

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 2 Total pages filed:
10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Theresa	MI	OFFICE USE ONLY Date Received
	NICKNAME	LAST Daniel	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	2228 Springhill Dallas, TX 75214			Receipt # Amount
				Date Processed
				Date Imaged

2020 FEB 24 PM 2:52
 JOHN E. WARE
 COUNTY CLERK
 DALLAS COUNTY

FILED

5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Tre	MI
	NICKNAME	LAST Black	SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	1133 S. Madison Ave. Dallas, TX 75208			

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	24	2020		02	22	2020

10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	03	03	2020	<input type="checkbox"/> General	<input type="checkbox"/> Special	

11 OFFICE	OFFICE HELD (if any) Dallas County Commissioner District 1	12 OFFICE SOUGHT (if known) Dallas County Commissioner District 1
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 10

13 C / OH NAME Daniel, Theresa	14 Filer ID
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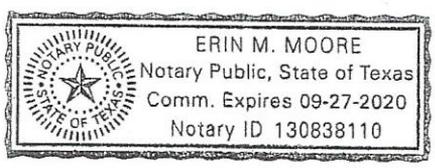
15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 38,945.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,601.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT



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.

Theresa M. Daniel
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Theresa M. Daniel, this the 24th day of February, 20 20, to certify which, witness my hand and seal of office.

Erin M. Moore Erin M. Moore Notary
Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Daniel, Theresa	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,325.00
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 FROM POLITICAL CONTRIBUTIONS	\$	38,945.22
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/10
2 FILER NAME Daniel, Theresa		3 Filer ID
4 Date 02/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Terry 6 Contributor address; City; State; Zip Code 308 Phillips Dr Coppell, TX 75019	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, John Contributor address; City; State; Zip Code 2247 Tealford Dallas, TX 75228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Dan Contributor address; City; State; Zip Code 6509 Malcolm Dallas, TX 75214	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Robert Contributor address; City; State; Zip Code 5320 Live Oak Dallas, TX 75206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Tom Contributor address; City; State; Zip Code 6338 Kenwood Av Dallas, TX 75214	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/10
2 FILER NAME Daniel, Theresa		3 Filer ID
4 Date 02/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Eric	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3525 Turtle Creek Blvd, #11A Dallas, TX 75219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lollar, Brad	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1909 Colorado Blvd Dallas, TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Steve	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3920 Sleepy Lane Dallas, TX 75229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulder, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 133 N Riverfront Blvd, LB 17 Dallas, TX 75207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Joe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8452 Garland Rd Dallas, TX 75218		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/4 Rpt: 6/10

2 FILER NAME

Daniel, Theresa

3 Filer ID

4 Date
01/30/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Parrott, Bruce

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
11208 Yorkmont Circle
Dallas, TX 75218

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
Spinola, Luis

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code
2518 Chalk Hill Rd
Dallas, TX 75212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Strother, Laura

Amount of Contribution (\$) \$150.00

Contributor address; City; State; Zip Code
986 N Rustic Circle
Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Tiller, Martha

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code
4201 Lomo Alto Dr #105
Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
Turner, Edward

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code
P.O. Box 153084
Dallas, TX 75315

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
Sch: 4/4 Rpt: 7/10

2 FILER NAME
Daniel, Theresa 3 Filer ID

4 Date 02/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Noe	7 Amount of Contribution (\$) \$175.00
6 Contributor address; City; State; Zip Code 3501 Dublin Trail Mesquite, TX 75149		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 02/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12330 Creekspan Dr Dallas, TX 75243		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 02/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamorano, Wanda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 531 Ranch Trail #157 Irving, TX 75063		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 8/10	2 FILER NAME Daniel, Theresa	3 Filer ID
4 Date 01/31/2020	5 Payee name Beyond the Slogan	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 4201 Bunker Hill Garland, TX 75048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/18/2020	Payee name Beyond the Slogan	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 4201 Bunker Hill Garland, TX 75048	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/18/2020	Payee name Christians in Public Sevice	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 226723 Dallas, TX 75222	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Prayer Breakfast
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/10	2 FILER NAME Daniel, Theresa	3 Filer ID
4 Date 02/03/2020	5 Payee name Democracy Toolbox	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 8552 Royal County Down Dr McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services / Management / Communication
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2020	Payee name Democracy Toolbox	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8552 Royal County Down Dr McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services / Management / Communication
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2020	Payee name Democracy Toolbox	
Amount (\$) \$6,700.00	Payee address; City; State; Zip Code 8552 Royal County Down Dr McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services / Management / Communication
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 10/10	2 FILER NAME Daniel, Theresa	3 Filer ID
4 Date 02/18/2020	5 Payee name National Association for the Advancement of Colored People Garland Branch	
6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code P.O.Box 460944 Garland, TX 75046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Winter Gala
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/21/2020	Payee name Order Desk	
Amount (\$) \$15,197.78	Payee address; City; State; Zip Code 9840 Monroe St 104 Dallas, TX 75220	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail expenses
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/21/2020	Payee name Reilly Echols Printing Inc	
Amount (\$) \$9,387.44	Payee address; City; State; Zip Code 1710 S Harwood St Dallas, TX 75215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	