

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 Mr. Joe		OFFICE USE ONLY Date Received 2021 JAN 15 PM 4:10 RECEIVED BOARD SERVICES DALLAS ISD Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Carreon			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3150 Kendale Dr. Dallas, TX 75220			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 544-6764			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Daisy			
	NICKNAME LAST SUFFIX Jamaica-Hernandez			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5455 Belmont Ave. Dallas, TX 75206			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (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) <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 10 / 27 / 2020 THROUGH 01 / 15 / 2021			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) Dallas ISD, District 8		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Kids First PAC COMMITTEE ADDRESS 4447 N. Central Expressway STE 110, Dallas, TX 75205 COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 4447 N. Central Expressway STE 110, Dallas, TX 75205		

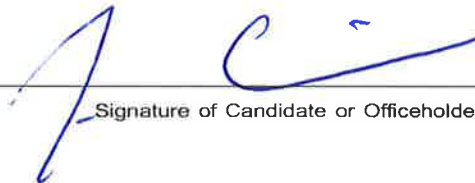
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

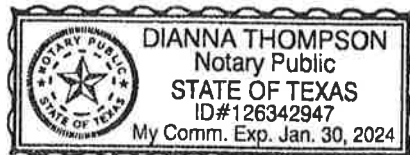
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,114.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,222.50
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 15th day of January
2021 to certify which, witness my hand and seal of office.
Dianna Thompson Dianna Thompson Notary
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)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 650.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,180.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 37,114.63
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe Carreon (please see attachment)

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;	City;	State;	Zip Code
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Principal occupation / Job title (See Instructions)

Employer (See Instructions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$	1,180.00
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6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

8 Amount of Contribution \$

Canvassing

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joe Carreon (please see attachment)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 SCHEDULE AS NEEDED		

CONTRIBUTIONS (10/27/2020-01/15/2021)								
DATE	NAME	ADDRESS	CITY	STATE	ZIP	AMOUNT	EMPLOYER	OCCUPATION
11/1/2020	Byron Sanders	1409 South Lamar St	Dallas	TX	75215	\$ 100.00	Big Thought	CEO
11/1/2020	Tomas Escamilla	13541 Crestmoor Drive	Farmers Branch	TX	75234	\$ 500.00	Retired	Retired
11/3/2020	Anna Macias	7424 Fillmore Dr	Dallas	TX	75235	\$ 50.00	Self-employed	Writer

EXPENDITURES (10/27/2020-01/15/2021)						
DATE	PAYEE NAME	AMOUNT	ADDRESS	CITY	STATE	PURPOSE OF EXPENDITURE
10/28/2020	Mail House	\$ 4,552.64	2730 N. Stemmons Fwy	Dallas	TX	Mail
10/28/2020	Walls Printing	\$ 1,663.83	9171 King Arthur Dr	Dallas	TX	Print
10/30/2020	Walls Printing	\$ 699.71	9172 King Arthur Dr	Dallas	TX	Print
10/30/2020	McKeever and Associates	\$ 2,200.00	500 Rolling Hills	Lancaster	TX	Marketing
11/4/2020	Arabely Hinojosa	\$ 240.00	4400 W. University Blvd	Dallas	TX	Canvassing
11/4/2020	Ovidia Amaya	\$ 240.00	1405 S. Fitzhugh Ave	Dallas	TX	Canvassing
11/4/2020	Jesus Romero	\$ 140.00	4824 Derby Ln	Dallas	TX	Canvassing
11/4/2020	Celeste Crispin	\$ 80.00	2326 Roanoke Ave	Dallas	TX	Canvassing
11/4/2020	Jesse Hernandez	\$ 1,500.00	1017 Hollywood Ave	Dallas	TX	Canvassing
11/4/2020	Santiago Martinez	\$ 1,500.00	5738 Everglade Rd	Dallas	TX	Canvassing
11/4/2020	Alyson Medina	\$ 120.00	3060 El Tovar Cir	Dallas	TX	Canvassing
11/4/2020	Michael Caballero	\$ 300.00	1409 N. Zang Blvd	Dallas	TX	Canvassing
11/4/2020	Luis Saulo Ramirez	\$ 465.00	1017 Hollywood Ave	Dallas	TX	Canvassing
11/4/2020	Moises Maura	\$ 270.00	5990 Arapaho Rd	Dallas	TX	Canvassing
11/4/2020	Henry Martinez Jr.	\$ 600.00	2202 Engle Ave	Dallas	TX	Canvassing
11/4/2020	Omar Salazar	\$ 240.00	1288 N. Bagley St	Dallas	TX	Canvassing
11/4/2020	Casey & Company	\$ 20,000.00	2718 Gladiolus Dr	Dallas	TX	Consulting
11/4/2020	Stephanie Espinoza	\$ 240.00	2706 Britton Dr	Dallas	TX	Canvassing
11/4/2020	Lizbet Ortiz	\$ 240.00	1602 Duet Dr	Dallas	TX	Canvassing
11/4/2020	Daisy Jamaica-Hernandez	\$ 160.00	5455 Belmont Ave	Dallas	TX	Canvassing
11/6/2020	InFocus Campaigns	\$ 491.85	PO Box 10726	Fort Worth	TX	Phone Marketing
11/6/2020	Walls Printing	\$ 1,132.40	9172 King Arthur Dr	Dallas	TX	Print
11/6/2020	Stripe	\$ 39.20	165 Jessie Street.	San Francisco	CA	Online Donation Fees