

# 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: <b>6</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr. Marlin G</b>		<div style="font-size: 2em; color: blue; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-bottom: 10px;">JUL 14 2025</div> <div style="color: blue; font-weight: bold; margin-bottom: 10px;">TOWN OF ADDISON City Secretary's Office 5300 Belt Line Road Dallas, TX 75254</div>								
	NICKNAME LAST SUFFIX <b>Willesen</b>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4100 Juliard Drive, Addison, TX 75001</b>											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>( 972 ) 233-4222</b>											
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI <b>Mrs. Liesl</b>											
		Date Hand-delivered or Date Postmarked									
		Receipt # Amount \$									
		Date Processed									
		Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4014 Dome Drive, Addison, TX 75001</b>											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <b>( 214 ) 605-7364</b>											
9 REPORT TYPE											
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>											
10 PERIOD COVERED											
<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <b>4 / 24 / 25</b></div> <div>THROUGH</div> <div>Month Day Year <b>6 / 30 / 25</b></div> </div>											
11 ELECTION											
<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE Month Day Year <b>5 / 3 / 25</b></div> <div>ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>											
12 OFFICE											
OFFICE HELD (if any) <b>Council Member</b>		13 OFFICE SOUGHT (if known) <b>Council Member</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)											
<p>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.</p>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
Additional Pages											

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Marlin Willesen		16 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)	\$ 1,458.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,937.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*Marlin G. Willesen*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Marlin G. Willesen this the 14<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.  
*Felicia Craighead*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Marlin Willesen

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 458.48
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14.88
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: 1
2 FILER NAME Marlin Willesen		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Kristy, Taylor & Paula Bowan 6 Contributor address; City; State; Zip Code 4223 Shorecrest Drive, Dallas, TX 75209- 1721	7 Amount of contribution (\$)  1,000.00
8 Principal occupation / Job title (See Instructions) Luxury apartment homes / President of AMLI Development		9 Employer (See Instructions) AMLI Residential
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.		

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

<b>3</b>	Filer ID (Ethics Commission Filers)
----------	-------------------------------------

\$ 458.48

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8	Amount of Contribution \$
---	---------------------------

7 Contributor address; City; State; Zip Code

458.48

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Marlin Willesen	3 Filer ID (Ethics Commission Filers)
4 Date 06/23/2025	5 Payee name Namecheap, Inc.	
6 Amount (\$) 14.88	7 Payee address; City; State; Zip Code 4600 East Washington Street, Suite 305, Phoenix, AZ 85034	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Private email one year extension
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED