

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: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | <div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY <hr/> Date Received <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> APR 28 2023 CITY SECRETARY ADDISON, TX <hr/> Date Hand-delivered or Date Postmarked <i>4-28-2023</i> <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged <i>4-28-2023</i> </div> | |
| | Ms. | Nancy | (Lee Ewing) | | |
| NICKNAME | LAST | SUFFIX | | | |
| | Craig | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| Change of Address | 4112 Rush Circle | | Addison | TX | 75001 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (214) | 415-0003 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | | |
| | Mrs. | Stephanie | J. | | |
| | NICKNAME | LAST | SUFFIX | | |
| | | McGovern | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; ZIP CODE |
| (Residence or Business) | 5550 Celestial Rd. | | | Addison | TX 75254 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (972) | 571-9382 | | | |
| 9 REPORT TYPE | <input 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 checked="" 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 | THROUGH | Month Day Year |
| | 4 | 7 | 23 | | 4 / 28 / 23 |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month | Day | Year | Primary | Runoff Other Description |
| | 5 | 6 | 23 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> 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

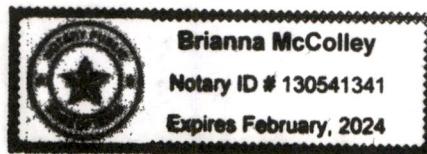
FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 200.20 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,949.22 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 183.18 |
| 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.

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 Craig this the 28 day of April, 2023 to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Brianna McColley Title of officer administering oath: Notary Public

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 | \$ 200.20 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 231.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,949.22 |
| 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. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.20 |

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 04/11/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Joan and James S Loras | 7 Amount of contribution (\$) 200.00 |
| | 6 Contributor address; City; State; Zip Code 4114 Rush Circle Addison, TX 75001 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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: 2 | |
| 2 FILER NAME Nancy (Lee Ewing) Craig | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/10/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Allred | 8 Amount of Contribution \$ 100.00 | 9 In-kind contribution description office supplies for mailer |
| 7 Contributor address; City; State; Zip Code 8235 Douglas #1300, Dallas, TX 75225 | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) commercial real estate | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) Hunt Properties, Inc. | |
| 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 04/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Schmidt | Amount of Contribution \$ 0.00 | In-kind contribution description addressing, stuffing mailer...Amount unknown |
| Contributor address; City; State; Zip Code 4110 Rush Circle Addison, TX 75001 | | 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. | | | |

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 | |
| 2 FILER NAME Nancy (Lee Ewing) Craig | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/23/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Loras, L. Smith, D. Casad | 8 Amount of Contribution \$ 131.00 | 9 In-kind contribution description food, drinks, supplies for neighborhood candidate meet and greet |
| 7 Contributor address; City; State; Zip Code 4114, 4106, 4105 Rush Circle, Addison, TX 75001 | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) retired, retired, nurse | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) self | |
| 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) | | | |

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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 Nancy (Lee Ewing) Craig | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/27/2023 | 5 Payee name Valentine Direct Marketing LLC | |
| 6 Amount (\$) 2,949.22 | 7 Payee address; City; State; Zip Code 14243 Proton Rd, Farmers Branch, TX 75244 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description yard signs, push cards, mailer, postage |
| | (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 | Office sought Office held |
| 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 |
| 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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1 |
| 2 FILER NAME Nancy (Lee Ewing) Craig | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/13/2023 | 5 Name of person from whom amount is received Frost Bank | 8 Amount (\$) 0.20 |
| | 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 16509, Fort Worth, TX 76162 | |
| | 7 Purpose for which amount is received Check if political contribution returned to filer interest on account | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received Check if political contribution returned to filer | |

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