

# 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:               |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / <input checked="" type="radio"/> MR<br>FIRST DANIEL P<br>NICKNAME DAN LAST LISCIO SUFFIX  | <b>OFFICE USE ONLY</b>  |                                    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: [REDACTED] DRIVE ADDISON TX 75001<br>APT / SUITE #: CITY: STATE: ZIP CODE  | Date Received<br><b>APRIL 28, 2023</b><br><br>IParker City Secretary  |                                    |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE (951) PHONE NUMBER [REDACTED] EXTENSION  | Date Hand-delivered or Date Postmarked<br><b>April 28, 2023</b>   |                                    |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / <input checked="" type="radio"/> MR<br>FIRST EDWARD D<br>NICKNAME ED LAST LISCIO SUFFIX   | Receipt # Amount \$   | Date Processed<br><b>4/28/2023</b> |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE<br><b>980 S. COIT ROAD #1222 PROSPER TX 75078</b>  |   |                                    |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE (978) PHONE NUMBER 394-6667 EXTENSION  |   |                                    |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" 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<br><b>4 / 7 / 23    THROUGH    4 / 28 / 23</b>   |   |                                    |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>/ /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                    |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>NONE</b>  | 13 OFFICE SOUGHT (if known)<br><b>CITY COUNCIL</b>  |                                    |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><input type="checkbox"/> Additional Pages       | 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"/> GENERAL<br><input type="checkbox"/> SPECIFIC                    | COMMITTEE TYPE   | 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            |   | 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) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0                                   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

**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.

*Daniel Liscio*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is DANIEL LISCIO, and my date of birth is [REDACTED]

My address is [REDACTED], ADDISON, TX, 75001, USA  
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TEXAS, on the 28<sup>th</sup> day of APRIL, 20 23.  
(month) (year)

*Daniel Liscio*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><b>DANIEL LISCIÒ</b>     |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 2537.56                             |
| 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 | \$                                     |

# 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                        | 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)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:<br>1                               | <b>2</b> FILER NAME<br>DANIEL LISCIO   | <b>3</b> Filer ID (Ethics Commission Filers)           |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | \$ 2537.56   |
| <b>5</b> Date<br>4/26/23   | <b>6</b> Payee name<br>VALENTINE DIRECT MARKETING  |  |
| <b>7</b> Amount (\$)<br>\$2537.56                                    | <b>8</b> Payee address; City; State; Zip Code<br>14243 PROTON ROAD FARMERS BRANCH TX 75244   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | <b>(b)</b> Description<br>ARTWORK, PUSH CARDS, POSTAGE |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>DANIEL LISCIO   | Office sought<br>CITY COUNCIL <del>MEMBER</del>        |
|  |  | Office held<br>N/A                                     |
| Date   | Payee name   |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description  |
|  | <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  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED