

# 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: **6**

**OFFICE USE ONLY**

Date Received

Received  
APR 04 2024

Carrollton-Farmers Branch ISD  
Superintendent's Office *KC*

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr

Paul

W

NICKNAME

LAST

SUFFIX

Gilmore

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2808 Carriage Lane, Carrollton, Texas 75006

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

929-7602

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Paul

D

NICKNAME

LAST

SUFFIX

James

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1108 Dentonshire Dr., Carrollton, Texas 75007

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 469 )

774-0100

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

1

/ 26 / 24

THROUGH

Month

Day

Year

3

/ 25 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/ 4 / 24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

School Board Trustee

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Paul Winslow Gilmore		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	106.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

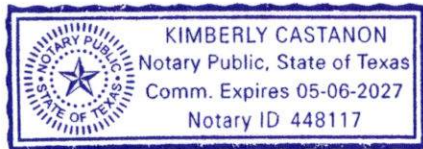
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Paul Gilmore this the 4<sup>th</sup> day of April

2024, to certify which, witness my hand and seal of office.

Kimberly Castanon Kimberly Castanon Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Paul Winslow Gilmore, and my date of birth is July, 28, 1970

My address is 2808 Carriage Lane, Carrollton, TX, 75006, USA  
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 4<sup>th</sup> day of April, 2024  
(month) (year)

Paul Gilmore  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Paul Winslow Gilmore		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1 ■ SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		\$ 0 00
2 ■ SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0 00
3 ■ SCHEDULE B PLEDGED CONTRIBUTIONS		\$ 0 00
4 ■ SCHEDULE E LOANS		\$ 300 00
5 ■ SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 106 00
6 ■ SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		\$ 0 00
7 ■ SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0 00
8 ■ SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$ 0 00
9 ■ SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0 00
10 ■ SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0 00
11 ■ SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0 00
12 ■ SCHEDULE K INTEREST CREDITS GAINS REFUNDS AND CONTRIBUTIONS RETURNED TO FILER		\$ 0 00

# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form</b>		<b>1</b> Total pages Schedule E <b>1</b>
<b>2</b> FILER NAME Paul Winslow Gilmore		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0 00</b>
<b>5</b> Date of loan 02/02/2024	<b>7</b> Name of lender <input type="checkbox"/> out of state PAC (ID# _____ ) Paul Winslow Gilmore	<b>9</b> Loan Amount (\$) <b>300 00</b>
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address City State Zip Code 2808 Carriage Lane, Carrollton, TX 75006	<b>10</b> Interest rate 0 00
		<b>11</b> Maturity date 05/13/2024
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  ■ not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address City State Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address City State Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  not applicable	Name of guarantor  Guarantor address City State Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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	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

<b>1</b> Total pages Schedule F1 1	<b>2</b> FILER NAME Paul Winslow Gilmore	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/22/2024	<b>5</b> Payee name Campaign Partner	
<b>6</b> Amount (\$) 49 00	<b>7</b> Payee address PO Box 118, Still River, Massachusetts, 01467	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Candidate Webpage
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 03/06/2024	Payee name Frost Bank	
Amount (\$) 8.00	Payee address 1111 W Belt Line Rd Suite 110, Carrollton, TX 75006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Checking Account Fee
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 03/22/2024	Payee name Campaign Partner	
Amount (\$) 49 00	Payee address PO Box 118, Still River, Massachusetts, 01467	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate Webpage
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Paul Winslow Gilmore	Office sought      Office held School Board Trustee

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**