# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS /MR	DANIEL		MI	OFFICE USE ONLY
NAME	NICKNAME DAN	LISCID		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		ADDISON, TX	ZIP CODE 7500/	01/08/2024
Change of Address  5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSIO	ON	Date Hand-delivered or Date Postmarked
PHONE	(951) MS/MRS/MR	FIRST		MI	01 / 08 / 2024 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	INIS / WIRS / (WIR)	EDWARD		IMI	Date Processed
	NICKNAME	LAST LISC 10		SUFFIX	01 / 08 / 2024 Date Imaged
					01 / 08 / 2024
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT/I S			STATE; ZIP CODE
(Residence or Business)	757	LAKE CAROL	YN PARKU	AY I	RVING TX 75039
8 CAMPAIGN TREASURER PHONE	AREA CODE	294-6667	EXTENSIO	DN	
	(110)	011 0001			
9 REPORT TYPE	January 15	30th day before e	election Runo	off	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	COROTT	eded Modified orting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 16 / 23	THROUGH	Month	Day Year / 14 / 2 4
11 ELECTION	ELECTION DA	TE		ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	/ /	General	Special		
12 OFFICE	OFFICE HELD (if any)	UNCLEMAN	13 OFFICE S	OUGHT (if known	)
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 OFFICEHOLDERS ARE REQUIRED TO 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 TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

16 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	(ES OF LOANS) \$ 2500.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2000,00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2000.00			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$ 730.70			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE \$			
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying	ng report is true and correct and includes all information			
	uired to be reported by me under Title 15, Election Code.	The report is true and correct and includes all information			
160	uned to be reported by the under Title 15, Election Code.	· //			
	10				
	4	Jan ~ 18119			
		S to n Chen			
	S	Signature of Candidate or Officeholder			
	Please complete either on	tion below:			
	Please complete either option below:				
(1) Affidavit					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by this the day of,					
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	in a sale				
orginature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration	n				
My name is DANI	L LISCIO and my	date of birth is			
My address is _	ADD				
my address is _					
	(street)				
Executed in	County, State of TEXAS, on the 7th	day of JANUARY, 2024.			
	•	(month) (year)			
		COUNT XUE			
	Signa	ature of Candidate/Officeholder (Declarant)			

### SUBTOTALS - C/OH

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

19	commission Filers)	
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2000.00 \$ 537.56
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 2000.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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 A1:		
2	FILER NAME	DANIEL LISCIO	3 Filer ID (Ethics Commission Filers)		
4	Date	<b>5</b> Full name of contributor □ out-of-state PAC (ID#:			
8	Dringing Loop	Po Box 808013 DALIAS TX 753  pation / Job title (See Instructions)  State: Zip Code  Po Box 808013 DALIAS TX 753	1500.00		
•	. ^ -	pation / Job title (See Instructions)  9 Employer (See Instructions)	ructions)		
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
		DARYL N. SNADEN  Contributor address; City; State; Zip Code  STE. 301  16250 AIRART PKWY. ADDISON TX 7.5001	1000.00		
	^	SON BUS/WESS Employer (See Instructions)	uctions)		
	Date	Full name of contributor	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code			
	Principal occup	coation / Job title (See Instructions)  Employer (See Instructions)	uctions)		
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code	•••		
	Principal occup	Employer (See Instructions)  Employer (See Instructions)	uctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to c	Ages/Contract Labor Other (enter a category not listed above)
		omplete this form.
1 Total pages Schedule F1:	DANIEL LISC,	3 Filer ID (Ethics Commission Filers)
4 Date   5   23	VALENTINE DIREC	T MARKETTNG
6 Amount (\$)	7 Payee address;	City; State; Zip Code
2000.00	2344 FARRINGTON.	St. DALLAS, TX 75207
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ANAMERATIONALE XPENSE	CAMPAIAN MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made E Candidate/Officeholder/Politic		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F2:	2 FILER NAME DAWLEL L	15010	3 Filer ID (Ethics Commission Filers)		
	MIZED UNPAID INCURRED OBLIG	GATIONS	\$ 537.56		
6 Date 4/26/23	6 Payee name VALENTINE DIR	ECT MARKETIN	V6		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
537.56	2344 FARRINGT	ON ST. DALL	AS TX 75207		
9 TYPE OF EXPENDITURE	Political	Non-Political	, , , , , ,		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE			1		
OF EXPENDITURE	PRIMTHS EXPEN	ISE CAMP	AIGN & MATERIALS		
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, TX, officeholder living expense		
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule) Description			
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

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 Fees 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)

Candidate/Officeholder/Polit Credit Card Payment	Fillium	ng Expense Travel Out 0 es/Wages/Contract Labor Other (enter	Of District r a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule H:	2 FILER NAME DANIEL LIS	C/D 3 Filer ID	(Ethics Commission Filers)
4 Date	5 Business name	RECT MARKETTA	V
6 Amount (\$)	7 Business address;		State; Zip Code
2000.00	2344 FARRINGTON =	ST. DALLAS TY	( 75207
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	PRINTING EXPONS	E CAMPAIGN M.	MERIALS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	er living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
	0 0/24 % 0		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	r living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City; S	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, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			