

CANDIDATE / OFFICEHOLD
CAMPAIGN FINANCE REPORT

FORM 1
COVER SHEET Pg 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Only)	2 Total pages filed 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR / MISS Guillermo Quintanilla FIRST LAST SUFFIX	<p>TOWN OF ADDISON Received JAN 14 2021 Office of the City Manager</p>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX APT / SUITE # CITY STATE ZIP CODE [REDACTED] Addison, TX 75001		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) [REDACTED]		
6 CAMPAIGN TREASURER NAME	MR / MRS / DR / MISS / MRS / DR SHARRON DUGAN FIRST LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (WO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 8635 SHADOW BAY LANE FRISCO, TX 75036		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 236-1778		
9 REPORT TYPE	<input checked="" type="checkbox"/> Primary 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"/> 1st day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Amch 12.01 - FR)		
10 PERIOD COVERED	Month Day Year 07 / 16 / 2020 THROUGH 01 / 15 / 21		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL member		
13 OFFICE SOUGHT (if known)			

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JH
COVER SHEET PG 2

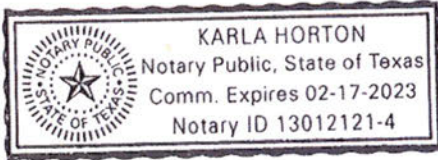
14 COH NAME Guillermo Quintanilla 15 Filer ID (Ethics Commission Filers)

16 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 607.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2018.00

18 AFFIDAVIT



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.

Guillermo Quintanilla
Signature of Candidate or Officeholder

AFFIX NOTARY SEAL OR SEAL ABOVE

Sworn to and subscribed before me, by the said Guillermo Quintanilla this the 13th day of January, 2021, to certify which, witness my hand and seal of office.

Karla Horton Karla Horton Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM 1H
COVER SHEET PG 3

19 FILER NAME
Guillermo Quintanilla

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2018.00
5 <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 60.00
12 <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Guillermo Quintanilla

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 2018.00

5 Date of loan

2/24/18

7 Name of lender

PERSONAL LOAN

out-of-state PAC ID:

9 Loan Amount (\$)

2018.00

6 Is lender a financial institution?

Y N

8 Lender address:

ADDISON, TX 75001

City:

State:

Zip Code:

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

13 Employer (See Instructions)

SELF

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address:

City:

State:

Zip Code:

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC ID:

Loan Amount (\$)

Is lender a financial institution?

Y 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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address:

City:

State:

Zip Code:

not applicable

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.

**NON-POLITICAL EXPENSES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule I 1	2 FILER NAME Guillermo Quintanilla		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/21	5 Payee name WELLS FARGO			
6 Amount (\$) 60.00	7 Payee address: P.O. BOX 6995 PORTLAND, OR 97228			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees		(b) Description (See instructions regarding type of information required.) MONTHLY SERVICE FEES - JULY - DEC 2020	
Date	Payee name			
Amount (\$)	Payee address: City State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address: City State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address: City State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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