

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR FIRST: Nancy MI: S NICKNAME: Cline LAST: Cline SUFFIX:	OFFICE USE ONLY Date Received <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">RECEIVED</div> APR 04 2024 CITY SECRETARY CARROLLTON, TX Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 30px; width: 100%;"></div> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 30px; width: 100%;"></div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Gregory MI: S NICKNAME: Cline LAST: Cline SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3036 Silverado Dr. Carrollton Tx 75007 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 492-5181		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 16 / 2024 THROUGH 4 / 4 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Carrollton City Council Pl. 5	13 OFFICE SOUGHT (if known) Carrollton City Council Pl. 5	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

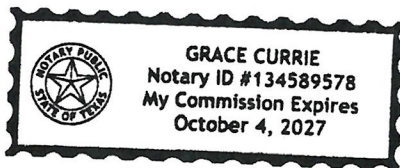
15 C/OH NAME <i>Nancy Cline</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5850</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2402</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3448</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Nancy S. Cline
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Nancy Cline* this the *4th* day of *April*, 20*24*, to certify which, witness my hand and seal of office.

Grace Currie *Grace Currie* *Asst. to the City Manager*
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 _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Nancy Cline</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5850</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2402</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 3
2 FILER NAME Nancy Cline		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lark Tribble	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2236 High Country Drive Carrollton, Tx 75007		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 3/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Caldwell	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3639 White River Drive, Dallas, Tx 75287		
Principal occupation / Job title (See Instructions) Insurance Sales /Service		Employer (See Instructions) State Farm Ins
Date 3/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Cochran	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1407 Overture Way Carrollton, Tx 75006		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) United-Pat Cochran Realtor
Date 3/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Sutter	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2304 Watermill Ct Carrollton, Tx 75006		
Principal occupation / Job title (See Instructions) Stock Plan Administrator		Employer (See Instructions) McKesson Corporation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 3
2 FILER NAME Nancy Cline		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odes H Kim	7 Amount of contribution (\$) 2000.00
6 Contributor address; City; State; Zip Code 2013 Cottonwood Valley Cir. S, Irving, Tx. 75038		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) MBM
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Davis	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 1127 Yorkshire Dr. Carrollton Tx 75007		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) M.E. Davis Properties
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Kim	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 2013 Cottonwood Valley Cir. S,		
Principal occupation / Job title (See Instructions) not working		Employer (See Instructions) -
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyun Taek Park	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 914 Lake Point Cir. McKinney Tx 75072		
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TMD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Nancy Cline		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn Spann	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4003 Randall Lane, Carrollton, Tx 75007		
8 Principal occupation / Job title (See Instructions) civil engineer		9 Employer (See Instructions) Garver
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Elliott	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3203 Hillpark Ln, Carrollton, Tx 75007		
Principal occupation / Job title (See Instructions) advertising		Employer (See Instructions) OVNC communications
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center;">1</p>	2 FILER NAME <p style="text-align:center; font-size: 1.2em;">Nancy Cline</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.2em;">3/15/2024</p>	5 Payee name <p style="text-align:center; font-size: 1.2em;">Allegra Addison</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.2em;">140.00</p>	7 Payee address; <p style="text-align:center; font-size: 1.2em;">14 131 Midway Rd , ste 119</p>	City; State; Zip Code <p style="text-align:center; font-size: 1.2em;">Addison Tx 75001</p>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Printing Expense</p>	(b) Description <p style="text-align:center; font-size: 1.2em;">Printing</p>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center; font-size: 1.2em;">3/14/2024</p>	Payee name <p style="text-align:center; font-size: 1.2em;">A.G.E. Graphics, LLC</p>	
Amount (\$) <p style="text-align:center; font-size: 1.2em;">2162.00</p>	Payee address; <p style="text-align:center; font-size: 1.2em;">52231 State Route 248,</p>	City; State; Zip Code <p style="text-align:center; font-size: 1.2em;">Long Bottom, OH 45743</p>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Printing Expense</p>	Description <p style="text-align:center; font-size: 1.2em;">Signs</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center; font-size: 1.2em;">3/15/2024</p>	Payee name <p style="text-align:center; font-size: 1.2em;">The Country Place, Inc,</p>	
Amount (\$) <p style="text-align:center; font-size: 1.2em;">100.00</p>	Payee address; <p style="text-align:center; font-size: 1.2em;">2727 Country Place Drive</p>	City; State; Zip Code <p style="text-align:center; font-size: 1.2em;">Carrollton Tx 75006</p>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Advertising</p>	Description <p style="text-align:center; font-size: 1.2em;">Advertisement</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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