#### CANDIDATE / OFFICEHOLDER FORM C/OH **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 / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Justin NAME Mr. Date Received LAST NICKNAME SUFFIX Henry 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Change of Address P.O. Box 151697 Dallas, Texas 75315 AREA CODE PHONE NUMBER 5 CANDIDATE/OFFI **EXTENSION** Date Hand-delivered or Date Postmarke PHONE ( 214 ) 710-4649 Amount \$ MS / MRS / MR Receipt # 6 CAMPAIGN TREAS FIRST NAME Glorias Date Processed LAST NICKNAME SUFFIX Date Imaged Dixon STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN TREAS CITY: STATE: ZIP CODE **ADDRESS** (Residence or Business) 1509 Lenway Street Dallas, Texas 75215 AREA CODE PHONE NUMBER 8 CAMPAIGN TREAS EXTENSION PHONE (214) 729-0847 9 REPORT TYPE X January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Exceeded \$500 limit Final Report (Attach C/OH - FR) 8th day before election 10 PERIOD Month Day Month Day COVERED 07 / 15 / 2020 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary \_\_ Other Runoff Month Day Year General Special 12 OFFICE 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) Dallas Independent School District Board of Trustees District 9 **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)					
Justin Henry						
16 NOTICE FROM PO COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPO EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURED NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,000					
OUTSTANDINGLOA TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
DIANNA THOMPSON Notary Public STATE OF TEXAS ID#126342947 My Comm. Exp. Jan. 30, 2024  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.  Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said, this the, this the, this the						
Dianna Thompson Notary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILE	19 FILER NAME 20 Filer ID (Ethics		
Justi	n Henry		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0.00
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11, [	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU'RETURNED TO FILER	TIONS	\$

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	1 Total pages Schedule A1;			
2 FILER NAME Justin Henry (	Please see attachments)	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC  7 Contributor address; City; State		6 Amount of contribution (\$)		
8 Principal occu	upation / Job title (See Instructions)	tions)			
Date		; (ID#:)	Amount of contribution (\$)		
Principal occu	pation / Job title (See Instructions)	tions)			
Date	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date		(ID#:); Zip Code	Amount of contribution (\$)		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS MEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense OfficeOverhead/RentalExpensePolling Fees TransportationEquipment&RelatedExpenseTrave Consulting Expense Food/Beverage Expense Expense District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/PoliticalCommitteeCreditQLegal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1; 2 FILER NAME Justin Henry (Please see attachments) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this (b) Description 8 schedule) CheckiftraveloutsideofTexas CompleteScheduleT.CheckifAustin,TX,officeho **PURPOSE** OF EXPENDITURE 9 Complete ONLY if direct expenditur Candidate / Officeholder name Office sought Office held C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED