

**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: **5**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR **FIRST** Guillermo **MI**
NICKNAME **LAST** Quintanilla **SUFFIX**

OFFICE USE ONLY

Date Received
RECEIVED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX [REDACTED] APT / SUITE # [REDACTED] CITY: Addison, TX ZIP CODE: 75001
 Change of Address

JUL 13 2021

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE (214) PHONE NUMBER [REDACTED] EXTENSION [REDACTED]

**CITY SECRETARY
ADDISON, TX**

6 CAMPAIGN TREASURER NAME
MS / MRS / MR **FIRST** Sharon **MI**
NICKNAME **LAST** Dougan **SUFFIX**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
8635 SHADOW BAY Lane FRISCO, TX 75036

8 CAMPAIGN TREASURER PHONE
AREA CODE (214) PHONE NUMBER 236-1778 EXTENSION

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Offic holder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year 01 / 01 / 2021 THROUGH Month Day Year 06 / 30 / 2021

11 ELECTION
ELECTION DATE: Month Day Year 05 / 02 / 2020
ELECTION TYPE: Primary Runoff Other Description
 General Special **2020 General Election Cancelled**

12 OFFICE OFFICE HELD (if any) Council Member **13 OFFICE SOUGHT (if known)** Council Member

14 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.
 Additional Pages
COMMITTEE TYPE: GENERAL SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

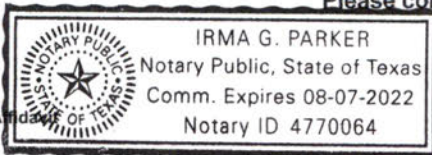
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Guillermo Quintanilla</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 827.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2018.00

18 SIGNATURE 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.

Guillermo Quintanilla
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Guillermo Quintanilla this the 13th day of July, 2021, to certify which, witness my hand and seal of office.
Irma G. Parker IRMA G. PARKER City Sec Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME **Guillermo Quintanilla**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2018.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

Please see typed Addendum
to Report

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT – ADDENDUM

Please note that on the January 15, 2021 report I mistakenly showed \$60.00 on Schedule I, Non-Political Expenditures Made From Political Contributions, for monthly service fees to Wells Fargo Bank. The correct amount was actually \$40.00. This increased the political contributions maintained as of the last day of reporting period from \$807.72 to \$827.72.

Please accept this addendum to the report dated 7/15/21 to correct the prior reporting error.

Sharron Dougan, Treasurer for Council Member Guillermo Quintanilla

A handwritten signature in black ink, appearing to be 'SD' with a flourish, located to the right of the typed name.

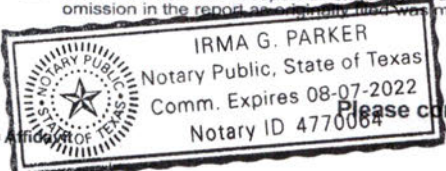
**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Guillermo</u>	MI	Date Received	
	NICKNAME	LAST <u>Quintanilla</u>	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed		
	<input type="checkbox"/> 8th day before election		Date Imaged		

6 EXPLANATION OF CORRECTION
IT WAS A MISTAKE TO SHOW \$60.00 ON SCH I FOR MONTHLY SERVICE CHARGES TO WELLS FARGO BANK. *

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Handwritten Signature]
 Signature of Candidate/Officeholder

(1) Affidavit
 NOTARY STAMP/SEAL
 Sworn to and subscribed before me by G Quintanilla this the 14th day of July
Irma G. Parker to certify which, witness my hand and seal of office.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
Irma G. Parker CS/Notary

OR
 (2) Unsworn Declaration
 My name is _____, and my date of birth is _____
 My address is _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 4/16/2021
THE CORRECT AMOUNT OF SERVICE CHARGES WAS \$40.00. THIS INCREASED THE BANK BALANCE/POLITICAL CONTRIBUTIONS MAINTAINED FROM \$07.72 TO \$27.72.
SHARON DOUGAN, TREASURER

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Guillermo Quintanilla		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2018.00
5 Date of loan 2/24/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Personal Loan	9 Loan Amount (\$) 2018.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code ADDISON, TX 75001	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) SELF-EMPLOYED		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.