

# 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

2

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <b>Mr</b>	FIRST <b>Paul</b>	MI <b>L</b>	OFFICE USE ONLY			
		NICKNAME	LAST <b>Knoll</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
Change of Address		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Date (hand-delivered) or Date Postmarked			
		[REDACTED]	[REDACTED]	[REDACTED]	1/14/2022 @ 11:45am			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <b>Ms</b>	FIRST <b>Maureen</b>	MI <b>A</b>	Date (hand-delivered) or Date Postmarked			
		NICKNAME	LAST <b>Sutherland</b>	SUFFIX	Receipt #			
					Amount \$			
					Date Processed			
					Date Imaged			
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
(Residence or Business)		<b>104 Mosswood</b>						
		<b>Boerne, Tx</b>						
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
		<b>(281)</b>	<b>923-4493</b>					
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	THROUGH	Month	Day	Year
		<b>7</b>	<b>1</b>	<b>21</b>		<b>12</b>	<b>31</b>	<b>21</b>
11 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month	Day	Year	Primary	Runoff	Other Description	
					General	Special		
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
		<b>Constable PCT 2 Kendall Cty</b>						
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					
Additional Pages		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TREASURER ADDRESS					

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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COVER SHEET PG 2

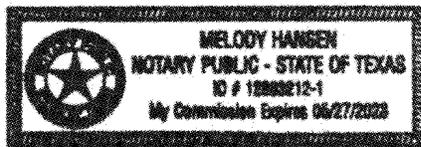
15 C/OH NAME Paul L Knoll		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,814.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

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 L Knoll*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Paul L Knoll this the 14th day of January, 2022, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)