

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 NICKNAME: _____ LAST: Eileen SUFFIX: _____ | OFFICE USE ONLY Date Received January 10, 2024 Date Hand-delivered or Date Postmarked 01/10/2024 Receipt # _____ Amount \$ _____ Date Processed 01/10/2024 Date Imaged 01/10/2024 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: PO Box [REDACTED] ADDRESS: Addison, TX 75001 Change of Address: _____ | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (214) PHONE NUMBER: [REDACTED] EXTENSION: _____ | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Ms FIRST: Margie MI: _____ NICKNAME: _____ LAST: Eganther SUFFIX: _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 14616 Heritage Lane CITY: Addison STATE: TX ZIP CODE: 75001 (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (469) PHONE NUMBER: 684-4417 EXTENSION: _____ | | |
| 9 REPORT TYPE | <input checked="" 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) <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: 7 / 18 / 2023 THROUGH Month Day Year: 12 / 31 / 2023 | | |
| 11 ELECTION | ELECTION DATE: Month Day Year: 5 / 4 / 2024 ELECTION TYPE: Primary Runoff Other Description: General (circled) Special _____ | | |
| 12 OFFICE | OFFICE HELD (if any): City Council | 13 OFFICE SOUGHT (if known): City Council | |
| 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. | | |
| Additional Pages | COMMITTEE TYPE: GENERAL | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

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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 | \$ 1867.16 |
| 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.

Eileen Resnik
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Eileen Resnik this the 10th day of January, 2024, to certify which, witness my hand and seal of office.

Melicia Craighead Signature of officer administering oath
Felicia Craighead Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Eileen Resnik, and my date of birth is [REDACTED].
 My address is PO Box [REDACTED], Addison, TX, 75001, USA.
 (street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of TX, on the 8th day of Jan, 2024.
 (month) (year)
Eileen Resnik
 Signature of Candidate/Officeholder (Declarant)