

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Ashley E. NICKNAME LAST SUFFIX Paz	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2000 Hurley Ave 1637 S. Adams Fort Worth, TX 76110 76104 <input checked="" type="checkbox"/> Change of Address	Date Received 10-21-2020	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 965-1253	Date Hand-delivered or Date Postmarked 10-21-2020	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Felipe G. NICKNAME LAST SUFFIX Gutierrez	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4929 College Ave Fort Worth, TX 76104		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 716-7426		
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 Day Year Month Day Year 07 / 02 / 2019 THROUGH 12 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 05 / 16 / 2017	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) Fort Worth ISD School Board District 9 Trustee	13 OFFICE SOUGHT (if known) N/A	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ashley E. Paz 15 Filer ID (Ethics Commission Filers)

16 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 4850
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4871.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 535.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,500

18 AFFIDAVIT

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.

Ashley Paz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ashley Paz, this the 21st day of October, 2020, to certify which, witness my hand and seal of office.

Faye Daniels
Signature of officer administering oath

Faye Daniels
Printed name of officer administering oath

Exec. Sec.
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Ashley E. Paz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4850
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000 6,500
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,871.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,500
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Ashley E Paz

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Jason Brown

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

2112 Pembroke Dr. Fort Worth TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Lynn Norman

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

6500 Lago Vista Dr., Benbrook TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Elizabeth Willis

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

2300 Primrose Ave. Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Melissa Wagner

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4918 N 10th St., Ozark, MO 65721

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:

5

2 FILER NAME

Ashley E. Paz

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/19

5 Full name of contributor

Tawnya Gates

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

4032 Eldridge St. Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22/19

Full name of contributor

Steven Poole

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

3612 5th St. Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

United Educators Assn.

Date

8/22/19

Full name of contributor

Ann Zadeh

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

3408 Harwen, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/19

Full name of contributor

Jason Amon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1404 S. Adams, Fort Worth, TX 76104

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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:

5

2 FILER NAME

Ashley E. Paz

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Tony Spangler

6 Contributor address; City; State; Zip Code

2717 Ryan Place Dr. Fort Worth, TX 76110

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Star Conspiracy

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Marsha Franklin - Darby

Contributor address; City; State; Zip Code

2220 Park Place Ave, Fort Worth TX 76110

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Terry Van Horn

Contributor address; City; State; Zip Code

2211 Weatherbee St. Fort Worth, TX 76110

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

J. Nile Fisher

Contributor address; City; State; Zip Code

2837 Townsend, Fort Worth, TX 76110

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Retired

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:

5

2 FILER NAME

Ashley E. Paz

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Karen Lovett

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

2837 Townsend, Fort Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Keith Annis

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

2530 Lipscomb St. Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Richard Herring

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1128 Bonnie Brae, Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Amy Baker

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Urban Yoga

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:

5

2 FILER NAME

Ashley E. Paz

3 Filer ID (Ethics Commission Filers)

4 Date

9/19/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Elizabeth Parmer

7 Amount of contribution (\$)

\$1000.00

6 Contributor address; City; State; Zip Code

309 W. 7th St. #900, Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

11/11/19

Full name of contributor out-of-state PAC (ID#: _____)

Taunya Gates

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Ashley E Paz

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

Eric Paz

9 Loan Amount (\$)

\$5,000.00

6 Is lender a financial institution?
Y

8 Lender address; City; State; Zip Code

1637 S. Adams, Fort Worth, TX 76104

10 Interest rate

∅

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Principal Scientist

13 Employer (See Instructions)

Novartis

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11/1/19

Name of lender out-of-state PAC (ID#: _____)

Eric Paz

Loan Amount (\$)

1500

Is lender a financial institution?
Y

Lender address; City; State; Zip Code

1637 S. Adams, Fort Worth, TX 76104

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Principal Scientist

Employer (See Instructions)

Novartis

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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

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.

1 Total pages Schedule F1: 1	2 FILER NAME Ashley E. Paz	3 Filer ID (Ethics Commission Filers)
4 Date 7/24/19	5 Payee name Wix.Com	
6 Amount (\$) \$300	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/1/19	Payee name Travis Parmer	
Amount (\$) \$4,500	Payee address; City; State; Zip Code 3000 S. Hulen, Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Strategy Contract Payment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/2/19-12/31/19	Payee name Pay Pal	
Amount (\$) 71.93	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Fees	Description CC Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Ashley E Paz	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name Parmer Consulting
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7 Amount (\$) \$ 3,500	8 Payee address; City; State; Zip Code 3000 S. Hulen, Fort Worth, TX 76109
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Strategy Contract
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED