

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:

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
JUAN				Date Received			
JASSO				Date Hand-delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE		
<input type="checkbox"/> Change of Address	P.O. Box 3764 Dallas, Tx. 75208						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	Receipt #	Amount \$	
	(214)	675-4981					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Imaged			
	NICKNAME	LAST	SUFFIX				
ANTONIO							
OLVERA							
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE),	APT / SUITE #,	CITY,	STATE,	ZIP CODE		
(Residence or Business)	435 W. 12th Dallas, Tx. 75208						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	946-0700					
9 REPORT TYPE	<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)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	7	1	21		12	31	21
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
3 / 1 / 22			<input type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)					
	Justice of the Peace	Justice of the Peace					
14 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS					

FILED
2022 JAN 18 PM 1:37
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
REPUTY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)	\$ 7,750
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4346
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4030. ²⁷
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

OR

(2) Unsworn Declaration

My name is Juan Jasso, and my date of birth is 6/24/1957.

My address is 821 HAINES, Dallas, Tx, 75208, U.S.A.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 18th day of Jan., 20 22.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,750
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,356
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,450
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JUAN JASSO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/24/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID DUNNIGAN</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>2157 KESSLER CT. Dallas, TX 75209</i>	<i>100</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>10/26/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia MARTINEZ-LAGOS</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>131 N. MONTECLAIR Dallas TX 75208</i>	<i>100</i>
Principal occupation / Job title (See Instructions) <i>Chief Clerk</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>10/24/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beckley PROPERTIES</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>1207 Eldorado Dallas TX 75208</i>	<i>1,000</i>
Principal occupation / Job title (See Instructions) <i>REAL ESTATE</i>		Employer (See Instructions) <i>Self</i>
Date <i>10/24/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINGBARGER GOGGAN Blair & Sampson</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 78760</i>	<i>\$1,000</i>
Principal occupation / Job title (See Instructions) <i>LAW</i>		Employer (See Instructions) <i>Self</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/26/21 MICHAEL GAZCO	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code 5707 VANDERBILT Dallas, TX 75206		
8 Principal occupation / Job title (See Instructions) CONSTABLE		9 Employer (See Instructions) Dallas County
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/26/21 CHARLES TUPPER, JR.	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 1154 N. WINDOMERE Dallas TX 75208		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 10/26/21 JUDY POLLOCK	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 3936 LOST CREEK DRIVE Dallas TX 75224		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) ---
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 12/22/21 CLIFFORD RAMOND FREENEY	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code 1213 PRIMROSE Ct. DE SOTO TX 75115		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>REGINA MONROYA</i>	7 Amount of contribution (\$) <i>500</i>
<i>10/18/21</i>	6 Contributor address; City; State; Zip Code <i>5230 Lobello Dallas, TX 75229</i>	
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions) <i>SELF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>QUAD WEST</i>	Amount of contribution (\$) <i>500</i>
<i>10/19/21</i>	Contributor address; City; State; Zip Code <i>3606 S. Tyler Dallas TX 75224</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEAN COX</i>	Amount of contribution (\$) <i>500</i>
<i>10/25/21</i>	Contributor address; City; State; Zip Code <i>450 N. ERVAY Dallas TX 75313</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT GASE</i>	Amount of contribution (\$) <i>100</i>
<i>12/15/21</i>	Contributor address; City; State; Zip Code <i>1700 Pacific Dallas TX 75201</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF</i>

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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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Coleman</i>	7 Amount of contribution (\$)
<i>10/26/21</i>	6 Contributor address; City; State; Zip Code <i>1111 W. Mockingbird #1200 Dallas, Tx. 75249</i>	<i>50</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
<i>ATTORNEY</i>		<i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Domingo Garcia</i>	Amount of contribution (\$)
<i>10/26/21</i>	Contributor address; City; State; Zip Code <i>1111 W. Mockingbird #1200 Dallas, Tx. 75249</i>	<i>1,000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>ATTORNEY</i>		<i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Domingo Garcia</i>	Amount of contribution (\$)
<i>10/29/21</i>	Contributor address; City; State; Zip Code <i>1111 W. Mockingbird #1200 Dallas, Tx. 75249</i>	<i>1,000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>ATTORNEY</i>		<i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Bradley</i>	Amount of contribution (\$)
<i>10/29/21</i>	Contributor address; City; State; Zip Code <i>2504 Summit Irving TX. 75062</i>	<i>50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>CPA</i>		<i>Self</i>

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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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HERBERG GARRON, JR</i>	7 Amount of contribution (\$) <i>250</i>
<i>12/15/21</i>	6 Contributor address; City; State; Zip Code <i>6116 N. CENTRAL Expwy. # 522 Dallas, Tx. 75206</i>	
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions) <i>SELF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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: 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11/3/21	5 Payee name Sylvia LARGOS
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6 Amount (\$) 500	7 Payee address; 131 N. Montclair	City; Dallas	State; Tx.	Zip Code 75206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Political
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/21	Payee name David Espinoza
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Amount (\$) 500	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Political
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/9/21	Payee name Benny Gozeman
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Amount (\$) 250	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Political
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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)
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4 Date 11/9/21	5 Payee name Dallas Youth Sports		
6 Amount (\$) 250	7 Payee address: 2524 W. LEDBETTER DR.	City: Dallas	State; Zip Code Tx. 75233

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/21	Payee name Sylvia Lagos		
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Amount (\$) 500	Payee address: 131 N. MONTCLAIR	City: Dallas	State; Zip Code Tx. 75206
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description Political
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/21	Payee name Sylvia Lagos		
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Amount (\$) 500	Payee address: 131 N. MONTCLAIR	City: Dallas	State; Zip Code Tx. 75206
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description Political
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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)
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4 Date 12/14/21	5 Payee name TCBO Dallas County
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6 Amount (\$) 300	7 Payee address; City; State; Zip Code P.O. Box 763024 Dallas TX 75376
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Tables
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/21	Payee name Deborah Colberson
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Amount (\$) 200	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description Christmas Toy Drive
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/21	Payee name Sidney Williams
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Amount (\$) 1,000	Payee address; City; State; Zip Code 3131 KINGBRIDGE #254 Dallas TX 75208
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description Political
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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)
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4 Date 12/23/21	5 Payee name Sylvia LAGOS
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6 Amount (\$) 250	7 Payee address: 131 N. MONTCLAIR	City: Dallas	State: TX	Zip Code 75208
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description SENIOR CITIZEN GIFTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/1/21 - 12/1/21	Payee name Bank of America
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Amount (\$) 96	Payee address: P.O. Box 15284	City: Wilmington, Del.	State: Del.	Zip Code 19850
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 G: <u>1</u>	2 FILER NAME <u>JUAN JASSO</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12/16/21</u>	5 Payee name <u>Dallas County Democratic Party</u>	
6 Amount (\$) <u>1,000</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1414 N. WASHINGTON Dallas, TX. 75204</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FEES</u>	(b) Description <u>filing</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>9/21/21</u>	Payee name <u>LAKE HIGHLANDS/WHITE ROCK DEMOCRATS</u>	
Amount (\$) <u>250</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>P.O. Box 180598 Dallas, TX. 75218</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description <u>Catli Cookoff</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>8/17/21</u>	Payee name <u>Dallas County Democratic Party</u>	
Amount (\$) <u>200</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1414 N. WASHINGTON Dallas, TX. 75204</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>DONATION</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED