

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Don McDaniel 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,980.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,375.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,537.53</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don McDaniel, this the 26th day of April, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Linda Prooskey 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 <i>Don McDaniel</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,980.00
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	\$ 2,375.36
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:
12

2 FILER NAME
McDaniel

3 Filer ID (Ethics Commission Filers)

4 Date
4/12/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Kathy Frisbie
6 Contributor address; City; State; Zip Code
2717 Desco Drive Flower Mound, TX 75022

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)
Independent Consultant

9 Employer (See Instructions)
self

Date
4/13

Full name of contributor out-of-state PAC (ID#: _____)
Kathryn & Jim Kelley
Contributor address; City; State; Zip Code
3625 Jennifer Dr. Flower Mound TX 75022

Amount of contribution (\$)
\$3000

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)

Date
4/19

Full name of contributor out-of-state PAC (ID#: _____)
Aeron McDaniel
Contributor address; City; State; Zip Code
2624 Santa Monica St. Flower Mound TX 75022

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Mortgage Banker

Employer (See Instructions)

Date
4/19

Full name of contributor out-of-state PAC (ID#: _____)
Pablo Mena
Contributor address; City; State; Zip Code
2500 Lakeside Pkwy 110 Flower Mound TX 75022

Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)
Restaurateur

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2/2

2 FILER NAME

McDaniel

3 Filer ID (Ethics Commission Filers)

4 Date

4/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Paul Milosevich

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

509 Wales Ct Coppell TX 75019

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23

Full name of contributor out-of-state PAC (ID#: _____)

Debora Friedlander

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

2700 Rocky Point Rd. Flowermound TX 75022

Principal occupation / Job title (See Instructions)

VP Commercial Lender

Employer (See Instructions)

Date

4/23

Full name of contributor out-of-state PAC (ID#: _____)

Faith Heckman

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

8700 Riverwalk Dr. Flowermound TX 75028

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

4/23

Full name of contributor out-of-state PAC (ID#: _____)

Susan Huskinson

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

3713 Lippizaner Ct. Flowermound TX 75028

Principal occupation / Job title (See Instructions)

Home maker

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>McDaniel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/18</i>	5 Payee name <i>Action Trophy</i>	
6 Amount (\$) <i>16.03</i>	7 Payee address; City; State; Zip Code <i>1701 South I 35 E Carrollton, TX 75006</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(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: <i>Don McDaniel</i> Office sought: <i>Town Council Pl. 4</i> Office held: <i>Town Council Pl. 4</i>	
Date <i>4/16/18</i>	Payee name <i>Image Center</i>	
Amount (\$) <i>912.00</i>	Payee address; City; State; Zip Code <i>2230 Morris Road Flower Mound, TX 75028</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Don McDaniel</i> Office sought: <i>Town Council Pl. 4</i> Office held: <i>Town Council Pl. 4</i>	
Date <i>4/16/18</i>	Payee name <i>Thomas Printwork</i>	
Amount (\$) <i>110.89</i>	Payee address; City; State; Zip Code <i>982 N. Garden Ridge Blvd Suite 150 Lewisville, TX 75077</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Don McDaniel</i> Office sought: <i>Town Council Pl. 4</i> Office held: <i>Town Council Pl. 4</i>	

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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:		2 FILER NAME Don McDaniel		3 Filer ID (Ethics Commission Filers)	
4 Date 4/18/18		5 Payee name The Cross Timbers Gazette			
6 Amount (\$) 556.75		7 Payee address; City; State; Zip Code 4101 Long Prairie Road Ste 744-184 Flower Mound TX 75028			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Don McDaniel		Office sought Town Council P1.4	
Date 4/23/18		Payee name Image Center			
Amount (\$) \$32204		Payee address; City; State; Zip Code 2330 Morriss Road Flower Mound TX 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Don McDaniel		Office sought Town Council P1.4	
Date 4/23		Payee name Action Trophy			
Amount (\$) \$457.65		Payee address; City; State; Zip Code 1701 South I-35 E Carrollton, TX 75006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Don McDaniel		Office sought Town Council P1.4	

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