

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Ms.</u> FIRST: <u>Dianne</u> MI: <u>K</u> NICKNAME: _____ LAST: <u>Jones</u> SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered: _____ Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>P.O. Box</u> APT / SUITE #: _____ CITY: <u>Irving, TX</u> STATE: _____ ZIP CODE: <u>75063</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(980)</u> PHONE NUMBER: <u>253-1007</u> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs</u> FIRST: <u>Athea</u> MI: _____ NICKNAME: _____ LAST: <u>Johnson</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>3883 Turtle Creek Blvd, Unit 518</u> CITY: <u>Dallas, TX</u> STATE: _____ ZIP CODE: <u>75219</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(214)</u> PHONE NUMBER: <u>207-4614</u> EXTENSION: _____		
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: <u>06</u> / Day: _____ / Year: <u>2021</u> THROUGH Month: <u>12</u> / Day: <u>31</u> / Year: <u>2021</u>		
11 ELECTION	ELECTION DATE: Month: <u>03</u> / Day: <u>01</u> / Year: <u>2022</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): <u>None</u>	13 OFFICE SOUGHT (if known): <u>County Court at Law #4</u>	
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.		
<input type="checkbox"/> Additional Pages	<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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**JUDICIAL CANDIDATE / OFFICEHOLDER
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**FORM JC/OH
COVER SHEET PG 2**

15 JC/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)	\$ <u>2600.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2500.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>100.00</u>
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.

Dianne K. Jones
Signature of Candidate/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 Dianne K. Jones, and my date of birth is 08/25/1963.
 My address is 201 Sanding Ct, Ft Worth Tx 75063 Dallas
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Tx, on the 17th day of January, 2022.
(month) (year)
Dianne K. Jones
 Signature of Candidate/Officeholder (Declarant)