CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how t	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	^{ed:} 5
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR Mr.				USE ONLY
NAME	NICKNAME	Mr. Marlin G NICKNAME LAST SUFFIX Willesen		Dati Becerago	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #, C	CITY; STATE; ZIP CODE		
OFFICEHOLDER	Stephene spinetisk organic	Addison, TX 75001			
MAILING ADDRESS	Addison, 17, 10001			TOWN O	1 (Aug. 188
Change of Address	City Secretary's Office			We Other	
5 CANDIDATE/			EXTENSION	5300 Belt Li	ine Roset
OFFICEHOLDER	(972)			Date Hallowenshit AN	of space Postmarket
PHONE		EIRRT		Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST LiesI	МІ		
NAME	Mrs.		CHECK	Date Processed	
	NICKNAME	LAST Mayerson	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE); APT / SL	UITE #, CITY;	STATE;	ZIP CODE
TREASURER	8090 W PM S60	Drive, Addison, TX	PARK NATURAL S. 1877	AS ASSA CAMPAGAGA	Pate ordered
ADDRESS	4014 Dome 1	JIIVE, Addison, TA	. 75001		
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214)	605-7364			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before ele-	Exceeded Modified Reporting Limit		t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 /	/ 1 / 24	THROUGH 6	/ 30 / 24	
11 ELECTION	ELECTION DAT	IE .	ELECTION TYPE	2	
8:	Month Day	Year	Runoff Other Description		
	5 / 3 /	25 General	Special		-
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known	n)	
	Council Men	nber	Council Member		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	- SENERAL F	COMMITTEE ADDRESS			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		00.50			
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Marlin G. Willesen	16 Filer	ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00			
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 345.77			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,305.84			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00			
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
j.	Please complete either option below:				
Suchita I ao NOTARY PUBLIC - STATE OF TEXAS ID# 1 3 4 2 1 3 9 2 9 COMM. EXP. 02-22-2027					
NOTARY STAMP/SEAL Sworn to and subscribed before me by Marlin 6, Willesty this the 3 day of Tuly,					
20 24 , to certify which, witness my hand and seal of office. Auch to Roo SUCHITA RAO Notary Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
(2) Unsworn Declaration					
My name is	, and my date of birth is				
My address is		···································			
Executed in	(street) (city) (state) County, State of, on the day of	(zip code) (country), 20 (year)			
	Signature of Candidate/Office	eholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NA arlin G.	AME . Willesen	20 Filer ID (Ethics Co.	mmissio	on Filers)
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS			\$	500.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	345.77
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	0.00

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

		- morado uno pago in uio rop			
The	Total pages Schedule E: 1				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Marlin G. Will					
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0.00		
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
04/19/2024	Marlin G. Willesen		500.00		
6 Is lender	8 Lender address; City; State; Zip Code		10 Interest rate		
a financial		0.00			
Y N	4100 Juliard Drive, Addison, T>	11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
Communicatio	ns Sales / Owner	2W Communications			
14 Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)			
16 GUARANTOR INFORMATION			19 Amount Guaranteed (\$)		
	40 Currenter address: City				
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N	*		Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral		ds were deposited into political		
none		account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Marlin G. Willesen 4 Date 5 Payee name 02/01/2024 Namecheap, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code 32.12 4600 East Washington Street, Suite 305, Phoenix, AZ 85034 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense Domain name subscription. **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/23/2024 Wix Amount (\$) Payee address; City; State; Zip Code 298.77 500 Terry A. Francois Blvd. 6th Floor, San Francisco, CA 94158 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Website hosting expense. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/22/2024 Namecheap, Inc. Amount (\$) Payee address; City; State: Zip Code 4600 East Washington Street, Suite 305, Phoenix, AZ 85034 14.88 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Private email subscription. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED