City Secretary's Office

Supplement Officeholder	tal Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Paul E	Total Pages Filed:     7	
	NICKNAME	LAST SUFFIX  Ridley	Office Held     Dallas City Coun	icil D14
4. SUPPLEMENTAL REPORT TYPE	<b>☆</b> January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointme (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		7/1/2024 THROUGH 12/31/2024		
6. ELECTION	Month Day Year			
	5/3/2025	c Primary c Runoff $oldsymbol{X}$ (	General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE	ESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS ( LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 9,000.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$102.39
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR \$0.00 CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perjustrue and correct and includes all informed under Title 15, Election code.		
		***ELECTRONICALLY CE	ERTIFIED***	
AFFIX NOTARY STAMP / SEAL ABOVE ————————————————————————————————————		Officeholder	<del></del>	
Sworn to and subscribed	before me, by the said Paul	E Ridley	this the	day
of January , 2	0_25, to certify which	, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer ad	ministering oath

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paul E Ridley			
4 Date	<b>5</b> Full name of contributor ☐ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
09/13/2024	Trepac-Texas Realtors PAC		2500.00
Campaign Contribution	6 Contributor address; City; P.O. Box 2246 Austin,	State; Zip Code TX 78768	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
09/08/2024	Pam Gerber		500.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75219	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/03/2024	Billy Prewitt		1000.00
Campaign Contribution	Contributor address; City; 1601 Elm St. Suite 3110 Dallas,	State; Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/19/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 3909 Stonebridge Dr. Dallas,	State: Zip Code TX 75204	
Principal occu	aation / Job title (See Instructions)	Employer (See Instruct	ions)

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

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 2 of 2
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Paul E Ridley				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/19/2024	Caroline Koetting			1000.00
Campaign Contribution	6 Contributor address; 3909 Stonebridge Dr.	City; Dallas,	State; Zip Code TX 75204	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/23/2024	Hunter L Hunt			1000.00
Campaign Contribution	Contributor address; 1900 N. Akard St.	City;	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/23/2024	Ray L Hunt	_		1000.00
Campaign Contribution	Contributor address; 1900 N. Akard St.	City; Dallas,	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/30/2024	Full name of contributor Christopher Kleinert	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1900 N. Akard St.	City; Dallas,	State: Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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

LOANS SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.** 

Instruction Guide explains how	to complete this form.	1 Total pages Schedule E: 1 of 1
2 FILER NAME		
NITEMIZED LOANS		\$ 0
7 Name of lender out-of-state PAC (ID#: )		9 Loan Amount (\$)
Paul Ridley		32037.00
8 Lender address; City; State; Zip Code 5100 Victor St Dallas TX 75214		Campaign Contribution  10 Interest rate  0.%
		11 Maturity date
on / Job title (See Instructions)	13 Employer (See Instructions	5)
lateral		funds were deposited into political
	account (See Insti	ructions)
17 Name of guarantor		<b>19</b> Amount Guaranteed (\$)
		0.00
	City, State, Zip Code	
tion (See Instructions)	21 Employer (See Instructions	5)
Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
	, , , , , , , , , , , , , , , , , , , ,	(*)
Lender address;	City; State; Zip Code	Interest rate
Lender address;		
Lender address; on / Job title (See Instructions)		Interest rate  Maturity date
	City; State; Zip Code  Employer (See Instructions  Check if personal	Interest rate  Maturity date  s)  funds were deposited into political
on / Job title (See Instructions)	City; State; Zip Code  Employer (See Instructions	Interest rate  Maturity date  s)  funds were deposited into political
on / Job title (See Instructions) lateral  Name of guarantor	City; State; Zip Code  Employer (See Instructions  Check if personal account (See Instru	Interest rate  Maturity date  s)  funds were deposited into political
on / Job title (See Instructions) lateral  Name of guarantor	City; State; Zip Code  Employer (See Instructions  Check if personal	Interest rate  Maturity date  s)  funds were deposited into political ructions)
on / Job title (See Instructions) lateral  Name of guarantor	City; State; Zip Code  Employer (See Instructions  Check if personal account (See Instru	Interest rate  Maturity date  s)  funds were deposited into political ructions)
	NITEMIZED LOANS  7 Name of lender Paul Ridley  8 Lender address; 5100 Victor St. I  ion / Job title (See Instructions)  Illateral  17 Name of guarantor  18 Guarantor address;	7 Name of lender

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
<b>1</b> Total pages Schedule F1: 1 of 1	<b>2</b> FILER NAME Paul E Ridley		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/19/2024	Paypal Hldgs			
6 Amount (\$) 58.29 Campaign Funds for Campaign Expenditures	7 Payee address; 2211 N.1st. St. San Jose, CA 95131	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	contribution service f	ees .	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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	Payee name			
12/03/2024	SquareUp			
Amount (\$) 44.10 Campaign Funds for	Payee address; 1455 Market St. Suite 608an Francisco, CA 94103	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	contribution service f	ees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	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 NEE	DED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.** 

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: 1 of 1		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Paul E Ridley			
4 Date	5 Name of person from whom investment is purchased			
11/07/2024	Charles Schwab Co			
Campaign Funds for Campaign Expenditures	6 Address of person from whom investment is purchased; 211 Main St.	City; State; Zip Code San Francisco, CA 94105		
	7 Description of investment  Money market fund			
	8 Amount of investment (\$) 4000.00			
Date	Name of person from whom investment is purchased			
12/30/2024	Charles Schwab Co			
Campaign Funds for Campaign Expenditures	Address of person from whom investment is purchased; 211 Main St.	State; Zip Code San Francisco, CA 94105		
	Description of investment			
	Money market fund			
	Amount of investment (\$)			
	32037.00			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this form.	1 Total pages Scheo	dule K:	
2 FILER NAME Paul E Ridley		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Name of person from whom amount is received Charles Schwab Co		8 Amount (\$)	
12/31/2024 Campaign Funds for Campaign Expenditures			1603.23	
	7 Purpose for which amount is received Check if I Interest on money market investment	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	e; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				