

# 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:

9

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Carolyn				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	NICKNAME	LAST	SUFFIX	Date Received	
	Arnold				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	835 Timber Dell		Dallas TX 75232		
<b>6</b> CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	( 214 )	372 1945			
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	barbara			Date Processed	
<b>8</b> CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged	
	record				
<b>9</b> REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	910 stillmeadow Dallas TX 75232				
<b>10</b> PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION				
	( )				
<b>11</b> ELECTION	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
	Month Day Year    Month Day Year 05 / 30 / 2019    THROUGH    06 / 30 / 2019				
<b>12</b> OFFICE	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	06 / 08 / 2019		
<b>13</b> OFFICE SOUGHT (if known)	OFFICE HELD (if any)				
	Dallas City Council - District 4				

**GO TO PAGE 2**

**FORM C/OH**  
**COVER SHEET PG 2**

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 9/8/2015

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

**19** FILER NAME  
Carolyn Arnold

**20** Filer ID (Ethics Commission Filers)

<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,394.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 2**2** FILER NAME

Carolyn Arnold

**3** Filer ID (Ethics Commission Filers)**4** Date

05/29/2019

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Jones self

**7** Amount of contribution (\$)

500.00

**6** Contributor address;

City; State; Zip Code

1527 Bilco

Dallas, TX 75232

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

## Date

05/22/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Black Firefighters BFF\_PAC

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

P.O. Box 226983

Dallas, TX 75222

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

05/28/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leonard Riggs self

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

6201 Preston

Dallas, TX 72666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

06/04/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

General Drivers Warehouse Union

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

1007 Jonelle

Dallas, TX 75217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2 of 2

2 FILER NAME

Carolyn Arnold

3 Filer ID (Ethics Commission Filers)

4 Date  
06/02/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ellen Williams self

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

8804 Greenville

Dallas, TX 75243

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
06/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roselind Aran self

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

3445 University

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: 1 of 4	<b>2</b> FILER NAME Carolyn Arnold	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/15/2019	<b>5</b> Payee name Amber Valdez Voice Broadcasting	
<b>6</b> Amount (\$) 510.00	<b>7</b> Payee address; City; State; Zip Code 1111 Broadcasting Arlington, TX 75115	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/10/2019	Payee name Phil Foster Campaign to Elect - Pollworkers	
Amount (\$) 2400.00	Payee address; City; State; Zip Code 3440 S. Polk Dallas, TX 75224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/12/2019	Payee name Al Wright Al Wright	
Amount (\$) 1600.00	Payee address; City; State; Zip Code 3440 S. Polk Dallas, TX 75224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: 2 of 4		<b>2</b> FILER NAME Carolyn Arnold		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/15/2019		<b>5</b> Payee name Phil Foster Phil Foster Consultant			
<b>6</b> Amount (\$) 2500.00		<b>7</b> Payee address; City; State; Zip Code 3440 S. Polk Dallas, TX 75224			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/08/2019		Payee name Quik Trip QuikTrip			
Amount (\$) 220.00		Payee address; City; State; Zip Code 4767 RL Thornton Dallas, TX 75232			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/18/2019		Payee name Daphne Fain MsCas			
Amount (\$) 324.00		Payee address; City; State; Zip Code 217 N. Interstate DeSoto, TX 75115			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE 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)

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<b>1</b> Total pages Schedule F1: 3 of 4	<b>2</b> FILER NAME Carolyn Arnold		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/06/2019	<b>5</b> Payee name HOME DEPOT HOME DEPOT - Signage Materials		
<b>6</b> Amount (\$) 120.00	<b>7</b> Payee address; City; State; Zip Code 373 E FM 1382 Dallas, TX 75104		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name      Office sought      Office held			
Date 06/12/2019	Payee name Darrell Blair Elite News		
Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. Box 380017 Duncanville, TX 75183		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name      Office sought      Office held			
Date 06/12/2019	Payee name Doug Hunt Doug Hunt		
Amount (\$) 500.00	Payee address; City; State; Zip Code 3404 N. Interstate Lancaster, TX 75134		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name      Office sought      Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

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<b>1</b> Total pages Schedule F1: 4 of 4	<b>2</b> FILER NAME Carolyn Arnold	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/03/2019	<b>5</b> Payee name Phil Foster Campaign to Elect - Telephone Bank	
<b>6</b> Amount (\$) 720.00	<b>7</b> Payee address; City; State; Zip Code 3440 S. Polk Dallas, TX 75224	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  n/a
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

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