

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 / MR MRS	FIRST Eileen	MI C	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">RECEIVED</div> MAR 24 2022 CITY SECRETARY ADDISON, TX Date Hand Delivered or Date Postmarked 3-24-2022 Receipt # Amount \$ Date Processed 3-24-2022 Date Imaged 4-7-2022			
	NICKNAME	LAST Resnik	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1166, Addison, TX 75001						
	AREA CODE (214)	PHONE NUMBER [REDACTED]	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST Margaret	MI V				
	NICKNAME Margie	LAST Gunther	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14616 Heritage Lane, Addison, TX 75001						
	AREA CODE (972)	PHONE NUMBER 661-1199	EXTENSION				
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 checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month 3	Day 1	Year 22	THROUGH	Month 4	Day 6	Year 22
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22			ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special			
	12 OFFICE OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City Council			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

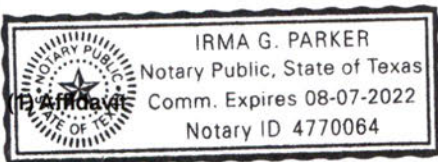
15 C/OH NAME Eileen Resnik		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,117.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,282.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Eileen Resnik

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Eileen Resnik this the 24th day of April, 2022, to certify which, witness my hand and seal of office.

Irma G. Parker Irma G. Parker Notary
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

Eileen Resnik

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,350.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,067.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$
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 Eileen Resnik		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Joe Chow Campaign Account 6 Contributor address; City; State; Zip Code [REDACTED] Addison, TX 75001	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Restaurant Owner		9 Employer (See Instructions) Self
Date 03/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Ray Wooldridge Contributor address; City; State; Zip Code 7808 Glenshannon Cir., Dallas, TX 75225	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Board Chairman		Employer (See Instructions) Cattlemen's Bank
Date 03/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Lon Williams Contributor address; City; State; Zip Code 7535 Benedict, Dallas, TX 75214	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Paul Walden Contributor address; City; State; Zip Code [REDACTED] Addison, TX 75001	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Developer Specialist		Employer (See Instructions) Great American Insurance

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:
2 FILER NAME Eileen Resnik		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ralph Doherty 6 Contributor address; City; State; Zip Code 14718 Celestial, Addison, TX 75254	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/16/2022	Full name of contributor out-of-state PAC (ID#: _____) Lori Ward Contributor address; City; State; Zip Code [REDACTED] Addison, TX 75001	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) National Fuel Consultant		Employer (See Instructions) Foster Fuels
Date 03/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Margaret Gunther Contributor address; City; State; Zip Code 14616 Heritage Lane, Addison, TX 75001	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Eileen Resnik Contributor address; City; State; Zip Code PO Box 1166, Addison, TX 75001	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Sumners Foundation

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Eileen Resnik		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 50.00	
5 Date 03/24/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzie Oliver 7 Contributor address; City; State; Zip Code 14605 Hemingway Court, Addison, TX 75001	8 Amount of Contribution \$ 50.00	9 In-kind contribution description Tea, Coffee, sweet rolls, fruit, napkins Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Eileen Resnik		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 08/30/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Eileen Resnik	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO Box 1166, Addison, TX 75001	10 Interest rate 0.00
		11 Maturity date 05/08/2022
12 Principal occupation / Job title (See Instructions) Program Officer		13 Employer (See Instructions) Summers Foundation
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 1	2 FILER NAME Eileen Resnik	3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2022	5 Payee name Eileen Resnik	
6 Amount (\$) 710.23	7 Payee address; City; State; Zip Code PO Box 1166, Addison, TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement for Printing Expense	(b) Description Printing of campaign lawn signs
	(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 Eileen Resnik	Office sought City Council
		Office held None
Date 03/22/2022	Payee name Pinnacle Graphics	
Amount (\$) 357.23	Payee address; City; State; Zip Code 4098 Lindbergh Drive, Addison, TX 75001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Printing of Door hangers
	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 Eileen Resnik	Office sought City Council
		Office held None
Date	Payee name	
Amount (\$)	Payee address; City; 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. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

March 24, 2022

In-kind donation in the amount of \$50.00
December 4, 2021
Campaign Brunch for Eileen Resnik
Candidate for Addison Council

Beverages/paper goods/pastries/fruit

Suzann Oliver
14605 Hemingway Court
Addison, Texas 75001

March 24, 2022

To Whom It May Concern:

I inadvertently checked the incorrect box when filing for campaign finance to run for Addison City Council. When I was visiting with the Addison City Secretary today (March 24, 2022) she made me aware of my mistake and as a result this report, filed the same day that I was made aware of my error, is for the purpose of correcting that mistake.

My apologies,


Eileen Resnik

MEMO FOR THE RECORD

DATE: April 7, 2022
RE: Campaign Finance Report – Eileen Resnik

2022 General Election Candidate Eileen Resnik signed the Declaration of Modified Reporting at the time of filing her application for a place on the ballot. When Ms. Resnik discovered she had exceeded the threshold for Modified Reporting, Ms. Resnik immediately filed her FORM C/OH advising she had Exceeded the Modified Reporting Limit. Since no other expenses or contributions were anticipated, the FORM C/OH attached serves as both the 30th Day before Election Report and Exceeded Modified Reporting Limit reporting.

Isma G. Parker