

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: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. | FIRST JOHN | MI C. | OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 10px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;">JUL 02 2019</div> City Secretary's Office Date Hand-delivered or Date Postmarked <i>HD 7-2-19 @ 4:00pm Cs</i> Receipt # _____ Amount \$ _____ Date Processed <i>Rec'd by 7-2-19</i> Date Imaged | |
| | NICKNAME DANISH | LAST | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1117 CAPITOL COURT IRVING TX 75060 | | | | |
| <input type="checkbox"/> Change of Address | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (972) | PHONE NUMBER 554-0500 | EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR. | FIRST WILLIAM | MI D. | | |
| | NICKNAME DAVID | LAST PALMER | SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1705 COLONY DRIVE IRVING TX 75060 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (972) | PHONE NUMBER 894-0020 | EXTENSION | | |
| 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year 01 / 01 / 2019 | | | Month Day Year 06 / 30 / 2019 | |
| 11 ELECTION | ELECTION DATE Month Day Year 05 / 04 / 2019 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) IRVING CITY COUNCIL PLACE 1 | | 13 OFFICE SOUGHT (if known) IRVING CITY COUNCIL PLACE 1 | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

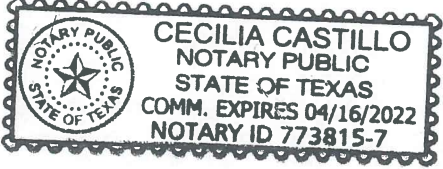
**FORM C/OH
COVER SHEET PG 2**

| | |
|---------------------------------------|---|
| 14 C/OH NAME JOHN C. DANISH | 15 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---|

| | | |
|---|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME |
| | | 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), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 750.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,103.42 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 4,478.42 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

John C. Danish
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John C. Danish, this the 2nd day of July, 2019, to certify which, witness my hand and seal of office.

Cecilia Castillo
Signature of officer administering oath

Cecilia Castillo
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 750.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,103.42 |
| 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 type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>1</u> |
| 2 FILER NAME JOHN C. DANISH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/08/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY & VICKI PENN 6 Contributor address; City; State; Zip Code 500 TOWNE COVE IRVING TX 75061 | 7 Amount of contribution (\$) \$750.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
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| | | |
|--|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 JOHN C. DANISH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/01/19 | 5 Payee name OFFICE DEPOT OFFICE MAX | |
| 6 Amount (\$) \$104.62 | 7 Payee address; City; State; Zip Code 1000 WEST AIRPORT FREEWAY, IRVING, TX 75062 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE: DELL HIGH YIELD BLACK TONER | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 04/05/19 | Payee name OFFICE DEPOT OFFICE MAX | |
| Amount (\$) \$953.80 | Payee address; City; State; Zip Code 1000 WEST AIRPORT FREEWAY, IRVING, TX 75062 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE: DELL, HP COLOR TONER | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 05/10/19 | Payee name RAMBLER NEWSPAPERS | |
| Amount (\$) \$45.00 | Payee address; City; State; Zip Code P.O. BOX 177731, IRVING, TX 75061 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE: CAMPAIGN NEWSPAPER SUBSCRIPTION | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

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