CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this fo	T Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. Justin			OFFICE USE ONLY	
NAME	NICKNAME LAST Henry	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O Box 151697 Dallas, T				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Da	ata Postmarketi	
6 CAMPAIGN TREASURER NAME	ms/mrs/mr First Glorias	МІ		mount \$	
IVAIVIE	nickname last Dixon	SUFFIX	Date Imaged	co aa	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1509 Lennway Street, Dallas, Texas 75215				
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 729-0847	EXTENSION			
9 REPORT TYPE	January 15 30th day	y before election Runoff	15th day after ca treasurer appoint (Officeholder Only	tment	
	July 15 8th day l	before election Exceeded Modified Reporting Limit	Final Report (Atta	nch C/OH - FR)	
10 PERIOD COVERED	Month Day Year 6 / 15 / 22		Day Year / 15 / 23		
11 ELECTION	ELECTION DATE Month Day Year	Primary Runoff Other Description General Special			
12 OFFICE	OFFICE HELD (if any) DISD Trustee - Distric	13 OFFICE SOUGHT (if known	n)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPE CONSENT. CANDIDATES AND OFFICEHOLDERS A	RIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MEDITURES MAY HAVE BEEN MADE WITHOUT THE CAN REREQUIRED TO REPORT THIS INFORMATION ONLY IF	iDIDATE'S OR OFFICEHOLDER'S	S KNOWLEDGE OR	
	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRE				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
-	COMMITTEE CAMP	PAIGN TREASURER ADDRESS			
	G	O TO PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Et	hics 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)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$	250.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	4,708.80		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	e and correct a	nd includes all information		
Signature of Candidate or Officeholder					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA	L				
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 administe	ring oath Printed name of officer administering oath	Title	of officer administering oath		
(2) Unsworn Declarati	OR OR	Section 18	STATISTICS PARTY		
, ,					
My name is Justin He	nry, and my date of birth is		·		
My address is	, ,	state) (zip co	• • • • • • • • • • • • • • • • • • • •		
Executed in Dallas	County, State of Texas , on the 26th day of Janua (month)	ai y , 20 b)	(year)		
	Signature of Cardio	date/Officeholde	er (Declarant)		
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ILER NAME 20 Files	er ID (Ethics Commission Filers)	
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00	
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 CONTRIBUT	TIONS \$ 250.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	BUTIONS \$	
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 BUSINES	SS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	ETURNED \$	

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Justin Henry		3 Filer ID (Ethics	s Commission Filers)		
4 Date	5 Payee name					
09/23/2022	Community Foundations of Texas (North Texas Giving Day)					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
250.00						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	North Texas Giving Day					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 Aus	tin, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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