CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this t	form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	P. White	OFFICE USE ONLY
NAME	Mrs. Chemen NICKNAME LAST While	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX SIS R	re#: city; state; zip code bullett, Tx 75030	JOHN F. W. COUNTY OF DALLAS COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 734-7		Date Handsdelivered or Date Postnarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MY. Stenley NICKNAME LAST	Meys Suffix	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2214 Main S	+. Dulles, Tx 752	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	PODO	
9 REPORT TYPE		ay before election Runoff before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Yea		Day Year / 31 / 2021
11 ELECTION	Month Day Year X	Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXP	RIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES N PENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDR	ESS	
	SPECIFIC COMMITTEE CAMP	PAIGN TREASURER NAME	
	COMMITTEE CAMI	PAIGN TREASURER ADDRESS	
	G	O TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		40 511 12 (511)
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,445.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5609.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 11,194.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	Please complete either option below	andidate or Officeholder
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20	before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	day of Schuary. Dolery Title of officer administering oath
My name is	, and my date of birth is	3
		(state) (zip code) (country)
Executed in	(street) (city) County, State of , on the day of (mont	. 20
	Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA	ME	20 Filer ID (Ethics Cor	mmissio	on Filers)
		LE SUBTOTALS F SCHEDULE		3	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7	1,445.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2	,662.95
3.	*	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.		SCHEDULE E: LOANS		\$	0
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5	36 09.70 EQUIDENS
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ò
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	6
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	6
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0

SCHEDULE A1

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 A1:
2 FILER NAME Carmen P	. White		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Lakesha Smith	(ID#:)	7 Amount of contribution (\$)
07/15/2021	6 Contributor address; City; 11300 N. Central Expy #602 Da		100.00
1		9 Employer (See Instruct	
Date	Full name of contributor out-of-state PAC Alicia Wilson	(ID#:)	Amount of contribution (\$)
07/15/2021	Contributor address; City; 1106 Sicily Dr. Garland,	State; Zip Code	100.00
0	ation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
07/15/2021	Chasity Gilland Contributor address; City;	State; Zip Code	25.00
	7521 Fairfield Dr. Rowlett, TX	75089	
	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
01/17/2022	Evette Hayslett Contributor address; City;	State; Zip Code	100.00
	4202 Baystone Ct. Rowlett, TX	75088	
Principal occu	ect Manager	Employer (See Instruc	Communications

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Carmen P	. White			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Amanda Griffith		7 Amount of contribution (\$)			
07/11/2021	6 Contributor address; Cit 2223 Beach St. Apt.411 S		State; Zip Code ego, CA 92101	100.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)		
Attorne)		U.S. Altorijo	Office		
Date		-of-state PAC	(ID#:)	Amount of contribution (\$)		
07/09/2021	Ugalahi Offoboche			F0 00		
01703/2021	Contributor address; Cit	ty;	State; Zip Code	50.00		
	3519 Delford Circle Dallas, TX 75228					
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)		
Laux	R		Law Office Va	salahi Offoboche		
Date		-of-state PAC	(ID#:)	Amount of contribution (\$)		
07/10/2021	Marc Fellman			050 00		
0171072021	Contributor address; Cit	ty;	State; Zip Code	250.00		
	4131 N. Central Expressway	# 900 🗅	Dallas, TX 75204			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
LAnyer	on.		Law Office 1	mare Fellman		
Date	Full name of contributor	-of-state PAC	: (ID#:)	Amount of contribution (\$)		
	Toby Shook					
07/10/2021	Contributor address; Cit	ty;	State; Zip Code	750.00		
	2001 Bryan St. #1905 Da	allas, T	X 75201	. 00.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Lam	RR		law office o	Toby Shook		
	J					
1						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to o	complete this	form.	1 Total pages Schedule A1:
² FILER NAME Carmen P	. White			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Kenneth Weatherspoon	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/12/2021	6 Contributor address; 325 N. St. Paul Street Suite	 city; e 2475 Da		150.00
8 Principal occur	pation / Job title (See Instructions)			tions)
Lary			9 Employer (See Instruct	t Kenneth Westergroom
Date	Full name of contributor Danielle Uher	out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/13/2021		City;	State; Zip Code	100.00
	8301 Lakeview Pkwy, Ste	111-143 R	Rowlett, TX 75088	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	
Laux	yer		Law Office	of Danielle Uher
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/13/2021	William Cox III			4 000 00
0111312021	Contributor address;		State; Zip Code	1,000.00
	325 N. St. Paul, Suite 2	2100 Dal	las, TX 75201	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	
Lange			Can Othice of	William Cox
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/15/2021	Chris Lewis Contributor address;	City;	State; Zip Code	1 000 00
	2101 Cedar Springs Rd, S	Suite 1900	Dallas, TX 75201	1,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Law	ne l		law Office	9 Chris Lewis
	8			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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 A1:
2 FILER NAME Carmen P	. White		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Shannon DeVaughn	(ID#:)	7 Amount of contribution (\$)
07/15/2021	6 Contributor address; City; 1032 Hollyburne Ave. Menlo Pa	State; Zip Code	20.00
	1032 Hollyburne Ave. Menio Fa	IIK, CA 94025	
	The state of the s	9 Employer (See Instructi	ons)
La	uge - unenployed	unemployed	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/45/0004	Stanley Mays		= 00000
07/15/2021	Contributor address; City;	State; Zip Code	500.00
	400 N. St Paul St. Dallas	s, TX 75201	000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
laux	2_	Law office o	+ Stenley mays
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/15/2021	Somya Blocker		100 00
0111012021	Contributor address; City;	State; Zip Code	100.00
	456 San Gabriel Way Sunnyval	e, TX 75182	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
(angel	Dalles Co	nty
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Jeanette Hollingsworth		
07/15/2021	Contributor address; City;	State; Zip Code	50.00
	3726 Cauthorn Dr. Dallas, TX 7	75210	00.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Coun	Coordinator	Dalles County	DISNUT Ct. 29181
		J	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form	n. 1	Total pages Schedule A1:
² FILER NAME Carmen P	. White	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of contribution (\$)
07/14/2021	6 Contributor address; City; St 4303 N. Central Expy Dallas, TX 7	ate; Zip Code	2,000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	e)
1		ALTO CARROLLE PROGRAM CONTRACTOR AND	Randall Terber
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; S	tate; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)
	Contributor address; City; Si	rate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; S	tate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Carmen P	. White		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Parameter Castillo	AC (ID#:)	7 Amount of contribution (\$)
07/22/2021	6 Contributor address; City; 6934 Rocky Top Circle Dallas	State; Zip Code	200.00
1	pation / Job title (See Instructions)	9 Employer (See Instruction of Character of	Jennifer Costillo
Date	Full name of contributor out-of-state P. Greg Schaub	AC (ID#:)	Amount of contribution (\$)
11/15/2021	Contributor address; City; 3440 Normandy Ave. Dallas,	State; Zip Code	250.00
	vation / Job title (See Instructions)	Employer (See Instruction	i i
Date		AC (ID#:)	Amount of contribution (\$)
07/05/0004	Warren Abrams		
07/25/2021	Contributor address; City; 10300 N. Central Expy Ste 283 Dal	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
lang	2	law Office of	t Warren Albrans
Date	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)
07/18/2021	Contributor address; City; 2514 Limestone Ln. Garland,	State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form).	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carmen F	P. White		(Euros Commission Filors)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 2,662.95
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
	Black Family Good Governance		Contribution \$ description
07/05/2021	7 Contributor address; City; State;	Zin Code	2,662.95 Host Campaign Fundraiser Event
	7 Contributor address; City; State; Zip Code 1309B W. Abram St., 200 Arlington, TX 76013		
40 0			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
Domesti	principal occupation (FOR JUDICIAL) c Nonprofit Corporation	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	c Nonprofit Corporation	NA	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$ In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics	Commission Filers)
4 Pate 12/13/22 01/13/2024	5 Payee name Dallas County Democrat Party			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100.00	1414 N. Washington Ave., Dallas, TX	75204		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense/Event Expense	Advertisment	for a Party Ev	ent
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/02/2021	Olivia Segura Gregory			
Amount (\$)	Payee address;	City;	State;	Zip Code
200.00	1617 Plantation Rd., Garland, TX 75	5044		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Notary for Pe	etitions	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/02/2021	La Bella Italian Grill			
Amount (\$) 132.82	Payee address; 4125 Broadway Blvd., Garland, TX 7	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Petition gathe campaign vol	ering, notarizin unteers	g event for
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED	

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

2 FILER NAME Carmen P. White 5 Payee name		3 Filer ID (Ethics	Commission Filers)
5 Payee name			
Pose 360 LLC			
7 Payee address;	City;	State;	Zip Code
120 S. Westmoreland Rd. #6307 Deo	oto, TX 75115		
(a) Category (See Categories listed at the top of this schedule)	(b) Description		**************************************
Advertising Expense	360 Campaign	Photo	
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Candidate / Officeholder name	Office sought		Office held
Payee name			
UPS Store 4897			
Payee address;	City;	State;	Zip Code
3301 Lakeview Pkwy Ste 111, Rowie	tt, 1X 75088		
Category (See Categories listed at the top of this schedule)	Description		
Advertising Expense	Stamps		
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Candidate / Officeholder name	Office sought		Office held
Payee name			
FiitgshopCo			
Payee address;	City;	State;	Zip Code
iitg@hotmail.com			9
Category (See Categories listed at the top of this schedule)	Description		
Advertising Expense	Campaign Jers	ey	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Candidate / Officeholder name	Office sought		Office held
i F	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name UPS Store 4897 Payee address; 3301 Lakeview Pkwy Ste 111, Rowle Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name FiitgshopCo Payee address; Tiitg@hotmail.com Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Advertising Expense	Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Office sought Payee name JPS Store 4897 Payee address; City; 3301 Lakeview Pkwy Ste 111, Rowlett, TX 75088 Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Office sought Payee name FiitgshopCo Payee address; City; iitg@hotmail.com Category (See Categories listed at the top of this schedule) Description Campaign Jers Check if travel outside of Texas. Complete Schedule T. Check if Austin Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin Campaign Jers Check if travel outside of Texas. Complete Schedule T. Check if Austin Campaign Jers	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 360 Campaign Photo (c) Check if ravel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Payee name JPS Store 4897 Payee address; City; State; 3301 Lakeview Pkwy Ste 111, Rowlett, TX 75088 Category (See Categories listed at the top of this schedule) Advertising Expense Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought City; State; Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Campaign Jersey Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		and a second processing and a second
1 Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Comm	mission Filers)
4 Date 72 05 72 01/17/2022	5 Payee name Wal-Mart			
6 Amount (\$)	7 Payee address;	City;	State; Zip	Code
41.41	Walmart.com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Gift bays	w/ Labels.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expens	se
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			H-m-va.
12/06/2021	Dallas County Democratic Party			
Amount (\$)	Payee address;	City;	State; Zi	o Code
2,500.00	1414 N. Washington Ave., Dallas TX	75204		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Campaign Fili	ing Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
12/06/2021	Chase Bank			
Amount (\$)	Payee address;	City;	State; Zi	p Code
15.00	900 W. Rusk St Rockwall, TX 75087			
	Category (See Categories listed at the top of this schedule)	Description	8.500	
PURPOSE OF EXPENDITURE	Fee	Money Order	to pay filing fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expen	se
Complete ONLY if direct	Candidate / Officeholder name	Office sought	_	ce held
expenditure to benefit C/O	Carmen P. White	ludge DCCC	8 Judge D	OCCC 8
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
07/07/2021	Avery Pearson			4.8
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
125.00	23 24 Limestone Ln. Garland, TX 75	040		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Creation of Ca	ampaign Mate	rial/Cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/19/2021	Mary Ann Scroggins			
Amount (\$)	Payee address;	City;	State;	Zip Code
200.00	5305 McClellan Dr., Little Rock, Arka	nsas 72209		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Draft and mai	l thank you ca	irds for donors.
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/04/2021	Walmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
190.69	2501 Lakeview Pkwy, Rowlett, TX 75	6088		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense and Advertising Expense	Food and before Labor Day Pic		vertising for
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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 Salarias/Manas/Contract Labor.

Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
07/30/2021	VIstaprint		
Amount (\$)	7 Payee address;	City;	State; Zip Code
58.22	Vistaprint.com		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Thank You Cards and envelopes	
	(c) 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	Office held
expenditure to benefit C/O	der Carmen P. White	Judge DCCC 8	Judge DCCC 8
Date	Payee name		
00/00/0004	A		
08/26/2021	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
68.08	Amazon.com		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense/Event	Stickers and Bottl	les for Hand Sanitizer for picnic
OF EXPENDITURE	Expense		
LA LIDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Judge DCCC	
Date	Payee name		
08/30/2021	Stickers and Banners		
Amount (\$)	Payee address;	City;	State; Zip Code
156.11	3770 Peachtree Crest Dr. Duluth, G.	A 30097	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Standing Camp	oaign Sign
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense

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 Schrieck/Rense/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other terrier a categor	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/14/2021	5 Payee name Dallas County Democratic Party			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 100	1414 N. Washington Ave., Dallas, Tx	55,000 - 000/	,	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Party Campai	gn Event fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
9 Complete ONLY 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

redit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
Date 12/05/2021	5 Payee name Walmart		
Amount (\$) 41.41	7 Payee address; Walmart.com	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Gift Bags with	Campaign Stickers
	(c) Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Carmen P. White	Office sought Judge DCCC 8	Office held Judge DCCC 8
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date 07/15/2021	5 Payee name Sherrell Adams		
6 Amount (\$) 233.33	7 Payee address;6303 Frisco Square Blvd. Apt 345 Fr	city; risco, TX 75034	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Carmen P. White	Office sought Judge DCCC 8	Office held Judge DCCC 8
Date	Payee name		
07/15/2021	Tavia Whitlowe		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	1430 Dragon Ste 19 Dallas, TX 7520	07	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Photographer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Carmen P. White	Office sought DCCC 8	Office held DCCC 8
Date	Payee name		
07/15/2021	DeDe McGuire		
Amount (\$) 133.33	Payee address; 2221 E. Lamar Blvd. Ste 400 Arlington	on, TX 76006	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Host	
1	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Carmen P. White	Office sought DCCC 8	Office held DCCC 8
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

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

ordat dara i aymon	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Co	ommission Filers)
Date 08/26/2021	5 Payee name 24HourWrist Band			COLORA ESTO SECURIO
156.26	7 Payee address; 23hourwristbands.com	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adverstising Expense	(b) Description Can Koozies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Carmen P. White	Office sought Judge DCCC 8		ice held DCCC 8
Date	Payee name			
09/03/2021	Staples			
Amount (\$) 32.46	Payee address; 1009 E Interstate I30	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Sticke	ers to go on Sanitiz	er Bottles
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	in, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Off	fice held
Date 10/18/2021	Payee name Lake Highlands Democratic Club			
Amount (\$)	Payee address; www.lhwrdemocrats.org	City;	State;	Zip Code
25.00				
25.00	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Chili Super		
PURPOSE OF		Chili Super	in, TX, officeholder living exp	pense

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2021	5 Payee name Shutterfly, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
53.37	2800 Bridge Parkway Redwood City	, CA 94065	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Cards for Cam	npaign
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	Carmen P. White	Judge DCCC 8	Judge DCCC 8
Date	Payee name		
08/16/2021	Adobe Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
97.38 81.15	345 Park Ave. San Jose, CA 95110-	-2704	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Monthy fee for Electronic Doc	Adobe Sign E	lectronic Doc
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Carmen P. White	Judge DCCC	8 Judge DCCC 8
Date	Payee name		
07/01/2021	Co-Merica Bank		-
Amount (\$)	Payee address;	City;	State; Zip Code
34.75	4950 N. Garland Ave., Garland, TX	75040	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Banking Expense	Banking Accou	unt Fees
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Carmen P. White	Judge DCCC	8 Judge CCC 8
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NE	EDED

