# 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 file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Paul  NICKNAME LAST  Ridley	MI E suffix	OFFICE  Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /		CITY; STATE; ZIP CODE  Dallas TX 75214  EXTENSION		
OFFICEHOLDER PHONE	( 469 ) 834 1107			or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Norma  NICKNAME LAST  Minnis	MISUFFIX	Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St. 6219 Prospect Ave.	UITE #; CITY; STATE;  Dallas TX 75214	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 214 ) 288 9544	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		treasurer ap (Officeholde	
10 PERIOD COVERED	Month Day Year 05 / 26 / 2021	THROUGH 06	Day Year 202	
11 ELECTION	BLECTION DATE  Month Day Year Primary  06 05 2021 General	ELECTION TYPE  X Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any) Dallas City Council 14	13 OFFICE SOUGHT (if known) Not Applicable		
	<b>GO TO</b>	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
Paul E Ridley					
16 NOTICE FROM POLITICAL COMMITTEE(S)	SAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8335.95		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 53020.04		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	\$ 49850.83		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 50000.00		
18 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.			
		***ELECTRONICALLY CE	RTIFIED***		
		Signature of Candid	date or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, t	by the said Paul E Ridley	, this the <u>10th</u>		
day of <u>July</u>	, 20 <u>21</u> ,	to certify which, witness my hand and seal of office.			
Signature of officer a	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 E Ridley 20 Filer ID (Ethics Con		
	ESUBTOTALS FSCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,207.65
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 53,020.04
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ 0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
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 CO	NTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
<b>2</b> FILER NAME Paul E Ridley			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/27/2021	Humberto Aranza  6 Contributor address; City; State;	Zip Code ΓX 75204	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 05/27/2021	Rosalind E Aranza  Contributor address; City; State;	Zip Code ΓX 75205	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/27/2021	Gilbert Aranza  Contributor address; City; State;	Zip Code ΓX 75360-1527	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 05/29/2021		,	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 2 of 4
<b>2</b> FILER NAME Paul E Ridley			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/29/2021	5 Full name of contributor ☐ out-of-state PAC (ID Carole Johnson  6 Contributor address; City; State; 6856 Casa Loma Ave. Dallas, TX	Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 06/04/2021	Dallas Retired Firefighters Assn. PAC  Contributor address; City; State;	Zip Code n, TX 75011	Amount of contribution (\$) 2500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 06/10/2021	Gay Hopkins		Amount of contribution (\$) 25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 06/25/2021	Full name of contributor	Zip Code	Amount of contribution (\$) 200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 3 of 4
<b>2</b> FILER NAME Paul E Ridley			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/31/2021	Mark Wooten  6 Contributor address; City; State;	Zip Code TX 75214	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)
Date 06/01/2021	Full name of contributor		Amount of contribution (\$) 1000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 06/23/2021	Deborah Deitsch-Perez  Contributor address; City; State;	Zip Code TX 75230	Amount of contribution (\$) 26.06
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 06/24/2021	Michael Degroot Contributor address; City; State;	Zip Code TX 75214	Amount of contribution (\$) 51.80
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 4
<b>2</b> FILER NAME Paul E Ridley			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/25/2021	Bob C Grifo  6 Contributor address; City; State	; Zip Code TX 75219	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 06/30/2021	Barry Hancock Contributor address; City; State		Amount of contribution (\$) 1000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 06/01/2021	Kay Hatterman  Contributor address; City; State	; Zip Code TX 75219	Amount of contribution (\$) 154.79
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	<del>-</del>	; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS** SCHEDULE **E** 

The	Instruction Guide explains how to comp	plete this form.	Total pages Schedule E:     1 of 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paul E Ridley			
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
06/13/2021	Paul E Ridley		30000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0.%
Y Q	5100 Victor St Dallas, T	X 75214	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll  X none	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			0.00
not applicable  20 Principal Occupa		State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	ODIES OF THIS SCHEDI II E AS NE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica	al 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.	
<b>1</b> Total pages Schedule F1: 1 of 5	2 FILER NAME Paul E Ridley		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/27/2021	5 Payee name Walls Printing		
<b>6</b> Amount (\$) 2124.90	7 Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense		ntside of Texas. Complete Schedule T. r, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 05/27/2021	Payee name  Walls Printing		
Amount (\$) 266.10	Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		iside of Texas. Complete Schedule T.  TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 05/28/2021	Payee name Voice Publishing		
Amount (\$) 832.00	Payee address; City; State; Zip Code 1825 Market Center Blvd Shlate; 724075207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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
Others (actions extensions thirted above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 5	2 FILER NAME Paul E Ridley		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/28/2021	5 Payee name KPW Enterprises		
6 Amount (\$) 2391.00	<b>7</b> Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247	,	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/02/2021	Payee name Mail House		
Amount (\$) 3299.76	Payee address; City; State; Zip Code 4834 Top Line Dr. Dallas, TX 75247	•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/02/2021	Payee name In Focus Campaigns		
Amount (\$) 2755.91	Payee address; City; State; Zip Code P.O. Box 10726 Ft. Worth, TX 76114		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T.  TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica	al 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: 3 of 5	2 FILER NAME Paul E Ridley		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/03/2021	5 Payee name Taylor Adams		
6 Amount (\$) 2000.00	<b>7</b> Payee address; City; State; Zip Code 519 N. Oak Cliff Blvd. Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense mpaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 06/04/2021	Payee name  Walls Printing		
Amount (\$) 1761.10	Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		atside of Texas. Complete Schedule T.  1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 06/05/2021	Payee name Desert Racer		
Amount (\$) 1309.07	Payee address; City; State; Zip Code 1520 Greenville Ave. Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T.  a, TX, officeholder living expense at restaurant
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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
Others (actors a extension and listed above)

Credit Card Payment	The Instruction	Guide explains how to	complete this form.	Other (effici a category not ii	sted above)
1 Total pages Schedule F1: 4 of 5	<b>2</b> FILER NAME Paul E Ridley			3 Filer ID (Ethics Comm	nission Filers)
<b>4</b> Date 06/09/2021	<b>5</b> Payee name In Focus Campaigns				
6 Amount (\$) 2755.91	<u>-</u>	y; State; Zip Code Worth, TX 76114			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Advertising Expense	at the top of this schedule)		ntside of Texas. Complete Schedule TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder i	name	Office sought	Office	held
Date 06/09/2021	Payee name In Focus Campaigns				
Amount (\$) 1024.29	=	y; State; Zip Code Worth, TX 76114			
PURPOSE OF EXPENDITURE	Category (See Categories listed Advertising Expense	at the top of this schedule)		tside of Texas. Complete Schedule T TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder r	name	Office sought	Office	held
Date 06/20/2021	Payee name Anna Casey				
Amount (\$) 30000.00		y; State; Zip Code as, TX 75233			
PURPOSE OF EXPENDITURE	Category (See Categories listed Consulting Expense	at the top of this schedule)		tside of Texas. Complete Schedule T	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder	name	Office sought	Office	e held
	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.			
<b>1</b> Total pages Schedule F1: 5 of 5	2 FILER NAME Paul E Ridley		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/13/2021	5 Payee name Taylor Adams		
6 Amount (\$) 2500.00	<b>7</b> Payee address; City; State; Zip Code 519 N. Oak Cliff Blvd. Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense mpaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  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			