

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: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST: PAUL LAST: KNOLL MI: L SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]	Date Received 1/14/2020 @ 11:13am	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: [REDACTED] PHONE NUMBER: [REDACTED] EXTENSION: [REDACTED]	Date (and delivered) 2020 Date Postmarked 2020	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: JOHN LAST: PIEPER MI: W SUFFIX:	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): 354 PARK RIDGE APT / SUITE #: CITY: BOERNE STATE: TX ZIP CODE: 78006		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (830) PHONE NUMBER: 336-3241 EXTENSION:		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 8 / 26 / 2019 THROUGH Month Day Year 12 / 31 / 2019		
11 ELECTION	ELECTION DATE: Month Day Year 3 / 3 / 2020	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	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 L. 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,175.24
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 499.93
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,308.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,253.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 386.04

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

Sworn to and subscribed before me, by the said Paul Knoll, this the 14 day of January, 2020, to certify which, witness my hand and seal of office.

Maryssa Haught Signature of officer administering oath
 Maryssa Haught Printed name of officer administering oath
 Branch Ops Manager Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>PAUL KNOLL</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,175.24
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 386.04
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,308.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 8/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP# _____) PAUL KNOLL	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 126 GREYSTONE POINT BOERNE TX 78006		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 8/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP# _____) J.W. PIEPER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 354 PARK RIDGE BOERNE TX 78006		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 9/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP# _____) DICK STEPHENS	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 22 MAYACAMA POINT BOERNE TX 78006		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 9/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP# _____) KNOLL FAMILY TRUST	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 126 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME: PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date: 9/30/2019	5 Full name of contributor: JOE CHEBEN <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: 104 MOSSWOOD BOERNE TX 78006 City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$): 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 10/9/2019	Full name of contributor: DIANNE HIRSCH <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: 3372 RIO CORDILLERA BOERNE TX 78006 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 10/23/2019	Full name of contributor: R.A. (BOB) HEGGINS <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: 410 CORDILLERA TRACE BOERNE TX 78006 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 10/25/2019	Full name of contributor: MICHAEL K. NOGGLE <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: 3480 CLUBS DRIVE BOERNE TX 78006 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): 100.00
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: 3

2 FILER NAME PAUL L. KNOLL 3 Filer ID (Ethics Commission Filers)

4 Date 11/5/2019 5 Full name of contributor out-of-state PAC (ID# _____) DONALD J. AMARAL 7 Amount of contribution (\$) 250.00
 6 Contributor address: 2381 RIO CORDILLERA City: BOERNE State: TX Zip Code: 78006

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 11/8/2019 Full name of contributor out-of-state PAC (ID# _____) FLOYD R. MEADOWS Amount of contribution (\$) 500.00
 Contributor address: 400 AUGUSTA City: BOERNE State: TX Zip Code: 78006

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 11/13/2019 Full name of contributor out-of-state PAC (ID# _____) FRANCES WOLFE Amount of contribution (\$) 100.00
 Contributor address: 59 LAKEVIEW AVE City: PIEDMONT State: CA Zip Code: 94611

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 11/13/2019 Full name of contributor out-of-state PAC (ID# _____) CAMERON WOLFE Amount of contribution (\$) 100.00
 Contributor address: 59 LAKEVIEW AVE City: PIEDMONT State: CA Zip Code: 94611

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: 13	4
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission File/s)	
4 Date 11/15/2019	5 Full name of contributor WILL FIX IT <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 750.00	
6 Contributor address; City: State: Zip Code 1920 GRANDSTAND DR. SAN ANTONIO TX 78239			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/16/2019	Full name of contributor STEVE HALL <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00	
Contributor address; City: State: Zip Code 7 WINGED FOOT BOERNE TX 78006			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2019	Full name of contributor KARL GEBERT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00	
Contributor address; City: State: Zip Code 104 APPLE ROCK BOERNE TX 78006			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2019	Full name of contributor JACK DONNER <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00	
Contributor address; City: State: Zip Code 108 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2019	5 Full name of contributor ED VAN REET <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code 108 SUN RIVER BOERNE TX 78006	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 11/16/2019	Full name of contributor MARY COLACURCI <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 108 PARK RIDGE BOERNE TX 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 11/16/2019	Full name of contributor PAT DENNY Z GRANA <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 7 GRANADILLA BOERNE TX 78006	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 11/16/2019	Full name of contributor KEAP COPELAND <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 42 SUN RIVER BOERNE TX 78006	Amount of contribution (\$) 100.00
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: **13**

2 FILER NAME

PAUL L. KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/19

5 Full name of contributor

RAY PUTNEY

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100 -

6 Contributor address;

City;

State;

Zip Code

31 WINGED FOOT BOERNE TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/16/19

Full name of contributor

ANONYMOUS

out-of-state PAC (ID#)

CASH

Amount of contribution (\$)

100.⁰⁰/_{XX}

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/19

Full name of contributor

DON GATTO

out-of-state PAC (ID#)

Amount of contribution (\$)

100.⁰⁰/_{XX}

Contributor address;

City;

State;

Zip Code

353 PARK RIDGE BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/19

Full name of contributor

TOM REARDON

out-of-state PAC (ID#)

Amount of contribution (\$)

500.⁰⁰/_{XX}

Contributor address;

City;

State;

Zip Code

105 PARK RIDGE 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SAM MOSLEY	7 Amount of contribution (\$) 150.⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 59 SWEDE SPRINGS BUERNE TX 78006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHERYL RATLIFF	Amount of contribution (\$) 100.⁰⁰/_{xx}
Contributor address; City; State; Zip Code 38 WINGED FOOT BUERNE TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAN NEWTON	Amount of contribution (\$) 100.⁰⁰/_{xx}
Contributor address; City; State; Zip Code 113 ARROYO BUERNE TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANN BOIES	Amount of contribution (\$) 250.⁰⁰/_{xx}
Contributor address; City; State; Zip Code 2924 CLUBS DR, BUERNE 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARY + STEVE BROOK	7 Amount of contribution (\$) 100. ⁰⁰ / _{XX}
6 Contributor address; City; State; Zip Code 145 RIVERWOOD BOERNE TX 78006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANONYMOUS	Amount of contribution (\$) 50. ⁰⁰ / _{XX}
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOAN KUHLMAN	Amount of contribution (\$) 150. ⁰⁰ / _{XX}
Contributor address; City; State; Zip Code 210 PARK RIDGE BOERNE TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY BUSH	Amount of contribution (\$) 300. ⁰⁰ / _{XX}
Contributor address; City; State; Zip Code 17 CYPRESS 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

PAUL L. KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/19

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

CHUCK SCHOFIELD

7 Amount of contribution (\$)

500.⁰⁰/_{XX}

6 Contributor address; City; State; Zip Code

9 VITTORIA RIDGE BOERNE TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/19

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

WARREN GOEHRINGER

Amount of contribution (\$)

100.⁰⁰/_{XX}

Contributor address; City; State; Zip Code

562 CLUBS DR, BOERNE TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/19

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

JOE HEGYESI

Amount of contribution (\$)

200.⁰⁰/_{XX}

Contributor address; City; State; Zip Code

50 MUIRFIELD BOERNE TX 78006

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOB FREY	7 Amount of contribution (\$) 50.00
6 Contributor address: City: State: Zip Code 103 WOODCREST BOERNE TX 78006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY ANSNORTH	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 24 SUMMIT POINT BOERNE TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MERILEE + BILL LEWIS	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 101 HORSHOE BEND BOERNE TX 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CURT STANLEY	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 28 GRANADILLA 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

13

2 FILER NAME

PAUL L. KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

11/22/2019

5 Full name of contributor

DENNIS WERNER

out-of-state PAC (DP# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address:

17 MUIRFIELD BOERNE TX 78006

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/22/2019

Full name of contributor

CLEVE HOGARTH

out-of-state PAC (DP# _____)

Amount of contribution (\$)

75.00

Contributor address:

318 PARK RIDGE BOERNE TX 78006

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/2019

Full name of contributor

DON GIDLEY

out-of-state PAC (DP# _____)

Amount of contribution (\$)

100.00

Contributor address:

109 NORTHWIND BOERNE TX 78006

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/2019

Full name of contributor

GARY FRASHER

out-of-state PAC (DP# _____)

Amount of contribution (\$)

50.00

Contributor address:

8 DI LUSSO DRIVE BOERNE TX 78006

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

13

2 FILER NAME

PAUL L. KNOLL

3 Filer ID (Ethics Commission Filers)

4 Date

12/8/2019

5 Full name of contributor

C. MICHAEL WATSON

out-of-state PAC (OR: _____)

7 Amount of contribution (\$)

150.00

6 Contributor address:

102 OVERLOOK BOERNE TX 78006

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/8/2019

Full name of contributor

MARK + LISA ROLL

out-of-state PAC (OR: _____)

Amount of contribution (\$)

100.00

Contributor address:

88 GRANADILLA BOERNE TX 78006

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/2019

Full name of contributor

JEFF SCHWARZ

out-of-state PAC (OR: _____)

Amount of contribution (\$)

200.00

Contributor address:

837 CLUBS DRIVE BOERNE TX 78006

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/2019

Full name of contributor

TODD DUNN

out-of-state PAC (OR: _____)

Amount of contribution (\$)

500.00

Contributor address:

