CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to | complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages f | iled: |
|---|--|---------------------------|---|-----------------|------------------------|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR MS. | FIRST Maureen | Mi | OFFICE | USE ONLY |
| NAME | NICKNAME | LAST Milligan | SUFFIX | Date Received | 5-1 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE: ZIP CODE 5918 Williamstown Rd, Dallas, TX 75230 | | | | |
| Change of Address | | | | | may O |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (469) | 463-9620 | EXTENSION | | d or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS/MRS/MR Mr. | FIRST Tony | MI | Receipt # | Amount \$ |
| NAME | | | | Date Processed | |
| | NICKNAME | Shidid | SUFFIX | Date Imaged | |
| 7 CAMPAIGN | STREET ADDRESS (N | O PO BOX PLEASE); APT / S | SUITE #: CITY. | STATE; | ZIP CODE |
| TREASURER ADDRESS | 6208 Copperhill Drive, Dallas, TX 75248 | | | | |
| (Residence or Business) | | | | 11E F | |
| 8 CAMPAIGN TREASURER PHONE | (214) | 616-9592 | EXTENSION | | |
| 9 REPORT TYPE | January 15 | 30th day before | | (Officehold | |
| Į. | July 15 | 8th day before el | lection Exceeded Modified Reporting Limit | Final Repo | ort (Allach C/OH - FR) |
| 10 PERIOD COVERED | Month 10 | Day Year / 31 / 23 | THROUGH 12 | Day Yes | |
| 11 ELECTION | Month Day 5 / 4 / | Year Primary 24 General | Description | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (If know Dallas ISD, Dis | | |
| 14 NOTICE FROM POLITICAL | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OF FICEHOLDERS KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | | | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | NAME 16 F | | Filer ID (| 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) | | 0.00 | |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 | |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 0.00 | |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 0.00 | |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD | AY \$ | 25,000.00 | |
| OUTSTANDING LOAN TOTALS | STANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25,000.0 | | 25,000.00 | | |

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,

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 a | and seal of office. | | | |
| Signature of officer administering oath | Printed name of officer administering oath | | Title Of Officer adm | inistering Oath |
| TREE STATES WITH SECOND | OR | | A TOWN | -V///301 |
| (2) Unsworn Declaration | | | | |
| My name is Maureen Milligan My address is 5918 Williamstown Rd. | , and my o | date of birth is | 75230 USA | |
| (street) | of Texas on the 16 | y) (state) | | ountry) |
| | Sign of the same o | ature of Candidate/O | | nt) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 F | 9 FILER NAME 20 Filer ID (Ethics Cor | | |
|------|---|------------------------------|--|
| Ma | aureen Milligan | | |
| | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | * \$ | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU | JTIONS \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | SCHEDULE E: LOANS | \$ 25,000.00 | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL | FICAL CONTRIBUTIONS \$ | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO | DLITICAL CONTRIBUTIONS \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON | DNAL FUNDS \$ | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION | ONS TO A BUSINESS OF C/OH \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL | ITICAL CONTRIBUTIONS \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER | ONTRIBUTIONS RETURNED \$ | |
| _ | | | |

LOANS SCHEDULE E

| if the requested information is not applicable, bo Not include this page in the report. | | | | | |
|---|---|--|----------------------------------|--|--|
| The | 1 Total pages Schedule E: | | | | |
| ² FILER NAME Maureen Mi | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UN | \$ 25,000.00 | | | | |
| 5 Date of loan | 7 Name of lender out-of-state F | PAC (ID#:) | 9 Loan Amount (\$) | | |
| 12/22/2023 | Maureen Milligan | 25,000.00 | | | |
| 6 Is lender a financial Institution? | 8 Lender address; City; 5918 Williamstown Road, Dalla | 10 Interest rate 0.00 | | | |
| ☐ Y 🖪 N | , | , | 11 Maturity date | | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | | | |
| 14 Description of Coll | ateral | 15 Check if personal fundaccount (See Instruct | ds were deposited into political | | |
| 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 | Name of lender | PAC (ID#:) | Loan Amount (\$) | | |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate | | |
| Institution? | | | Maturity date | | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | , | | |
| Description of Coll | ateral | Check if personal fun | ds were deposited into political | | |
| none | | account (See Instructions) | | | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) | | |
| | Guarantor address; City; | State; Zip Code | | | |
| not applicable | | | | | |
| Principal Occupati | on (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. | | | | | |

Forms provided by Texas Ethics Commission