

# 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: <b>2</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>JUAN</b> (FIRST) MI NICKNAME: <b>JASSO</b> (LAST) SUFFIX:	<div style="font-size: 2em; font-weight: bold; transform: rotate(90deg); position: absolute; right: -20px; top: 50%; transform: translateY(-50%);">FILED</div> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">                     2023 JAN 17 PM 12:21                      JOHN H. PARKER                      COUNTY CLERK                      DALLAS COUNTY                      BY _____ DEPUTY                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>P.O. Box 3764 Dallas, TX 75208</b> APT / SUITE #: CITY: STATE: ZIP CODE		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(214)</b> PHONE NUMBER: <b>675-4981</b> EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>ANTONIO</b> (FIRST) MI NICKNAME: <b>O/VERA</b> (LAST) SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>435 W. 12th Dallas, TX 75208</b> APT / SUITE #: CITY: STATE: ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(214)</b> PHONE NUMBER: <b>946-0700</b> EXTENSION:		
<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    THROUGH    Month Day Year <b>11 / 2 / 22</b> <b>12 / 31 / 22</b>		
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year: <b>11 / 8 / 22</b> ELECTION TYPE: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description		
<b>12 OFFICE</b>	OFFICE HELD (if any): <b>Justice of the Peace</b>	<b>13 OFFICE SOUGHT (if known): Justice of the Peace</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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: COMMITTEE ADDRESS: COMMITTEE CAMPAIGN TREASURER NAME: COMMITTEE CAMPAIGN TREASURER ADDRESS:		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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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)	\$ <u>          </u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>          </u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>166</u>
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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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



**(2) Unsworn Declaration**

My name is JUAN JASSO, and my date of birth is 6/24/1957  
 My address is P.O. Box 3744, Dallas, TX, 75208 U.S.A.  
(street) (city) (state) (zip code) (country)  
 Executed in Dallas County, State of Texas, on the 17<sup>th</sup> day of Nov., 2023  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)