JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Ms. Carmen P. White NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE OFFICEHOLDER P.O. Box 515 Rowlett, TX 75030 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 734-7774 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Mr. Stanley R. Mays Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER 1320 Prudential Dr. Dallas, TX 75235 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** (214) 421-9000 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month Day Year COVERED THROUGH 2024 12 2024

| 11 ELECTION | ELECTION DA | TE | | | | ELECTION TYPE | |
|---|----------------------|----------|--|--------|---------------|------------------------|-----|
| | Month Day | Year | Primary | | Runoff | Other Description | |
| | 11 / 08 / | 2022 | General General | | Special | | _ |
| 12 OFFICE | OFFICE HELD (if any) | | | | 13 OFF | FICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTE (S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTE (S) THIS BOX IS FOR NOTICE OF POLITICAL COMMITTE MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH | | | NADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE | OR | | | |
| 001111111111111111111111111111111111111 | COMMITTEE TYPE | COMMITTE | E NAME | | | | |
| Additional Pages | GENERAL | COMMITTE | E ADDRESS | | | | |
| | SPECIFIC | COMMITTE | E CAMPAIGN TREAS | URER | NAME | | |
| | | COMMITTE | EE CAMPAIGN TREA | SURE | RADDRES | ss | |
| GO TO PAGE 2 | | | | | | | |
| Forms provided by Texas E | thics Commission | | www.ethics.s | tate.t | x.us | Revised 1/1/2 | 024 |
| | | | | | | | |

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

| 15 JC/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) | \$ O | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 149.90 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 390.40 | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | \$4290.23 | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | *O | |
| 18 SIGNATURE S | wear, or affirm, under penalty of perjury, that the accompanying report is true | and correct and includes all information | |
| | uired to be reported by me under Title 15, Election Code. | | |
| | | / | |
| | / 0 / 1/1 / 1/1 | | |
| | \ \frac{\frac{1}{2}\llimbdr{1}\ll | 5 | |
| | Signature of Ca | ndidate/Officeholder | |
| | | | |
| | | | |
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| | | | |
| | Please complete either option below | <i>I</i> : | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | The state of the s | | |
| | JULIA VASQUEZ | | |
| (1) Affidavit | Notary ID # 133106486 | | |
| ` . | My Commission Expires 05-18-2025 | | |
| | 03-10-2023 | | |
| NOTARY STAMP/SEA | L | | |
| | | vehi to al | |
| Sworn to and subscribed | before me by (M) White this the | by day of January. | |
| 20 _ 25, to certify which, witness my hand and seal of office. | | | |
| O . 11 | 1 1 | 11. alak | |
| 7 | query July Vasquer | 10149 | |
| Signature of officer administe | ring oath Printed name of officer administering oath | Title of officer ddministering oath | |
| REFILEDING | OR | | |
| (2) Unsworn Declaration | | | |
| | | | |
| My name is | , and my date of birth is | | |
| | | | |
| iviy addiess is | | vitato) (zip godo) (accepto) | |
| 2000 | | state) (zip code) (country) | |
| Executed in | County, State of , on the day of (month | , 20, (year) | |
| (month) (year) | | | |
| | Signature of Candid | late/Officeholder (Declarant) | |
| | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

| if the requested information is not applicable, be not include this page in the report. | | | | | |
|--|--|---|--|--|--|
| | EXPENDITURE CATEGORI | ES FOR BOX 8(a) | | | |
| Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide ex | | 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 Travel In District Travel Out Of District Other (enter a category not listed about | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Carmen P. White | | | | |
| 4 Date 9/9/2024 | 5 Payee name Rowlett High School Theater Program | | | | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 4700 President George Bush Hwy. Rowlett TX 75088 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Advertising Expense | (b) Description Advertise in a F | Play Bill | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Carmen P. White | Office sought Ju | Office held udge County Criminal Court 8 | | |
| Date | Payee name | | | | |
| 9/9/2024 | NAACP Garland Chapter | | | | |
| Amount (\$) 60.00 | Payee address; 222 Carver Street | c _{ity;} Garland | State; Zip Code TX 75040 | | |
| | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule; Event Expense | Description Freedom Brunc | :h | | |
| OF | | Freedom Brunc | n, TX, officeholder living expense | | |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name | Freedom Brunc Check if Austin | | | |
| OF EXPENDITURE Complete ONLY if direct | Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name | Freedom Brunc Check if Austin | n, TX, officeholder living expense Office held | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name Carmen P. White | Freedom Brunc Check if Austin | n, TX, officeholder living expense Office held | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name Carmen P. White Payee name | Freedom Brunc Check if Austin | n, TX, officeholder living expense Office held | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 8/8/2024 Amount (\$) | Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name Carmen P. White Payee name GoDaddy.com | Freedom Brunc Check if Austin Office sought | n, TX, officeholder living expense Office held dge County Criminal Court 8 | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 8/8/2024 Amount (\$) | Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name Carmen P. White Payee name GoDaddy.com Payee address; | City; Tempe | on, TX, officeholder living expense Office held dge County Criminal Court 8 State; Zip Code | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 8/8/2024 Amount (\$) 80.50 | Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name Carmen P. White Payee name GoDaddy.com Payee address; 2155 E. GoDaddy Way, Category (See Categories listed at the top of this schedule) | City; Tempe Description Website | on, TX, officeholder living expense Office held dge County Criminal Court 8 State; Zip Code | | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | VER SHEET PG 3 | | |
|-----|--|---------------------------|--|--|
| 19 | FILER NAME 20 Filer ID (E | Ethics Commission Filers) | | |
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | | |
| 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 CONTRIBUTIONS | \$390.40 | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION | NS \$ | | |
| 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 | : с/он \$ | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER | IED \$ | | |
| | | | | |
| | | | | |
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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report

| Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically. | | | Date Hand-delivered or Date Postmarked | | | |
|---|------------|--|--|-----------|-----|--|
| | | | Receipt# | Amount \$ | 77 | |
| | | | Date Processed | (J) | 5 | |
| Filer name | Filer ID # | | Date Imaged | -0 | 1 6 | |
| Carmen P. White | | | 5 - | | [| |
| | | | | | 400 | |

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Dallas County Clerk</u> report due on <u>1/15/25</u>. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

| JULIA VASQUEZ JULIA VASQUEZNo ary ID #133106486 Notary ID # 133106486 Notary ID # 133106486 No Commission Expires NO TARY STAMP/SEALS-18-2025 | Signature of Filer |
|--|--|
| Sworn to and subscribed before me by Carmen White | this the 15^{13} day of 1900 day of 1900 |
| 20, to certify which, witness my hand and seal of office. | 1 251 5 1 |
| Signature of officer administering oath Printed name of officer admin | nistering oath Title of officer administering oath |
| OR | |
| (2) Unsworn Declaration | |
| My name is, | and my date of birth is |
| My address is,,,, | (city) (state) (zip code) (country) |
| Executed in County, State of , on the | day of, 20 (year) |
| | Signature of Filer (Declarant) |

OFFICE USE ONLY

Date Received