

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| The C/OH Instruction 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 MI<br>Mr. Joe L       |  |  | <b>OFFICE USE ONLY</b><br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Received</div><br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Hand-delivered or Date Postmarked</div><br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">Receipt # Amount \$</div><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Processed</div><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Imaged</div> |  |  |  |
|  | NICKNAME LAST SUFFIX<br>Carreon           |  |  |  |  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address  |   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3150 Kendale Dr<br>Dallas, TX 75220  |  |  |  |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   |   | AREA CODE PHONE NUMBER EXTENSION<br>(469 ) 544-6764  |  |  |  |  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Ms. Daisy       |  |  | <b>RECEIVED</b><br>BOARD SECRETARY<br>DALLAS ISD<br>7/17/2020 10:09 AM   |  |  |  |
|  | NICKNAME LAST SUFFIX<br>Jamaica-Hernandez |  |  |  |  |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)  |   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>5455 Belmont Ave. Dallas, TX 75206  |  |  |  |  |  |
| 8 CAMPAIGN TREASURER PHONE   |   | AREA CODE PHONE NUMBER EXTENSION<br>(469 ) 685-8966  |  |  |  |  |  |
| 9 REPORT TYPE  |   | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |  |  |  |  |
| 10 PERIOD COVERED  |   | Month Day Year    Month Day Year<br>7 / 1 / 22    THROUGH    12 / 31 / 22  |  |  |  |  |  |
| 11 ELECTION  |   | ELECTION DATE    ELECTION TYPE<br>Month Day Year    Primary Runoff Other Description<br>/ /    General Special   |  |  |  |  |  |
| 12 OFFICE  |   | OFFICE HELD (if any)<br>Dallas ISD, District 8   |  | 13 OFFICE SOUGHT (if known)  |  |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)  |   | 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.  |  |  |  |  |  |
| Additional Pages<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">COMMITTEE TYPE</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">COMMITTEE NAME</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">GENERAL COMMITTEE ADDRESS</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</div> |   | COMMITTEE TYPE   |  |  |  |  |  |
|  |   | COMMITTEE NAME   |  |  |  |  |  |
|  |   | COMMITTEE ADDRESS  |  |  |  |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME  |  |  |  |  |  |
| Additional Pages<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;">COMMITTEE TYPE</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">COMMITTEE NAME</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">GENERAL COMMITTEE ADDRESS</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</div> |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |  |  |  |  |
|  |   | COMMITTEE TYPE   |  |  |  |  |  |
|  |   | COMMITTEE NAME   |  |  |  |  |  |
|  |   | COMMITTEE ADDRESS  |  |  |  |  |  |

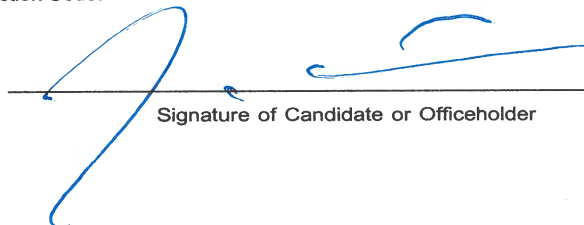
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

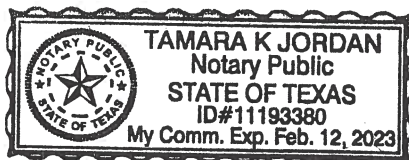
FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. 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   | \$ 0.00                                |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 4,981.57                            |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

18 SIGNATURE 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

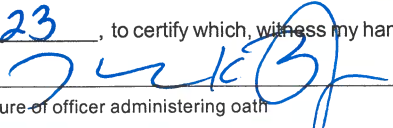
Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joe Carreon this the 17 day of January 20 23, to certify which, witness my hand and seal of office.

 Tamara K. Jordan Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)