# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction C	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Guillermo	MI	OFFICE USE ONLY			
NAME	NICKNAME	Quintanilla	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4115 Rush C	APT / SUITE #; Circle, Addison, TX	CITY; STATE; ZIP CODE ( 75001	6-30-2023			
Change of Address				Durker.			
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	543-1362	EXTENSION	Date Hand-deliver or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Sharron	MI	Receipt # Amount \$  Date Processed			
	NICKNAME	Dougan	SUFFIX	Date Imaged 6-17-2023			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	124	NO PO BOX PLEASE); APT / S N Bay Lane, Frisc		STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 236-1778	EXTENSION				
9 REPORT TYPE	January 15  July 15	30th day before 8th day before el	protection Course dead May 150 at	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day Year / 16 / 23	THROUGH 7	Day Year / 15 / 23			
11 ELECTION	ELECTION DA	Year Primary General	Description				
12 OFFICE	Council Me		13 OFFICE SOUGHT (If known ouncil Member	))			
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR					
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS				
		GO TO	PAGE 2				

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Guillermo Quintanilla		1	6 Filer I	D (Eth	ics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	1,307.89
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	2,018.00
18 SIGNATURE I S	swear, or	affirm, under penalty of perjury, that the accompanying report is true	and con	ect an	nd includes all information

required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder



## Please complete either option below:

NOTARY STANDEAL					,	
Sworn to and subscribed before	me by Guillermo E	Q" Quina	nilla t	nis the 30th	day of U	une.
	ritness my hand and seal of office		er		Nota	WY
Signature of officer administering oath	Printed name of	officer administering	ng oath		Title of office	r administering oath
		OR				
(2) Unsworn Declaration						
My name is		an	nd my date of	hirth is		
My name is		, ai	id my date of	Dirtir 13		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
Executed in	_ County, State of	, on the	day of	(month)	, 20 (year)	
			Signature o	f Candidate/Of	ficeholder (Dec	clarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

1	9 FILER NAME Guillermo Quintanilla  20 Filer ID (Ethics Con			mmiss	ion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				0.00
4.	SCHEDULE E: LOANS			\$	2,018.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00
7.	SCHEDULE F3:	: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00
8.	B. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	0.00
			~~~		

#### **LOANS** SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.			
The	1 Total pages Schedule E:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Guillermo Qu						
4 TOTAL OF UN	NITEMIZED LOANS		\$ 2,018.00			
5 Date of loan	7 Name of lender out-of-state if	PAC (ID#:)	9 Loan Amount (\$)			
02/24/2018	Personal Loan/Guillermo	2,018.00				
6 Is lender a financial Institution?	8 Lender address; City; 4115 Rush Circle, Addison, TX	State; Zip Code	10 Interest rate 0.00			
YIN	Trio radir direit, radicon, ra		11 Maturity date			
12 Principal occupation Self-employee	on / Job title (See Instructions)					
14 Description of Coll  none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; City;	State; Zip Code				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	ateral	Check if personal fun account (See Instruct	nds were deposited into political tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupat	ion (See Instructions)	Employer (See Instructions)				
If Io	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE				