CA D D E/O CE OLDER
CA G F NA CE EPORT

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 10-21-2020

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs | FIRST: Ashley | MI: E | NICKNAME | LAST: Paz | SUFFIX

4 CANDIDATE / [redacted]

ADDRESS / PO BOX: [redacted] APT / SUITE #: [redacted] CITY: [redacted] STATE: [redacted] ZIP CODE [redacted]

OFFICEHOLDER MAILING ADDRESS

2000 Horley Ave
Fort Worth, TX 76110

☐ Change of Address

Receipt #

5 CANDIDATE/ OFFICEHOLDER [redacted]

AREA CODE (817) PHONE NUMBER [redacted] EXTENSION

Date Hand-delivered or Date Postmarked

[redacted]

5/16/2017

TREASURER NAME

Mr. Felipe Gutierrez

NICKNAME | LAST | SUFFIX

Date Processed 10-21-2020

Date Imaged 10-21-2020

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE ZIP CODE

4929 College Ave, Ste 419
Fort Worth TX 76107

CA E/OFF C OL E
CA G F A CE RE O T

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ashley E Paz

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM [redacted]

POLITICAL [redacted] $ 552.73

D

NOT

COMMITTEE(S) [redacted]

S

SUB O LS - C/O

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS [redacted] SUBTOTAL

$ —

2. —

	NAME OF SCHEDULE	AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 5000
5.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ $ 149.70
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☑	SCHEDULE E: LOANS	—
☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	—
6. ☑	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 8,000
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ —
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ —
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ $ —
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

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: 4/1/2017

7 Name of lender: Eric Paz ☐ out-of-state PAC

9 Loan Amount ($): $5,000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 2000 Hurley Ave Fort Worth TX 76110

10 Interest rate: 0

11 Maturity date: n/a

12 [redacted]

13 [redacted]

☒

14 Description of Collateral: al

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

☒ none

16 GUARANTOR

17 Name of guarantor: entist Novartis

INFORMATION

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

POL T CAL EXPEND TURES MADE FROM POL TICAL CONTR BUT ONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Loan Repayment/Reimbursement
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

[redacted]

Education Learning Protect

50

Gift/Awards/Memorials Expense
Legal Services
Printing Expense
Salaries/Wages/Contract Labor

(a) Category (See Categories listed at the top of this schedule)

Contribution / Donation made by officeholder made to H.E.L.P.

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

[redacted]

Category (See Categories listed at the top of this schedule)

Website Advertising

[redacted]

4 Date 02/03/19

5 Payee name Health

6 Amount ($)

7 Payee address:

City:

State:

Zip Code

U D CURRED OBL GAT O S

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
[illegible]	[illegible]	[illegible]	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS $

5 Date

7 Amount ($) 8 Payee address; City;

3000 S. Hulen, Fort Worth, TX 76109

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE

(c)

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought

Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above)

Date Payee name Ashley E Paz

Amount ($) Payee address; State; Zip Code

6 Payee name Parmer Consulting

TYPE OF [illegible] State; Zip Code

[illegible] $4,000

4 [X]

(a) Category (See Categories listed at the top of this schedule) (on

[illegible] ce from Strategy

Description

PURPOSE OF EXPENDITURE

Candidate / Officeholder name Office sought