2192 RIO CORDILLERA, BOERNE, TX 78006

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME PAUL L. KNOLL		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY WYNN	7 Amount of contribution (\$) 100.00
6 Contributor address: City: State: Zip Code 202 SWEDE CREEK, BOERNE, TX 78006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MORTON FRIEDKIN	Amount of contribution (\$) 500.00
Contributor address: City: State: Zip Code 444 MONTGOMERY ST. SAN FRANCISCO, CA 94104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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/Officer/Member/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: 4		2 FILER NAME PAUL KNOLL		3 Filer ID (Ethics Commission Filers)	
4 Date 9/26/2019		5 Payee name UPS STORE			
6 Amount (\$) 110.00 110.00		7 Payee address; City; State; Zip Code 215 W. BANDERA ROAD BOERNE TX 78006			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE		(b) Description 200 STAMPS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.		<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 10/15/2019	Payee name BEXAR PRINTING				
Amount (\$) 326.70	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 EXPENSE		Description INVITATIONS AND BUSINESS CARDS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.		<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 10/16/2019	Payee name U S POST OFFICE				
Amount (\$) 110.00	Payee address; City; State; Zip Code 607 E. BLANCO RD. BOERNE TX 78006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		Description 200 STAMPS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.		<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/Memoranda Expense
Legal Services | Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Salaries/Wages/Contract Labor | Spoliation/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: <u>4</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <u>11/8/2019</u>	5 Payee name <u>COSTCO</u>	
6 Amount (\$) <u>167.09</u>	7 Payee address; City; State; Zip Code <u>5611 UTSA BLVD SAN ANTONIO TX 78249</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	(b) Description <u>MEET + GREET EXPENS #1 PLATES, DRINKS, FOOD</u>
	<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 <u>11/15/2019</u>	Payee name <u>BERGHEIM CELLARS</u>	
Amount (\$) <u>540.24</u>	Payee address; City; State; Zip Code <u>1 FM 3351 S, SUITE 150 BOERNE TX 78006</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	Description <u>MEET + GREET EXPENS #2 DRINKS, SUPPLIES, SNACKS</u>
	<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 <u>11/21/2019</u>	Payee name <u>US POST OFFICE UNDER \$100</u>	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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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 | Printing 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.

3

1 Total pages Schedule F1: **4** 2 FILER NAME **PAUL KNOLL** 3 Filer ID (Ethics Commission Filers)

4 Date **11/25/2019** 5 Payee name **BOERNE STAR**

6 Amount (\$) **432.00** 7 Payee address: **941 N. SCHOOL ST.** City: **BOERNE** State: **TX** Zip Code: **79006**

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **CAMPAIGN ADS**

(c) Check if travel outside of Texas. Complete Schedule T. Check if Ass'n, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name _____ Office sought _____ Office held _____

Date **12/6** Payee name **HILL COUNTRY WEEKLY NEWS PAPER**

Amount (\$) **240.00** Payee address: **216 E. BLANCO RD.** City: **BOERNE** State: **TX** Zip Code: **79006**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description **CAMPAIGN AD**

Check if travel outside of Texas. Complete Schedule T. Check if Ass'n, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name _____ Office sought _____ Office held _____

Date **12/3/2019** Payee name **BEXAR PRINTING**

Amount (\$) **154.94** Payee address: **P.O. BOX 700862** City: **SAN ANTONIO** State: **TX** Zip Code: **78270**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) **PRINTING** Description **POSTERS/ENV/DONATION CARDS**

Check if travel outside of Texas. Complete Schedule T. Check if Ass'n, 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 Expenses
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing 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: 4		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11/16/19		5 Payee name COSTCO			
6 Amount (\$) 332.16		7 Payee address: 5611 UTSA BLVD SAN ANTONIO TX 78249			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES		(b) Description MEET + GREET #12 FOOD FOR GUESTS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1.		<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 12/12/19		Payee name BEXAR PRINTING			
Amount (\$)		Payee address: P.O. BOX 700862 SAN ANTONIO TX 78270			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description SIGNS, BANNERS, METAL STAKES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1.		<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 12/19/2019		Payee name THE GRILL AT LEON SPRINGS			
Amount (\$) 328.02		Payee address: 24116 IH-10 W SAN ANTONIO TX 78257			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description DINNER WITH CONSULTANT & SPOUSE STRATEGIC CAMPAIGN CONSULTING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1.		<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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

PAUL KNOLL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

12/31/2019

7 Name of lender

SUSAN KNOLL

out-of-state PAC (DR# _____)

9 Loan Amount (\$)

328.02

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

126 GREYSTONE POINT BOERNE TX 78006

10 Interest rate

0

11 Maturity date

2/18/2020

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

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

12/31/2019

Name of lender

JOHN W PIEPER

out-of-state PAC (DR# _____)

Loan Amount (\$)

58.02

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

354 PARK RIDGE BOERNE TX 78006

Interest rate

0

Maturity date

2/18/2020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

15

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)

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