CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains ho | w to complete this form. | 1 Filer ID (E | thiss Commission Filers) | 2 Total pages f | iled: | |
|---|---|--|-----------------|--|--|--------------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | Ms Gretchen Minyard | | | | OFFICE USE ONLY | | |
| IVAIVIE | NICKNAME | Williams | | SUFFIX | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP GODE | | | RECEIVED | | | |
| ADDRESS Change of Address | | | | | JAN 1 4 2022 | | |
| 8 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | AREA CODE PHONE NUMBER EXTENSION | | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER NAME | M8/MR8/MR M/s_ | Cynthia | 744 | МІ | Date Processed | Ameunt 9 | |
| , <u>-</u> | Cynt | Marsha | N | SUFFIX | Date Imaged | 11400000 | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS | (NO PO BOX PLEASE); APT / 6 | BUITE #; | BITY; | BTATE; | ZIP CODE | |
| ADDRESS (Residence or Business) | 1333,1 | 1. Stemmon | Frwy | Daflas | 1× | 75207 | |
| 8 CAMPAIGN TREASURER | AREA CODE PHONE NUMBER EXTENSION | | | | | | |
| PHONE | (214) 747-6287 | | | | | | |
| 9 REPORT TYPE | January 15 | 30th day befere d | election | Runeff | 15th day aft treasurer ap (Officeholde | | |
| | July 15 | 8th day before ele | ection | Exceeded Medified Reporting Limit | Final Repor | (Atlach C/OH = FR) | |
| 10 PERIOD COVERED | Menth | Day Year | THROUGH | Menth | Day Year | | |
| 11 ELECTION | ELECTION DATE Black Year Primary Runeff Other | | | | | | |
| | Menth Bay 05/07 | Tear | Special | Description | | | |
| 12 OFFICE | District L | -Trustee | 13 OFF | CE SOUGHT (IT knewn) | - Trust | ~ · | |
| 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 | T. Aller | | | | |
| Additional Pages | GENERAL | GOMMITTEE ADDRESS | | | | | |
| energy V | SPECIFIC | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | 9 | PAGE 1 PROPERTY. | | |
| u e | 2,000 | GO TO | PAGE 2 | The state of the s | S | | |
| | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | 16 F | iler 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) | \$ | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | | | | |
| 18 SIGNATURE I SY | wear, or affirm, under penalty of perjury, that the accompanying report is true and outlined to be reported by me under Title 15, Election Code. | correct and includes all information | | | | |
| Signature of Candidate or Officeholder | | | | | | |
| Please complete either option below: | | | | | | |
| 1) Affidavit 100-02-02-1 | MICHELLE A. V. State Comm. Expires 07 Notary ID 1290 | | | | | |
| Swern to and subscribed by | pefore me by Gretchen Minyard Williamsthis the 144 which, witness my hand and seal of office. Michelle A. Vasquez | h day of January, | | | | |
| | rhich, witness my hand and seal of office. | | | | | |
| Michelle G. V | | Notary Rublic | | | | |
| Signature of officer administeri | ng quil D Printed name of officer administering eatif | Title of officer administering oath | | | | |
| | Off | VV 31 32 37 3 | | | | |
| (2) Unsworn Declaration | n | | | | | |
| My name is | , and my date of birth is | | | | | |
| | | | | | | |
| | (street) (sitv) (state) | (zip code) (country) | | | | |
| Executed in | County, State of, on the day of | , 20, | | | | |
| | Signature of Candidate/Office | sehelder (Declarant) | | | | |