# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED APR 9 2015 LEWISVILLE CITY SECRETARY'S OFFICE

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr. | FIRST: Osman | MI: E

NICKNAME | LAST: Paracha | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

396 E. Southwest PKWY, Apt 823
Lewisville, TX 75067

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (469) | PHONE NUMBER: 525-8966 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST: Osman | MI: E

NICKNAME | LAST: Paracha | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (residence or business)

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

396 E. Southwest PKWY, Apt. 823, Lewisville TX, 75067

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (469) | PHONE NUMBER: 525-8966 | EXTENSION

**9 REPORT TYPE**

- ☐ January 15
- ☒ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☐ 8th day before election
- ☒ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year: 2/13/2015 THROUGH Month Day Year: 3/30/2015

**11 ELECTION**

ELECTION DATE Month Day Year: 5/9/15

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known): City Coucil Place 2 Lewisville, TX

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**

**14** C/OH NAME: Osman Paracha

**15** ACCOUNT # (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), UNLESS ITEMIZED | $ 185 |
| | **2. TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 385 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ 280 |
| | **4. TOTAL POLITICAL EXPENDITURES** | $ 280 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 105 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**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.

Osman Paracha

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Osman Paracha, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

| | | |
|---|---|---|
| Julie Heinze | Julie Heinze | Notary Public |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

NOTARY PUBLIC STATE OF TEXAS
JULIE K. HEINZE
Notary Public, State of Texas
My Commission Expires
July 24, 2016

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A: 1

2 FILER NAME: Osman Paracha

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/23/15 | Farrah Paracha<br>3655 Swiss Ln, Irving, TX 75038 | 100 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Doctor

10 Employer (See Instructions): Medical Center of Lewisville

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/24/15 | Omar Paracha<br>3108 Illinois Ave McKinney, TX 75070 | 100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Partner/Managing Director

Employer (See Instructions): Research Trials Worldwide LLC

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.**