

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <div style="text-align: right; font-size: 24pt; font-weight: bold;">2</div>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Ms.</b>	FIRST <b>Camile</b>	MI <b>D</b>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>   <div style="border: 1px solid black; padding: 2px;">Date Received <b>2025 JAN 16 P 4:54</b></div> <div style="border: 1px solid black; padding: 2px; text-align: center;">RECEIVED BOARD SERVICES DALLAS ISD</div> <div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px;">Receipt # <b>54</b> Amount \$</div> <div style="border: 1px solid black; padding: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div> </div>
	NICKNAME <b>White</b>		LAST <b>White</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 271192 Dallas, TX 75227</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION <b>(972 ) 288-5369</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Ms.</b>	FIRST <b>Camile</b>	MI <b>D.</b>	
	NICKNAME <b>White</b>		LAST <b>White</b>	
<b>7 CAMPAIGN TREASURER ADDRESS</b>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>10212 Carolina Oaks Drive, Dallas, TX 75227</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION <b>(972 ) 2885369</b>		
<b>9 REPORT TYPE</b>	<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)			
<b>10 PERIOD COVERED</b>	Month Day Year <b>07 / 15 / 24</b> THROUGH Month Day Year <b>1 / 15 / 25</b>			
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /		ELECTION TYPE Primary Runoff Other Description General Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Dallas ISD Board of Trustee District 4</b>		<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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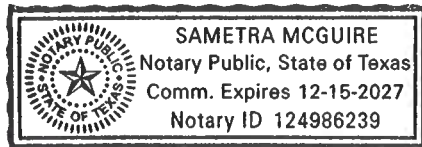
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Camile D White		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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

*Camile D. White*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Sametra McGuire* this the *16<sup>th</sup>* day of *January*, 20 *25*, 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

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)