CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mrs Vicki L NAME Date Received LAST SUFFIX NICKNAME Byrd RECEIVED ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / CITY: STATE: ZIP CODE **OFFICEHOLDER** 2512 Timber Trail JAN 17 2023 MAILING Denton, TX 76209 **ADDRESS** City Manager's / City Secretary's Office Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (940 453-4603 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Mrs Joy Date Processed NAME NICKNAME LAST SHEED Date Imaged Kirven STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE **CAMPAIGN TREASURER** 3312 Lance Denton, TX 76209 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 817-797-6989 (940 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 12 31 / 22 22 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Denton City Council Denton Ci 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 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 Vicki Byrd | | 16 Filer ID (Ethics | 6 Filer ID (Ethics Commission Filers) | |
|---|---|----------------------|---------------------------------------|--|
| 17 CONTRIBUTION TOTALS | 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 LAS OF REPORTING PERIOD | T DAY \$ | 0.00 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | 0.00 | |
| 18 SIGNATURE I s | wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code. | and correct and in | ncludes all information | |
| 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 administer | ing oath Printed name of officer administering oath | Title of offic | cer administering oath | |
| ALCOHOL: | OR | | VALUE OF STREET | |
| (2) Unsworn Declaration | on | , | | |
| My name is Vicki Byrd | , and my date of birth is | | | |
| My address is 2512 Tin | nber Trail Denton TX | 76209 | US | |
| Executed in Denton | County, State of Texas , on the 17 day of January (month) | MIN (Vgar) | (country) | |
| | Signature of Candida | ite/OfficeHolder (De | cla rant) | |