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Salaries/Wages/Contract Labor 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 3 Filer ID (Ethics Commission Filers) Carmen P. White 5 Payee name 4 Date 12/07/2021 Shutterfly, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code 53.37 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising Expense **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Carmen P. White Judge DCCC 8 Judge DCCC 8 Date Payee name 12/08/2021 FedEX Office Amount (\$) Payee address; City; State: Zip Code 3905 Oak Lawn Ave. Suite 110, Dallas, TX 75219 48.06 Category (See Categories listed at the top of this schedule) Description Printing/Copying Expense Copy of Filing Petitions **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Carmen P. White Judge DCCC 8 Judge DCCC 8 Payee name Date 12/31/2021 United States Postal Service Amount (\$) Payee address: City; State: Zip Code 3416 Enterprise Dr., Rowlett, TX 75088 134.00 Description Category (See Categories listed at the top of this schedule) Fees PURPOSE Fees post office box EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Carmen P. White Judge DCCC 8 Judge DCCC 8 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Total pages Schedule F1:	2 FILER NAME Carmen P. White		3 Filer ID (Ethics Commission Filers)
Date 07/15/2021	5 Payee name Sign Art Etc.		
Amount (\$)	7 Payee address;	City;	State; Zip Code
38.35	181 Sagamore Pkwy S B Lafayette,	INn 47905	
1	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Back Drop/ St	ep and Repeat
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Carmen P. White	Judge DCCC 8	Judge DCCC 8
Date	Payee name		
07/15/2021	Shay Hopkins		
Amount (\$)	Payee address;	City;	State; Zip Code
6.00	2400 S. Hampton Rd. # 9304 Glenn	Heights, TX 751	154
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement/Event Expense	1920	ndraiser Shirts
PURPOSE OF		Campaign Fu	ndraiser Shirts in, TX, officeholder living expense
PURPOSE OF	Advertisement/Event Expense	Campaign Fu	
PURPOSE OF EXPENDITURE	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Fu	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Fu	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White	Campaign Fu	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White Payee name Alpha Phi Alpha CC. Russesau Sch Payee address;	Check if Aust Office sought Judge DCCC colarshop Gala City;	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/15/2021	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White Payee name Alpha Phi Alpha CC. Russesau Sch	Check if Aust Office sought Judge DCCC colarshop Gala City;	oin, TX, officeholder living expense Office held S 8 Judge DCCC 8
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/15/2021 Amount (\$)	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White Payee name Alpha Phi Alpha CC. Russesau Sch Payee address;	Check if Aust Office sought Judge DCCC colarshop Gala City;	in, TX, officeholder living expense Office held S 8 Judge DCCC 8
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/15/2021 Amount (\$)	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White Payee name Alpha Phi Alpha CC. Russesau Sch Payee address; 2201 N. Stemmons Fwy Dallas, TX	Campaign Full Check if Aust Office sought Judge DCCC colorshop Gala City; 75207 Description	oin, TX, officeholder living expense Office held S 8 Judge DCCC 8
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/15/2021 Amount (\$) 103.20 PURPOSE OF	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White Payee name Alpha Phi Alpha CC. Russesau Sch Payee address; 2201 N. Stemmons Fwy Dallas, TX Category (See Categories listed at the top of this schedule)	Campaign Function Check if Aust Office sought Judge DCCC colorshop Gala City; 75207 Description Attend Scholar Advertisment	Office held 3 8 Judge DCCC 8 State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/15/2021 Amount (\$) 103.20 PURPOSE OF	Advertisement/Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Carmen P. White Payee name Alpha Phi Alpha CC. Russesau Sch Payee address; 2201 N. Stemmons Fwy Dallas, TX Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Function Check if Aust Office sought Judge DCCC colorshop Gala City; 75207 Description Attend Scholar Advertisment	office held State; Zip Code Teshp Banquet and

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Date 11/22/2021	5 Payee name Democrat Monthly Magazine		
200.00	7 Payee address; 1910 Pacific Ave Suite, 14220 Dallas	City; s, TX 75201	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Carmen P. White	Office sought Judge DCCC 8	Office held Judge DCCC 8
Date	Payee name		
11/10/2021	Donna Miller: Southwest Dallas/Des	oto NCNW	
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	ncnw.org		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising/Gift	Thanksgiving
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Carmen P. White	Office sought Judge DCCC 8	Office held Judge DCC8
Date	Payee name		
10/16/2022	Alpha Phi Alpha CC Russesau Scho	olarship Gala	
Amount (\$) 16.24	Payee address; 2201 N. Stemmons Fwy Dallas, TX	City; 75207	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Beverage	Campaign Ever	t
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Carmen P. White	Office sought DCCC 8	Office held DCCC 8
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	DED