CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Ms. Camile D NAME **Date Received** NICKNAME LAST SUFFIX White 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE STATE; **OFFICEHOLDER** P.O. Box 271192 **MAILING** Dallas, TX 75227 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972 288-5369 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Camile D. Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged White STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER 10212 Carolina Oaks Drive, Dallas, TX 75227 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER** PHONE (972 2885369 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Month Day Month **COVERED** 16 15 23 **~ 24 THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Year Description Special General OFFICE HELD (if anv) 12 OFFICE 13 OFFICE SOUGHT (if known) Dallas ISD Board of Trustee District 4 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 COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 C/OH NAME		40	0
15 C/OH NAME Camile D White 16 Filer ID (Ethics Commission Filer		cs Commission Filers)	
17 CONTRIBUTION TOTALS EXPENDITURE 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
	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	ST 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
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder			
Please complete either option below:			
(1) Affidavit REYMUNDO HERNANDEZ Notary Public STATE OF TEXAS My Comm. Exp. 09-12-26 Notary ID #12566855-2 NOTARY STAMP/SEAL			
Sworn to and subscribed before me by <u>Camile D. White</u> this the 16 day of <u>January</u> .			
20 ZY, to certify which, witness my hand and seal of office. Votary			
(2) Unsworn Declaration			
	, and my date of birth is		•
iviy address is	(atract) (aib)	nana	
Executed in	(street) (city) (street) (city) (street) (city) (street) (month	state) (zip code , 20 n) (ye	e) (country) ear)
	Signature of Candid	date/Officeholder	(Declarant)