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. 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** P.O. Box 271192 MAILING **ADDRESS** Dallas, Tx 75227-7107 Change of Address CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972) 288-5369 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN CITY: STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE EXTENSION **TREASURER** (972) 288-5369 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Dav Month COVERED 28/ 2022 2022 THROUGH 30 / 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Month Other Description General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) None Dailas ISD School Board Truske THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	D. White	Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ +					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,460.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ +					
	4. TOTAL POLITICAL EXPENDITURES	\$ 1.73.04					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 1,73,64 \$ 2,460,00 \$ 773,50					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 773,50					
Signature of Candidate or Officeholder Please complete either option below:							
	Please complete either option below:						
	Please complete either option below:						
(1) Affidavit	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023						
NOTARY STAMP/SEAL	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023	aby Of May.					
NOTARY STAMP/SEAL	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023 before me by CAMILE WHITE this the 3 hich, witness my hand and seal of office. COLO GINA LOPEZ NOT	0					
NOTARY STAMP/SEAL Sworn to and subscribed 20 20 to certify	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023 before me by CAMILE WHITE this the 3 hich, witness my hand and seal of office. LINA LOPEZ NOT	ARY PUBLIC					
NOTARY STAMP/SEAL Sworn to and subscribed 20 20 to certify	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023 before me by CAMILE WHITE this the 3 which, witness my hand and seal of office. WHITE This the 3 Printed name of officer administering oath OR	ARY PUBLIC					
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023 before me by CAMILE WHITE this the 3 which, witness my hand and seal of office. WHITE This the 3 Printed name of officer administering oath OR	Title of officer administering oath					
NOTARY STAMP/SEAL Sworn to and subscribed 20 2 to certify Signature of officer administer (2) Unsworn Declaration My name is	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 My Comm. Exp. Jan. 15, 2023 before me by CAMILE WHITE this the 3 which, witness my hand and seal of office. Which, witness my hand and seal of office. Find dath Printed name of officer administering oath OR	Title of officer administering oath					
NOTARY STAMP/SEAL Sworn to and subscribed 20 2 to certify Signature of officer administer (2) Unsworn Declaration My name is	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 before me by CAMILE WHITE this the 3 hich, witness my hand and seal of office. CINA LOPEZ ring dath Printed name of officer administering oath OR on	Title of officer administering oath					
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration My name is My address is	GINA LOPEZ Notary Public STATE OF TEXAS ID#125929888 before me by CAMILE WHITE this the Selection of the common state of the	Title of officer administering oath (zip code) (country)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

CDW 2010 POLITICALCONTRIBUTIONS

Camile D. White

CONTRIBUTOR NAME/ADDRESS	DATE FUNDS	SCHEDULE		SCHEDULE		SCHEDULE E		SCHEDULE K	
Necola Harnar D.O. 100 G. W. W.	RECEIVED	A1 A	MOUNT		TOUNT	AMOUNT		AMOUNT	
Necole Harper P.O. 422, Cottleville, MO 63338, Adjuster						100		AIVIOU	IVI
	4/22/2022	\$	100.00	\$	- 2	\$		\$	
Debroah Dennis,						-	- 20	Ψ	
1156 S Joe Wilson Rd									
Cedar Hill, TX 75104, Texas Realtor	4/25/2022	\$	200.00	\$	=	\$		_	
0				Ψ		Ψ	- 5	\$	
Sammie Earl 465 W George Bush # 100	l I								
Richardson, TX 75080 Texas Realtor	4/14/2022	\$	50.00	\$	-	\$			
Patricia Mays 4212 Osborn Road,			00.00	Ψ		Φ		\$	-
Dallas, TX 75227 Texas Realtor	4/12/2022	\$	60.00	\$					
Lucious L. Williams 1421 Covington		-	00.00	Ψ		\$		\$	-
Drive, DeSoto, TX 75115, Business									
Owner	4/13/2022	\$	500.00	\$	_			١.	
Ruth Torres, P.O. Box 22441 Dallas			000.00	Ψ		\$		\$	(*)
75222 Human Resources	4/14/2022	\$	100.00	\$				١.	
F. Eugene Mayo P.O. Box 801352,		-	100,00	Ψ	•	\$		\$	
Dallas, TX 75380 Property Appraiser	4/23/2022	\$	150.00	\$					
Sidney Williams, 3131 Kingbridge St Apt		Ψ	130.00	φ		\$	-	\$	
254 Dallas, TX 75212, Self employed	1								
James Turknett, 3550 Saint Francis Ave	4/24/2022	\$	450.00	\$	14	\$		\$	
Dallas 75227, Preacher						+		Ψ	
James Turknott 2550 Colot 5	4/16/2022	\$	50.00	\$	-	\$	-	\$	
James Turknett, 3550 Saint Francis Ave Dallas75227, Preacher						1		Ψ	•
Evo Williams 1400 M	3/31/2022	\$	50.00	\$	37963	\$	-	\$	
Eve Williams 1420 Mockingbird Lane						+		Ψ	
#600, Dallas, TX , Business Owner	4/13/2022	\$	500.00	\$:0 = :	\$	-	\$	
Gloria McComb 2784 Summit Parkway				-		Ψ		Φ	17
S, Fulton, GA 30331 Retired	3/29/2022	\$	250.00	\$		\$		•	
		\$		\$	•	\$	•	\$	
		\$	(*)	\$	7/20	\$		\$	-
		\$	(8)	\$	-	\$		\$	-
		\$		\$	-	\$			540
		\$	-	\$		\$		\$	
terioli di cerio		\$		\$	-	\$		\$	
***************************************		\$	-	\$		\$		\$	
		\$		\$		\$		\$	
		\$		\$		\$	-	\$	-
		\$		\$	π		(E)	\$	-
		\$		\$		\$		\$, je
		\$		\$	-	\$	-	\$	•
		\$				\$	-	\$	
		Ψ	/*:	\$	-	\$		\$	(<u>-</u>)

TOTAL: \$ 2,460.00 \$ - \$ - \$ -

SCHEDULE A1: Political Contributions
SCHEDULE B1: Pledged Contributions

SCHEDULE E: Loans
SCHEDULE K: Credit

Last Updated: 5/2/2022

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 V Food/Beverage Expense Giff/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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a categ	ory notilisted above)
1 Total pages Schedule F1;	Camile D. White		3 Filer ID (Ethic	s Commission Filers)
4 Date 3/29 - 4/16	Pay Pal Inc.			
6 Amount (\$) 26,54	12312 Port Grace B Lavista, NE 68128		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing fees	(b) Description	y fees	
0.0	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officehalder living] expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
4/19-4/24	Cash App	E .		
23,46	Payee address; 1455 Market Street	city; r, Suite 600 San Fr	State; OCA ancisco,	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Processir		
Complete ONLY 'S II'	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date .	Payee name			
Amount (\$)	Payee address;	City;	State;	Zlp Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	