

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 Filer)

2 Total pages filed: 11 ✓

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR MR

FIRST

PAUL

MI

L

NICKNAME

LAST

KNOLL

SUFFIX

OFFICE USE ONLY

Date Received

2/3/20
@ 11:00 AM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PG BOX APT / SUITE # CITY STATE ZIP CODE

[REDACTED]

Change of Address

KLL

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

Date Hand-delivered to Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

JOHN

MI

W

NICKNAME

LAST

PIEPER

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

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

354 PARK RIDGE BOERNE TX 78006

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 336-3241

9 REPORT TYPE

January 15

50th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

6th day before election

Exceeded \$500 limit

Final Report (Attach C/OH-FR)

10 PERIOD
COVERED

Month Day Year
1 / 1 / 2020

THROUGH Month Day Year
1 / 31 / 2020

11 ELECTION

ELECTION DATE

Month Day Year
3 / 3 / 2020

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (Party)

13 OFFICE SOUGHT (if known)

CONSTABLE PCT 2
KENDALL COUNTY, TX

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME PAUL KNOLL 15 Filer ID (Ethics Commission Filers)

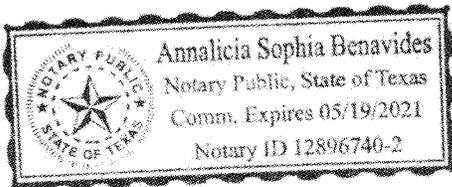
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,260.16
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,938.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,322.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Paul Knoll
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Knoll, this the Feb. 3 day of Feb. 3, 20 10, to certify which, witness my hand and seal of office.

Annalicia Benavides Annalicia Benavides
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME PAUL L KNOLL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,260.16
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.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,938.16
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HARRIS	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 537 CORDILLERA TRACE, BOERNE, TX 78006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WWH MANAGEMENT COMPANY	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 907 CORDILLERA TRACE, BOERNE, TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY DUKE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 606 CONTADORA SAN ANTONIO TX 78258		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BOWLING	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 121 GREYSTONE POINT BOERNE TX 78006		
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

2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

PAUL L. KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/2020

5 Full name of contributor

LARRY BUSH

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

17 CYPRESS POINT BOERNE TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/18/2020

Full name of contributor

BILL HAYWOOD

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

345 AUGUSTA, BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/18/2020

Full name of contributor

STEVE FAHLE

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

84 RIVER CROSSING BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/18/2020

Full name of contributor

JOHN FREUD

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

111 PALO ALTO BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

PAUL L KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/2020

5 Full name of contributor

ED SYPNIENSKI

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

7 Amount of contribution (\$)

20.00

6 Contributor address;

City;

State;

Zip Code

20 VITTORIA RIDGE, BOERNE TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/18/2020

Full name of contributor

JEFF SCHWARZ

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

Amount of contribution (\$)

40.00

Contributor address;

City;

State;

Zip Code

837 CLUBS DRIVE BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/2020

Full name of contributor

RICK + TERRY WELER

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

32 MUIRFIELD BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/2020

Full name of contributor

CHARLES SPENCER

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

301 RIO CORDILLERA BOERNE TX 78006

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

4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORBETT CHRISTIE 6 Contributor address; City; State; Zip Code 15 PASADERA BOERNE TX 78006	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH BULL Contributor address; City; State; Zip Code 66 OAKLAND HILLS BOERNE TX 78006	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLA COOPER Contributor address; City; State; Zip Code 104 OVERLOOK BOERNE TX 78006	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONELL RABON Contributor address; City; State; Zip Code 541 CORDILLERA TRACE BOERNE TX 78006	Amount of contribution (\$)
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

5

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

PAUL KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/2020

5 Full name of contributor

THAD MINYARD

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

131 RIVER CROSSING BOERNE TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/31/2020

Full name of contributor

BEN SMITH

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

215 W BANDERARD BOERNE TX 78006
SUITE 114-135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/2020

Full name of contributor

SHELDON+JANET CRANDALL

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

64 SHARON AVE PIEDMONT CA 94611

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME PAUL KNOLL	3 Filer ID (Ethics Commission Filers)
4 Date 1/9/2020	5 Payee name CORDILLERA SOCIAL CLUB	
6 Amount (\$) 35.00	7 Payee address; City, State, Zip Code 204 AUBURN CROSSING BOERNE TX 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description AD IN NEWSLETTER
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/9/2020	Payee name BEXAR PRINTING		
Amount (\$) 951.45	Payee address; City, State, Zip Code P.O. BOX 700862 SAN ANTONIO TX 78270		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description BANNERS, YARD SIGNS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1/13/2020	Payee name CHOICES 4 MORE		
Amount (\$) 43.30	Payee address; City, State, Zip Code 18920 46 PARKWAY SPRING BRANCH TX 78070		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	Description HOSTESS GIFT	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

2

1 Total pages Schedule F1: 3	2 FILER NAME PAUL L. KNOLL	3 Filer ID (Ethics Commission Filers)
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4 Date 1/19/2020	5 Payee name BERGHEIM CELLARS
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6 Amount (\$) 55.67	7 Payee address; 1 FM 3357 SOUTH BOERNE TX 79006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description DRINK FOR GUESTS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/29/2020	Payee name AMSTOCKS, LP
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Amount (\$)	Payee address; 17 CYPRESS POINT	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VECTOR ARTWORK
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/17/2020	Payee name KENDALL COUNTY
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Amount (\$) 10.00	Payee address; 118 N SAUNDERS ST. BOERNE TX 79006 SOLICITATION EXPENSE	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description ELECTRONIC VOTER LISTINGS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Salaried/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

3

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	PAUL L. KNOLL	
4 Date	5 Payee name	
1/22/2020	ESPERANZA CLUBHOUSE	
6 Amount (\$)	7 Payee address;	City: State: Zip Code
50.00	601 ESPERANZA BLVD	BOERNE TX 78006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description:
	EVENT EXPENSE	CLUBHOUSE RENTAL
	<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	Payee name	
1/31/2020	BOERNE STAR	
Amount (\$)	Payee address;	City: State: Zip Code
300.00	944 N SCHOOL ST.	BOERNE TX 78006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	SERIES OF NEWSPAPER ADS
	<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	Payee name	
1/31/2020	H. E. B. BOERNE	
Amount (\$)	Payee address;	City: State: Zip Code
63.51	420 W. BANDERA RD	BOERNE TX 78006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	SUPPLIES, TAYLOR MEET & GREET
	<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