

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: <div style="font-size: 2em; text-align: center;">7</div>														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">MS / MRS / MR MR.</td> <td style="width:33%; text-align: center;">FIRST JOE</td> <td style="width:33%; text-align: center;">MI L</td> </tr> <tr> <td style="text-align: center;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;">CARRON</td> </tr> </table>		MS / MRS / MR MR.	FIRST JOE	MI L	NICKNAME	LAST	SUFFIX	CARRON			OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED BOARD SERVICES DALLAS ISD 2020 JUN 14 AM 10:24 </div>					
MS / MRS / MR MR.	FIRST JOE	MI L															
NICKNAME	LAST	SUFFIX															
CARRON																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td colspan="5">3150 Kendale Dr. DALLAS, TX 75220</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3150 Kendale Dr. DALLAS, TX 75220									
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>10</td> <td>16</td> <td>19</td> <td></td> <td>1</td> <td>14</td> <td>20</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	16	19		1	14	20
Month	Day	Year	THROUGH	Month	Day	Year											
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Joe Carreon

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

13,161.28

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,496.89

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

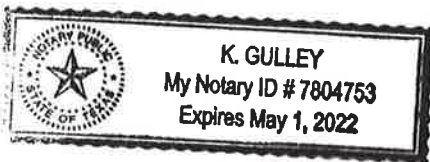
10,664.39

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Joe Carreon, this the 14th day of January, 2020, to certify which, witness my hand and seal of office.

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 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	\$ 13,161.28
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 2,496.89
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">JOE CARREÓN, (Please see Attachment)</div>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div>	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 0.8em;">Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

CONTRIBUTIONS									
DATE	NAME	ADDRESS	CITY	STATE	ZIP	AMOUNT	EMPLOYER	OCCUPATION	
11/10/2019	Juan Garcia	2322 McAdams Avenue	Dallas	TX	75224	\$ 10.00	n/a	Student	
11/23/2019	Abel Mulugheta	1139 Hidden Ridge Dr.	Mesquite	TX	75181	\$ 75.00	State of Texas	Attorney	
11/24/2019	Aarti Shahani	2109 34TH AVE	Oakland	CA	94601	\$ 20.12	self-employed	journalist	
11/29/2019	Katherine Linares	1038 Beaverbrook Lane	DeSoto	TX	75115	\$ 86.00	City of Cedar Hill	Planner	
12/3/2019	Joshua Prywes	4323 Dickason Ave	Dallas	TX	75219	\$ 250.00	Greenberg Traurig	Attorney	
12/4/2019	Terry Conner	7110 Lakewood Blvd	Dallas	TX	75214	\$ 500.00	Haynes and Boone	Lawyer	
12/6/2019	Abigail Williams	5119 Seneca Dr	Dallas	TX	75209	\$ 1,000.00	United to Learn	Executive Director	
12/16/2019	Tim Byrne	2000 McKinney Ave	Dallas	TX	75201	\$ 2,500.00	Lincoln Property	CEO	
12/16/2019	Garrett Boone	4809 Cole Avenue	Dallas	TX	75205	\$ 2,500.00	Retired	Civic Leader	
12/20/2019	Alejandra Aguirre	10321 Trail Ave	Dallas	TX	75217	\$ 50.00	Aguirre Solutions	Consultant	
12/30/2019	Michael Terry	5950 Berkshire Lane	Dallas	TX	75225	\$ 5,000.00	self-employed	President	
12/31/2019	Carmen Maciel	2358 Norwood Dr.	Dallas	TX	75228	\$ 20.16	Education	Teacher	
1/1/2020	Mayrani Velazquez	99 Lamar Street	Terrell	TX	75160	\$ 150.00	Children's Health	Behavioral Health	
1/3/2020	Rafael Anchia	1722 Routh Street	Dallas	TX	75201	\$ 1,000.00	Civitas Capital	Managing Director	

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JOE CARTON (Please See Attached)	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	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

DATE	PAYEE NAME	EXPENDITURES					STATE	PURPOSE OF EXPENDITURE
		AMOUNT	ADDRESS	CITY				
12/9/2019	Tom Buck Studio	\$ 450.00	10606 Wyatt St.	Dallas			TX	Graphic Design
12/30/2019	Casey and Company	\$ 1,500.00	2718 Gladiolus Dr.	Dallas			TX	Consulting
1/3/2020	Stripe	\$ 313.07	165 Jessie Street.	San Francisco			CA	Online Donation Fees
1/13/2020	Squarespace	\$ 233.82	225 Varick Street	New York			NY	Website