

# 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: **7**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**Ms. Nancy (Lee Ewing)**  
NICKNAME LAST SUFFIX  
**Craig**

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**4112 Rush Circle, Addison, TX 75001**

**RECEIVED**

**APR - 6 2023**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214 ) 415-0003**

**CITY SECRETARY**  
Date Hand-delivered or Date Postmarked  
**ADDISON, TX**

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**Mrs. Stephanie J.**  
NICKNAME LAST SUFFIX  
**McGovern**

Date Processed

Date Imaged  
**4-7-2023**

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**14902 Preston Rd., Suite 404-506 Dallas, TX 75254**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(972 ) 571-9382**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
**1 / 1 / 23 THROUGH 4 / 6 / 23**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other Description  
**5 / 6 / 23**  General  Special \_\_\_\_\_

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**City Council Member**

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

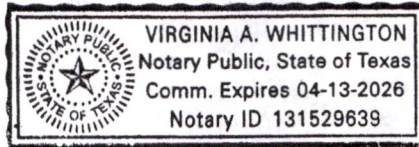
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Nancy (Lee Ewing) Craig		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,625.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 692.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,932.20
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Nancy Craig*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nancy E. Craig this the 6<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.  
Virginia Whittington Virginia Whittington 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

Nancy (Lee Ewing) Craig

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,625.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
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	\$ 692.80
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: **1**

2 FILER NAME

**Nancy (Lee Ewing) Craig**

3 Filer ID (Ethics Commission Filers)

4 Date

03/21/2023

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Lori Ward**

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City;

State; Zip Code

**15800 Spectrum Dr. Apt. 1408, Addison, TX 75001**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/21/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Nancy H. Williams**

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State; Zip Code

**3920 Bobbin Lane, Addison, TX 75001**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Addison Public Safety PAC**

Amount of contribution (\$)

**2,000.00**

Contributor address;

City;

State; Zip Code

**9418 Chimney Corner Ln, Dallas, TX 75243**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/05/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**James F. or Donna Duffy**

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State; Zip Code

**3887 Ridgelake Ct, Addison, TX 75001**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: <b>1</b>	
2 FILER NAME <b>Nancy (Lee Ewing) Craig</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0.00</b>	
5 Date <b>03/19/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cantina Laredo</b>	8 Amount of Contribution \$ <b>0.00</b>	9 In-kind contribution description <b>chips, salsa, queso. Amount unknown</b>
7 Contributor address; City; State; Zip Code <b>4546 Belt Line Rd, Addison, TX 75001</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>restaurant</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>02/15/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Butch Hale Photography</b>	Amount of Contribution \$ <b>0.00</b>	In-kind contribution description <b>campaign photography. Amount unknown.</b>
Contributor address; City; State; Zip Code <b>4019 Morman Ln, Addison, TX 75001</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Photography</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>self</b>	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>1</b>
2 FILER NAME <b>Nancy (Lee Ewing) Craig</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>03/15/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Nancy Craig</b>	9 Loan Amount (\$) <b>1,000.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>4112 Rush Circle, Addison, TX 75001</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>05/07/2023</b>
12 Principal occupation / Job title (See Instructions) <b>Executive/CFO</b>		13 Employer (See Instructions) <b>Hunt Properties, Inc.</b>
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	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 <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Nancy (Lee Ewing) Craig</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/05/2023</b>	<b>5</b> Payee name <b>Valentine Direct Marketing LLC</b>	
<b>6</b> Amount (\$) <b>692.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>14243 Proton Rd, Farmers Branch, TX 75244</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Fold-over push cards Volunteer cards</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

TOWN OF ADDISON

Received

4/6/23

Office of the  
City Manager

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