

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>2</u> | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Paul | MI E | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Prince | SUFFIX | Date Received <u>1/16/2024</u> <u>Ch. Aldrich</u> | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE 3304 Parliament Cove Lago Vista TX 78645 | | |
| <input type="checkbox"/> Change of Address | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (512) | PHONE NUMBER 963-6578 | EXTENSION | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs | FIRST Mira | MI L | Receipt # | Amount \$ | | |
| | NICKNAME | LAST Prince | SUFFIX | Date Processed | | | |
| Date Imaged | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 3304 Parliament Cove | | | CITY: Lago Vista | STATE: TX ZIP CODE 78645 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (512) | PHONE NUMBER 963-6575 | 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 7 | Day 14 | Year / 2023 | THROUGH | Month 1 | Day 15 | Year / 2024 |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 8 / 2022 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) Lago Vista City Council Place 6 | | | 13 OFFICE SOUGHT (if known) Lago Vista City Council Place 6 | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

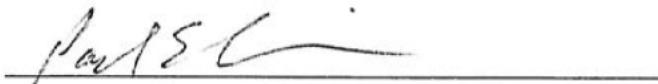
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|----------------------------|---|--|
| 15 C/OH NAME | Paul E. Prince | 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) | \$ --- |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ --- |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ -40.66 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 600 |
| 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.



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

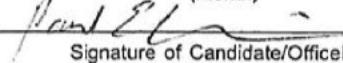
OR

(2) Unsworn Declaration

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

My address is 3304 Parliament Cove, Lago Vista, TX, 78645, USA.
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of TX, on the 16th day of Jan, 20 24.
(month) (year)



Signature of Candidate/Officeholder (Declarant)