# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	ત્રેuide explains how	to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages filed: 7
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Denise	N	ИІ	OFFICE USE ONLY
IVAIVIL	NICKNAME	LAST Upchurch	S	SUFFIX	Date Received 2022
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1521 Creek Val			ZIP CODE 5181	2FEB 22 JOHN F. V COUNTY DALLAS
Change of Address					808 7
5 CANDIDATE/ OFFICEHOLDER PHONE	( 9 7 2 )	PHONE NUMBER 222-2595	EXTENSION		Date Hand delivered of Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MS	FIRST Wanda	М	11	Date Processed
NAME	NICKNAME	LAST	s	SUFFIX	Date i rocessed
	NIGNIYAWE	Gober		UFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	COCKERS ACTION SANGERS AND	(NO PO BOX PLEASE); APT / S intbrush Lane Forney, T			STATE; ZIP CODE
(Residence or Business)			V		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 2 1 4 )	934-4225	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	X 8th day before ele	ection Exceeder Reporting	ed Modified g Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Ø 1	Day Year 21 2022	THROUGH	Month 0 2	Day Year 2022
11 ELECTION	ELECTION DA	TE.	ELE	CTION TYPE	
	Month Day	Vear Primary	Runoff	Other	
	Month Day	icai		Description	
	03 / 01	Z 2 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUG Justice of the		recinct 2 Place 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHO	OUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			3
Additional Pages	GENERAL	COMMITTEE ADDRESS			
500	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH **COVER SHEET PG 2**

15 C/OH NAME Denise Upchurch		<b>16</b> Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 540.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,940.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 800.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,154.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
100	pared to be reported by the dilder title 10, Election code.	
	Signature of Car	didate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEA	<u>.</u>	
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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath
o with which	OR	described the season of
(2) Unsworn Declaration	on	
My name is <u>DeVise</u> My address is <u>IS 21</u>	Creek VAlley , and my date of birth is	Y. 75187 Dallas
Executed in 177	(street) / (city) (s County, State of $\underbrace{\text{Texss}}_{\text{(month)}}$ , on the $\underbrace{\text{22}}_{\text{(month)}}$ day of $\underbrace{\text{Fe}_{\text{bol}}}_{\text{(month)}}$	tale) (zip code) (country) フォック, 20 <u>27</u> . (year)
	Souse y	pohud
	Signature of Candib	ate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH **COVER SHEET PG 3**

	19 FILER NAME Denise Upchurch  20 Filer ID (Ethics Com					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	<sub>\$</sub> 1,354.01				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

## 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

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)

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Denise Upchurch	3 Filer ID (Ethics Commission Filers)				
<b>4</b> Date 02/01/2022	5 Payee name Hosea Fain					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$386.22	10030 Pebble Valley Lane	Dallas	TX	75217		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Signs				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livi	ng expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
02/02/2022	Ram Web Enterprises					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$490.34	PO Box 171752	Dallas	TX	75217		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing Expense	Signs				
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH				Office held		
Date	Payee name					
02/13/2022	Vista Print					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$477.45	275 Wyman Street	Waltham	MA	02451		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing Expense	Postcards Mailers				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED			

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The	Instruction Guide explains how	1 Total pages Schedule A1: 3					
2 FILER NAME Denise Upchur	ch				3 Filer ID (Ethics (	Commission Filers)	
4 Date 01/29/2022	5 Full name of contributor out-of-state PAC (ID#:) Sheree Guimont				7 Amount of contribution (\$) \$100		
01/23/2022	6 Contributor address; 7006 Kingdom Estates Drive	City; State; Zip Code rive Dallas TX 75236					
8 Principal occup	pation / Job title (See Instructions)		<b>9</b> Emplo	yer (See Instruct	tions)		
Date 01/31/2022	Full name of contributor Anesha Solomon	out-of-state PAC		)	Amount of contr	ibution (\$)	
	Contributor address; 2316 Salerno Drive	City; Mesquite		Zip Code 75150			
Principal occup	ation / Job title (See Instructions)		Employ	yer (See Instructi	ions)		
Date 01/31/2022	Full name of contributor Dr. Jill Waggoner-Jones	(ID#:)		Amount of contribution (\$) \$500			
	Contributor address; 1247 Whispering Oaks	City; Desoto		Zip Code 75115			
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (ID#:				Amount of cont	ribution (\$)	
02/01/2022	Contributor address; 6804 Bear Lane	City; Greenville	State;	Zip Code 5402			
Principal occupation / Job title (See Instructions)			Employ	yer (See Instructi	ions)		
					of .		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The	Instruction Guide explains how to		1 Total pages Schedule A1: 3				
2 FILER NAME Denise Upchur	rch				3 Filer ID (Éthics Commission Filers)		
4 Date 02/04/2022	Full name of contributor     Gerald D Weatherall     Contributor address;     1400 North Hampton Road		State; Zip Co	ode	7 Amount of contribution (\$) \$100		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					ons)		
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)		
	Contributor address;	City;		F10 C C C C C C C C C C C C C C C C C C C			
Principal occup	ation / Job title (See Instructions)		Employer (Se	ee Instructio	ns)		
Date	Full name of contributor		(ID#:		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Co				
Principal occup	ation / Job title (See Instructions)		Employer (S	ee Instructio	ons)		
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)		
			State; Zip Co	SEE SECTIONS AND SECTIONS			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					ns)		
	ATTACH ADDITIO				100		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The	Instruction Guide explains how	,	1 Total pages Schedule A1: 3			
2 FILER NAME Denise Upchur	rch			;	3 Filer ID (Ethics Commission Filers)	
4 Date 01/26/2022	Full name of contributor out-of-state PAC (ID#:)  Rubye A Potts				7 Amount of contribution (\$) \$100	
	6 Contributor address; 9826 Sophora Circle	City; Dallas	State; Zip TX. 75	code 249		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc					ns)	
Date Full name of contributor out-of-state PAC (ID# Venecia Bates 01/29/2022				D#:) Amount of contribution (\$) \$100		
	Contributor address; 4725 Egret Street	City; Mesquite	State; Zip	5181		
Principal occupation / Job title (See Instructions) Employe			Employer	(See Instruction	is)	
Date 01/29/2022	Full name of contributor Clarence Buhl	(ID#:)		Amount of contribution (\$) \$200		
	Contributor address; 1055 Summer Place Ct	City; Corona	State; Zip CA. 928	o Code 881		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		r (See Instruction	ns)			
Date	Full name of contributor out-of-state PAC  Andrea Dawkins Segers		C (ID#:)		Amount of contribution (\$)	
01/29/2022	Contributor address; 1747 Summer wood Lane		State; Zip	Contract of the Contract of th	\$100	
Principal occup	ation / Job title (See Instructions)		Employer	(See Instruction	s)	
	ATTACH ADDIT	IONAL COPIES	OF THIS SCH	IEDULE AS NE	EDED	

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