# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction (	Guide explains how	to comple		1 Filer ID (Ethics	Commission Filers)	<b>2</b> Tot	al pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Da	FIRST		MI		OFFICE	USE ONLY	
NAME	NICKNAME	Ga	LAST ardner		SUFFIX	Date Re	cerved	,	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		SON, TX 7500		ZIP CODE				
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	PHONE	NUMBER	EXTEN	SION		4-29	or Date Postmar	
6 CAMPAIGN TREASURER	MS / MRS / MR		FIRST		MI	Receipt		Amount \$	
NAME	NICKNAME		LAST		SUFFIX	Date Pr	naged		
		G	ardner			5	10-20	22	
7 CAMPAIGN TREASURER	STREET ADDRESS		son, TX 7500		Υ.		STATE.	ZIP CODE	,
ADDRESS (Residence or Business)		/ ladis	3011, 170 1000						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 214 )	PHONE	NUMBER	EXTEN	SION				
	(214)	36							
9 REPORT TYPE	January 15		30th day before elec	ction R	unoff		15th day aft treasurer ap (Officeholder		
11.0	July 15		8th day before electronic	1011	ceeded Modified eporting Limit			(Attach C/OH - FR	6)
10 PERIOD	Month	Day	Year		Month	Day	Year		
COVERED	3	29	22	THROUGH	4	29	22		
11 ELECTION	ELECTION DA	TE			ELECTION TYPE				
	Month Day	Year	Primary	Runoff	Other				
	5 7	22	■ General	Special	City Council E	lection			•
12 OFFICE	OFFICE HELD (if any)				SOUGHT (if known	)			-15
				Counc	I Member				4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. 7	CAL CONTRIBUTIONS ACT THESE EXPENDITURES N HOLDERS ARE REQUIRE	MAY HAVE BEEN MADE	WITHOUT THE CANE	HDATE'S O	R OFFICEHOLI	DER'S KNOWLEDG	GE OR
COMMITTEE(5)	COMMITTEE TYPE	COMMITT	EE NAME						
Additional Pages	GENERAL	COMMITT	EE ADDRESS						
	SPECIFIC	COMMITT	EE CAMPAIGN TREAS	SURER NAME					
		COMMITT	EE CAMPAIGN TREA	SURER ADDRESS					
			GO TO P	AGE 2					
			00 101						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIGI	N FINANCE REPORT	
15 C/OH NAME Darren Gardner	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 29.00
	4. TOTAL POLITICAL EXPENDITURES	s 29.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 1,000.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00
WIND AND AND AND AND AND AND AND AND AND A	Please complete either option below:	
	Please complete either option below:	
Con	nn. Expires 08-07-2022 Notary ID 4770064	
Sworn to and subscribed	before me by Darren Gardner this the 20	day of April
2002, to contity	which witness my hand and seal of office.	Notary Rubbic
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officeradministering oath
(2) Unsworn Declaration	OR On	
My name is	, and my date of birth is	
My address is		
Evecuted in		(zip code) (country)
Executed III	County, State of on the day of (month)	(year)

Signature of Candidate/Officeholder (Declarant)

### SUBTOTALS - C/OH

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

19	FILER NAME 20 Filer ID (Ethics Con		nmission	Filers)	
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL COM	NTRIBUTIONS	\$		
3.	SCHEDULE B. PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			ï	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	)	\$		
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	29.00	
10.	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTR	RIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	M POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, A TO FILER	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0.18	

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2 1	
e Gardner	3 Filer ID (Ethics Commission Filers)		
F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 0.00	
Addison Police and Firefighters Asso  7 Contributor address; City; State;	ciations Zip Code	8 Amount of Solution	
cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)	
s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
	*****	Amount of   In-kind contribution   description	
cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	rer (FOR NON-JUDICIAL)(See Instructions)	
s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)	
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Gardner  OF UNITEMIZED IN-KIND POLITICAL CONTRIB  OF UNITEMIZED IN-KIND POLITICAL  OF UNITEMIZED IN-	Gardner  OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  6 Full name of contributor	

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

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	complete this form.	Offici (enter a category	not isted above)
1 Total pages Schedule G:	2 FILER NAME Darren Gardner		3 Filer ID (Ethics (	Commission Filers)
4 Date 04/24/2022	5 Payee name CampaignPartner.com			
6 Amount (\$) 29.00 Reimbursement from political contributions intended	7 Payee address; Data Ecology LLC, PO Box 118, S	city: till River, MA 014	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising expense	(b) Description Web hosting e	xpense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			1
Amount (\$)  Reimbursement from political contributions intended	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 ex	pense
Complete ONLY if direct expenditure to benefit C/		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		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX officeholder living ex	pense .
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

## 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 Schedule h	1
FILER NAME Darren Ga	rdner	3 Filer ID (Ethics Con	nmission Filers)
Date 03/31/2022	5 Name of person from whom amount is received  Capital One Bank  6 Address of person from whom amount is received; City:  P.O. Box 60, St. Cloud, MN 56302	State; Zip Code	Amount (\$) 0.18
	7 Purpose for which amount is received Che Interest on campaign bank account.	ck if political contribution retui	rned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC	
, a	Purpose for which amount is received Che	ck if political contribution retui	rned to filer
Date	Name of person from whom amount is received		Amount (\$)
,	Address of person from whom amount is received. City:		
	Purpose for which amount is received Che	ck if political contribution retui	rned 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 Che	ck if political contribution retui	rned to filer