CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR FIRST Mr. Justin	W.	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	Henry		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	P.O. Box 151697 Da	allas, Texas 75315	JUL 23 MY S
OFFICEHOLDER PHONE	(214) 710-4649		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Glorias	SUFFIX	Date Processed
	Dixon	GULLIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 729-0847	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 15 / 2019	THROUGH 07 /	Day Year 15 / 2019
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) Dallas Independent School District Sources District 9	ict 13 OFFICE SOUGHT (if known))
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Justin Henry			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI'NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
:	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
	+	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 528.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 1,000.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT			
			erjury, that the accompanying report is
	GINA LOPEZ	under file 15, Election Code.	rmation required to be reported by me
	Notary Public STATE OF TEXA	s // //	
	ID#125929888 y Comm. Exp. Jan. 15	2023 (Mstr	\
		Signature of Cano	lidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subscr	ribed before me, b	by the said JUSTIN HENRY	, this the 23 PO
day granuly		to certify which, witness my hand and seal of office.	
Sina	Topez	- GINA LOPEZ	NOTARY PUBLIC
Signature of officer a	dministering (ath)	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Justin Henry 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
۹.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
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 CONTRIBUTIONS	\$ 528.00
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 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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1;
2	FILER NAME Justin H	enry (please see attachments)		3 Filer ID (Ethics Commission Filers)
4	Date	_	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City; State	; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City; State		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City; State		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City; State	; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

Date	Name	Address	Cit	State	Zip		Amount
	Linebarger	2777 N.					
7/15/2019	7/15/2019 Goggan Blair &	Stemmons	Dallas	X	75207	49	1,000.00
				60			
					Total	↔	1,000.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Service		Salaries/W	/ages/Contract Labor	Other (enter a cate	gory not listed above)
			iction Guide ex	plains how to c	omplete this form.		
1 Total pages Schedule F1;	1		(please see	e attachm	ents)	3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee na					li	
6 Amount (\$)	7 Payee ad	ddress;	City; State	; Zip Code			
8	(a) Category	/ (See Categorie	es listed at the top of	this schedule)	(b) Description		
PURPOSE					Check if travel o	outside of Texas. Complete	Schedule T.
OF EXPENDITURE					Check if Austi	n, TX, officeholder livin	g expense
EXPENDITORE							
9 Complete ONLY if direct	Candio	late / Officeh	older name		Office sought		Office held
expenditure to benefit C/Oh							
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;	City; State	; Zip Code			
	Category	/ (See Categorie	es listed at the top of	this schedule)	Description		
PURPOSE					Check if travel ou	utside of Texas. Complete	Schedule T.
OF					Check if Austin	n, TX, officeholder living	expense
EXPENDITURE							
Complete ONLY if direct		ate / Officeh	older name		Office sought		Office held
expenditure to benefit C/OF	1						
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;	City; State	; Zip Code			
	Category	/ (See Categorie	es listed at the top of	this schedule)	Description		
PURPOSE					Check if travel ou	utside of Texas. Complete	Schedule T.
OF					Check if Austin	n, TX, officeholder living	expense
EXPENDITURE							
Complete ONLY if direct		ate / Officeh	nolder name		Office sought		Office held
expenditure to benefit C/OF	1						
	AT	TACH ADD	TIONAL COP	IES OF THIS	SCHEDULE AS NEI	EDED	

Date	Description	Amount		Additional Information
2/3/2019 Pub	19 Public Storage	€	132.00	132.00 Office Overhead
3/3/2019 Pub	19 Public Storage	€	132.00	132.00 Office Overhead
4/3/2019 Pub	19 Public Storage	\$	132.00	132.00 Office Overhead
5/3/2019 Pub	19 Public Storage	ક	132.00	132.00 Office Overhead
100				
		vs	528.00 Total	Total

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