

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 of this Committee (see Form)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	MS. MRS. <input checked="" type="checkbox"/> MR.	FIRST Dan	MI	OFFICE USE ONLY	
	NICKNAME	LAST Micciche	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS PO BOX	APT. SUITE #	CITY	STATE	ZIP CODE
	1140 Bally Mole Drive Dallas TX 75218				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(214) 321-3230					
6 CAMPAIGN TREASURER NAME	MS. MRS. MR.	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
Sara Wahl					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	6434 Malcomb Drive Dallas TX 75214				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(214) 575-1887					
9 REPORT TYPE	<input checked="" 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 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
7/16 / 23 12 / 31 / 23					
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>uncontested</u>	
5 / 1 / 21					
12 OFFICE	OFFICE HELD (if any)	Trustee	13 OFFICE SOUGHT (if known)		
Dallas ISD District 3 Dallas ISD Trustee Dist. 3					
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Page?	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			
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
<input type="checkbox"/> POLITICAL	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <u>Dan Micciche</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNLIMITED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNLIMITED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,610.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 34,000.00

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

Dan Micciche
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20____ to certify which witness my hand and seal of office

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is Dan Micciche and my date of birth is [REDACTED]
My address is 1146 Ballymore Drive Dallas TX 75218 USA
(street) (city) (state) (zip code) (country)
Executed in Dallas County State of Tx on the 15 day of January 2024
(month) (year)
Dan Micciche
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Dan Mierche

20 Filer ID (If there is more than one Filer)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

AMOUNT
\$

1	<input type="checkbox"/>	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$
2	<input type="checkbox"/>	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	<input type="checkbox"/>	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	<input checked="" type="checkbox"/>	SCHEDULE E LOANS	\$ 24,000
5	<input type="checkbox"/>	SCHEDULE E1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6	<input type="checkbox"/>	SCHEDULE E2 UNPAID INCURRED OBLIGATIONS	\$
7	<input type="checkbox"/>	SCHEDULE E3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	<input type="checkbox"/>	SCHEDULE E4 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	\$

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

3 Filer ID (If filer is Commission Filer)

2 FILER NAME

Dan Micciche

4 TOTAL OF UNFINANCIED LOANS
\$^f 34,000

9 Loan Amount (\$)

\$ 9,000

10 Interest rate

0

11 Maturity date

3/15/2025

5 Date of loan

2/27/12

7 Name of lender

Daniel J. Micciche

out-of-state PAC ID#

6 Lender's name as registered

8 Lender address

City

State

Zip Code

1140 Bally Mote Drive

Dallas, TX 75218

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address

City

State

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

7/14/23

Name of lender

Daniel J. Micciche

out-of-state PAC ID#

Loan Amount (\$)

\$ 25,000

Lender's name as registered

Lender address

City

State

Zip Code

1140 Bally Mote Drive

Dallas, TX 75218

Interest rate

0

Maturity date

3/15/2028

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address

City

State

Zip Code

not applicable

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.