CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Darren NAME Date Received NICKNAME Gardner 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 4119 Rive Ln, Addison, TX 75001 MAILING JUL 2 0 2023 **ADDRESS** DAILY SECRETARY Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ **OFFICEHOLDER** (972)450-7000 PHONE Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** LaNita Date Processed NAME NICKNAME LAST Gardner STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: **CAMPAIGN TREASURER** 4119 Rive Ln, Addison, TX 75001 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (972 450-7000 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 17 16 / 23 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description XX General 22 Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Council Member 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8. SIGNATURE 1. 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. Please complete either option below: Please complete either option below: NOTARY STAMP/SEAL Swoon to and subscribed before me by Daven Gardner this the 20th day of July. Swoon to and subscribed before me by Daven Gardner this the 20th day of July.	15 C/OH NAME		16 Filer ID (Et	ler ID (Ethics Commission Filers)	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6. TOTAL PRINCIPAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. TOTAL PRINCIPAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE 7,500.00 18 SIGNATURE 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informatic required to be reported by me under Title 15, Election Code. Please complete either option below: 1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by Davren Gardner this the 20th day of July 10 to certify fighch, witness my hapd and seal of office. Printed name of officer administering cath Printed name of officer administering cath OR 2) Unsworn Declaration My name is	17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GU	ARANTEES OF LOANS, OR	HAN \$	0.00
4. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE POPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 7,500.00 IB 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. Signature of Candidate or Officeholder Please complete either option below: The principal Caragness of the survey of Candidate or Officeholder or Officeholder The principal Caragness of the survey of Candidate or Officeholder or Of				NS) \$	0.00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 7,500.00 B SIGNATURE I sweer, 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. Please complete either option below: Please complete either option below: NOTARY STAMP/SEAL Swom to and subscribed before me by Davren Gardner this the 20th day of July comes the Ordinary Stamp Apad and seal of office. Please Trining Caracycles and Notary Signature of Officer administering oath Printed name of officer administering oath Title of officer administering oath OR 2) Unsworn Declaration My name is		3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$	0.00
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8 SIGNATURE I sweer, 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. Please complete either option below: Please complete either option below: Please complete either option below: NOTARY STAMP/SEAL Swom to and subscribed before me by Davren Gardner this the 20th day of July Comments of the Complete of Office administering oath NOTARY STAMP/SEAL Swom to and subscribed before me by Printed name of office administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is		4. TOTAL POLITICAL EXPE	NDITURES	\$	174.00
Is SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informatic required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: Please complete either option below: NOTARY STAMP/SEAL Sworn to and subscribed before me by Davren Gardner this the 20th day of July and signature of officer administering oath Printed name of officer administering oath OR OR (street) (city) (state) (zip code) (country)			BUTIONS MAINTAINED AS OF THE	LAST DAY \$	459.39
Please complete either option below: Prelicia Craighead Felicia Craighead in 19 13-22-3037 NOTARY STAMP/SEAL Sworn to and subscribed before me by Davren Gardner this the 20 th day of July 19 13-22-3037 NOTARY STAMP/SEAL Sworn to and subscribed before me by Pelicia Craighead Notary Printed name of office. Printed name of officer administering oath OR Title of officer administering oath OR (city) (state) (zip code) (country)				S OF THE \$	7,500.00
NOTARY STAMP/SEAL Sworn to and subscribed before me by Darren Gardner this the 20th day of July, 20 23 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 OR 2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (zip code) (country)		Please con	nplete either option bel		Craighead
NOTARY STAMP/SEAL Sworn to and subscribed before me by Davren Gardner this the 20th day of July, 20 33, to certify which, witness my hand and seal of office. Felicia Craighead Notary Signature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (zip code) (country)		Please con	nplete either option bel	ow:	
Sworn to and subscribed before me by Davren Gardner this the 20th day of July, 20 23, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is	(1) Affidavit			HOTARY PUB IDS \$3 COMM. EXP	LC - STATE OF TEXAS 4 2 1 3 7 3 2 . 02-22-2027
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR 2) Unsworn Declaration My name is			Gardner	20th	. Tulu
OR 2) Unsworn Declaration My name is, and my date of birth is My address is,,, (street) (city) (state) (zip code) (country)	50	which, witness my hand and seal of office	9.	Not	ary
2) Unsworn Declaration My name is, and my date of birth is My address is	Signature of officer administer	ing oath Printed name of	f officer administering oath	Title o	f officer administering oath
My address is	2) Unsworn Declaratio	n	OR		
(street) (city) (state) (zip code) (country)	My name is		, and my date of birth	h is	
	My address is				
	Executed in	, , ,	, ,,		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
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.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	174.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$	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	\$	0.20

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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 Credit Card Payment

Event Expense 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				
Total pages Schedule G:	2 FILER NAME Darren Gardner		3 Filer ID (Ethics	Commission Filers)	
Date	5 Payee name			2	
07/17/2023	CampaignPartner.com				
6 Amount (\$) 174.00 Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Web hosting e	expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	side of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	-	1	
			n, TX, officeholder living e	officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	

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 Sche	dule K:
2 FILER NAME	s Commission Filers)		
Darren Ga	rdner		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Capital One Bank		
	6 Address of person from whom amount is received; City;	State; Zip Code	0.20
	P.O. Box 60, St. Cloud, MN 56302		0.20
1	7 Purpose for which amount is received	Check if political contribution	returned to filer
	Interest on campaign bank account.		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; 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;	State; Zip Code	
	Purpose for which amount is received		
	r dipose for which amount is received	Check if political contribution	returned to filer
			M
Date	Name of person from whom amount is received		Amount (\$)
			A 40
			,
	Address of person from whom amount is received; City;	State; Zip Code	9
			10 m
	Purpose for which amount is received	Check if political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED	