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. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Nancy S NAME Date Received 1/17/23 AC NICKNAME LAST SUFFIX **RECEIVED** Cline 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE #: ZIP CO **OFFICEHOLDER** JAN 1 2 2023 **MAILING ADDRESS** CITY SECRETARY Change of Address CARROLLTON, TX 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST МІ **TREASURER** Greg S NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Cline STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #: STATE; ZIP CODE **TREASURER** 3036 Silverado Drive Carrollton TX 75007 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (972 492-5181 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year NSC COVERED 22 15 / 23 16 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Description Month Dav Year Special General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) City Council Place 5 na 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. 14 NOTICE FROM **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

CAMPAIGN	I FINANCE REPORT		VER 3H	LLIFGZ
15 C/OH NAME Nancy S Cline		16 Filer	ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	THAN	\$	0.00
สัง ส.กา	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
ANO 1101	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBOTIONS MAINTAINED AS STATE AND A STATE A		\$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	S AS OF THE	\$	0.00
	Please complete either option b	pelow:		
(1) Affidavit	ALEXANDRA CARDAROPOLI Notary ID #130967033 My Commission Expires January 18, 2025			
NOTARY STAMP/SEA		12:	yan day of -	5. o ed
	the before me by Nanca Cline, the	his the	day or) al Majo
11 1 1	y which, witness my hand and seal of office.	nis the <u>10</u>	day / Te	ule Constin
Signature of officer administ	Morelo Micharica Carcadioni	//	May . 14	r administering oath
Signature of officer administra	OR			
(2) Unsworn Declarat				1
My name is	, and my date of birth is			
	,,	,,		·
	(street) (city)	(state)	(zip code)	(country)
Executed in	County, State of , on the day of	(month)	, 20 (year)	

Signature of Candidate/Officeholder (Declarant)