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: 2				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Veronica	мі М	OFFICE USE ONLY				
NAME	nickname Last Ronni Cade	SUFFIX	Date Received 4/6/2023				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 753 S. Poydras St., Lewisville,	Texas 75057	J. Waster				
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 507-0854	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$				
6 CAMPAIGN TREASURER	ms / mrs / mr First	MI	Date Processed				
NAME	nickname last Cade	SUFFIX	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	753 S. Poydras St., Lewisville,	,	STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 507-0854	EXTENSION					
9 REPORT TYPE	July 15 30th day before electrical and the state of the s	- Formatal Market	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 1 / 1 / 23	THROUGH 3	Day Year / 27 / 23				
11 ELECTION	ELECTION DATE Month Day Year Frimary General	ELECTION TYPE Runoff Other Description Special					
12 OFFICE	OFFICE HELD (if any) Lewisville City Council, Plc. 3 13 OFFICE SOUGHT (if known) Lewisville City Council, Plc. 3						
14 NOTICE FROM POLITICAL COMMITTEE(S)	LITICAL MMITTE(S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDG CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS						
Additional Pages	GENERAL						
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASUKEK NAME					
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ronni Cade			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)		\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 1	200.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is tro	e and co	rrect and inc	ludes all information
	puired to be reported by me under Title 15, Election Code.	and co.	moot and in	idaes an information
160	uned to be reported by the under title 10, Election code.		1	
		1	11/	7
	J J0 0 1 /	100	pl //	
	Signature of Ca	ndidate d	or Officebole	ier
	Olymung of the	maiaa.o .	OI OILIOCITOR	
	/			
	į.			
	Please complete either option below	v:		
	•			
	5~	~~~	~~~	~~~~~
	ۇ. ﴿	ALL TOP	Julie Worste	
(1) Affidavit	₹.	77 3	My Commission 07/24/2024	on Expires
	§ 1	P OF TO	ID No. 105736	394
	₩	^	·	~~~~
NOTARY STAMP/SEA				
NOTALL OTAM TODA		, 1-12		1 1
Sworn to and subscribed	before me by Komi Cade this the	٥	day of	TADLI
~2				
	which, witness my hand and seal of office.	1	1.7.1	Dil.
JUL WO	ster Shelloister		Moler	y tubil
Signature of officer administe	ring oath Printed name of officer administering oath		Title of office	er administering oath
	OR	27.05		
(0) 11			110	
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			·
My address is			,	7/45
8		state)	(zip code)	(country)
F				()
executed in	County, State of , on the day of(month	1)	, 20 (year)	
	· · ·	•		
	Signature of Candid	date/Office	eholder (Ded	clarant)