

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:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Christopher M

NICKNAME LAST SUFFIX
Axberg

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 517-5063

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Jennifer A

NICKNAME LAST SUFFIX
Moisan

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3807 Maywood Drive , Carrollton Tx 75007

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 697-5164

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 / 1 / 24 THROUGH 4 / 26 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 24 General Special

12 OFFICE

OFFICE HELD (if any)
Carrollton City Council Place 1

13 OFFICE SOUGHT (if known)
Carrollton City Council Place 1

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.

| | |
|---|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC Additional Pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

OFFICE USE ONLY

Date Received

RECEIVED

APR 26 2024

CITY SECRETARY
CARROLLTON, TX

Date Handled or Date Postmarked

| | |
|-----------|-----------|
| Receipt # | Amount \$ |
| | |

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

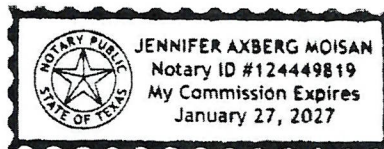
| | | |
|--|---|---|
| 15 C/OH NAME Christopher M. Axberg | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 3,300.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,300.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 870.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,430.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Christopher Axberg this the 26th day of April

2024, to certify which, witness my hand and seal of office.

[Handwritten Signature] Jennifer Axberg Moisan
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Christopher Axberg, and my date of birth is 10/15/1969

My address is 3709 Old Orchard Ct, Carrollton, TX, 75007, Denton

(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 26 day of April, 2024

(month) (year)

[Handwritten Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|--|---|
| 19 FILER NAME <i>Christopher M. Axberg</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 | | \$ 3,300.00 |
| 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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 870.00 |
| 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 | | \$ 0.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 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 | | \$ 0.00 |

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 Christopher Axberg | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/20/2024 | 5 Full name of contributor out-of-state PAC (ID#: _____) Robert Matthew Garrett 6 Contributor address; City; State; Zip Code 2226 Arbor Crest Dr Carrollton TX 75007 | 7 Amount of contribution (\$) 300.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/01/2024 | Full name of contributor out-of-state PAC (ID#: _____) Texas Association of Realtors PAC Contributor address; City; State; Zip Code PO Box 2246 Austin Texas 78768 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/02/2024 | Full name of contributor out-of-state PAC (ID#: _____) Marchant Good Government Fund Contributor address; City; State; Zip Code 2125 N. Josey Lane #200 Carrollton TX 75006 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/08/2024 | Full name of contributor out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code 2100 W. Walnut Hill Lane Suite 100C Irving TX 75038 | Amount of contribution (\$) 1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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 | 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: | 2 FILER NAME Christopher M. Axberg | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/01/2024 | 5 Payee name City of Carrollton | |
| 6 Amount (\$) 250.00 | 7 Payee address; 1945 E. Jackson Rd | City; State; Zip Code Carrollton TX 75006 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fee | (b) Description Filing Fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/01/2024 | Payee name Wells Fargo Bank | |
| Amount (\$) 120.00 | Payee address; 2124 N Josey Lane | City; State; Zip Code Carrollton TX 75006 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Bank Fees |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/23/2024 | Payee name North Texas PAC for Honesty, Trust and Integrity | |
| Amount (\$) 500.00 | Payee address; 4265 Harvest Hill Rd | City; State; Zip Code Carrollton TX 75010 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution/Donation | Description Contribution/Donation |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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