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 (Ethi	cs Commission Filers)	2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Theresa		MI M	OFFICE USE	ONLY
NAME	NICKNAME	LAST Daniel	•••••	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 2228 Springh Dallas TX 75	ill Dr	CITY; STAT	E; ZIP CODE	JULIN COUH DALLA	F
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 457-4424	EXTE	INSION	Date Hand-detivered or Da	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Tre LAST Black		MI SUFFIX		N S
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (M 751 Kessler L Dallas TX 75	_ake Dr	JITE #; C	ITY;	STATE; ZI	P CODE
8 CAMPAIGN TREASURER PHONE	area code	PHONE NUMBER 941-4885	EXTE	NSION		
9 REPORT TYPE	January 15	30th day before elements and a standard before elements and before	ction	Runoff Exceeded Modified Reporting Limit	15th day after car treasurer appointr (Officeholder Only Final Report (Attac	nent)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year	
11 ELECTION	ELECTION DAT Month Day 11 / 5	Primany	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) Dallas County Commissioner Dist 1 13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIN COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA COMMITTEE CAMPAIGN TREA	AN HAVE BEEN MA	DE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S	KNOWLEDGE OR
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Daniel, Theresa	16 File	er 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	\$ 2,443.94			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 39,902.60			
OUTSTANDING LOAN TOTALS	 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.					
		5			
	thes. NV	Dan.n			
	Signature of Candidate	or Officeholder			
	Discos complete sither ention helevy				
	Please complete either option below:				
	L. RENEE ARNOLD				
	Notary Public, State of Texas				
(1) Affidavit	Comm. Expires 01-29-2028				
	Notary ID 8817916				
NOTARY STAMP/SEAL	- 0 /				
	I Amila I d	la maria			
Sworn to and subscribed	before me boy. Acriefind this the 14	_ day of fanuary			
20 <u>25</u> , to certify which, witness my hand and seal of office.					
Signature of officer administe	ring 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				
	(ctract) (ctract) (ctract)	(zip code) (country)			
	(street) (city) (state)	(zip code) (country)			
Executed in	County, State of, on theday of(month)	, 20 (year)			
	Signature of Candidate/Off	ceholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME 20 Filer ID (Ethics Cont Daniel, Theresa 20 Filer ID (Ethics Cont				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$	2,443.94		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	UTIONS \$			
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 BUSINES	S OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	IONS \$			
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 Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Daniel, Theresa M				3 Filer ID (Ethics Commission Filers)		
4 Date 10/29/2024	5 Payee na				1		
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code	
2,026.98	1710 S	Harwood		Dallas	ТХ	75215	
8	(a) Catego	Y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE				Printing			
				in, TX, officeholder livin	g expense		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
12/31/2024	The Ord	er Desk					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
416.96	2910 Ca	anton St		Dallas	ТХ	75226	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this zing Expense	schedule)	Description Mailing			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living et			g expense			
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH			Office held				
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED		

Forms provided by Texas Ethics Commission