 75633.
 Executed in Panola County, State of Texas, on the 15 day of January, 2020.
Paul Bishop

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 FILER NAME	3 Filer ID (Ethics Commission Filers)
1		
4 Date	5 Payee name	
1/4/24	Pro Signs	
6 Amount (\$)	7 Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	Carthage TX 75633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	(b) Description	
Campaign Signs		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Paul Bishop	
	Office sought	Office held
	County Commissioner Pct 2 N/A	
Date	Payee name	
1/9/24	Canvas	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	Austin TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	(b) Description	
Campaign Cards		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Paul W. Bishop	
	Office sought	Office held
	County Commissioner Pct 2 N/A	
Date	Payee name	
1/9/24	KGAS Radio	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	Carthage TX 75633	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	(b) Description	
Campaign Ads		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Paul Bishop	
	Office sought	Office held
	County Commissioner Pct 2 N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED