

FORM C/OH
COVER SHEET PG 1

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FORM C/OH
COVER SHEET PG 2

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME
Carolyn Arnold

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,750.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 12,794.99
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 6**2** FILER NAME

Carolyn Arnold

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

05/03/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Al Herron Al Herron

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1221 Bar Harbon

Dallas, TX 75232

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

Date

05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Willis Johnson self

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1001 Bellview

Dallas, TX 75215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eddie Reeves self

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1142 Clinton

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Katherine Kosut self

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

P.O. Box 192071

Dallas, TX 75219

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 6

2 FILER NAME

Carolyn Arnold

3 Filer ID (Ethics Commission Filers)

4 Date
05/24/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Larry Hochberg self

6 Contributor address;

City; State; Zip Code

3710 Rawlins

Dallas, TX 75219

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rosalind Etheridge self

Contributor address;

City; State; Zip Code

P.O. Box 601327

Dallas, TX 75360

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kevin Wiley self

Contributor address;

City; State; Zip Code

325 N. St Paul

Dallas, TX 75201

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gilbert Aranza self

Contributor address;

City; State; Zip Code

P.O. Box 60137

Dallas, TX 75360

Amount of contribution (\$)

1000.00

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:
3 of 6**2** FILER NAME

Carolyn Arnold

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

05/28/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Harlon Crowe self

6 Contributor address;

City; State; Zip Code

3819 Maple Avenue

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

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

Date

05/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roland Parrish self

Contributor address;

City; State; Zip Code

400 Zang

Dallas, TX 75115

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Apartment Association Dallas AAGD

Contributor address;

City; State; Zip Code

5728 LBJ Freeway

Dallas, TX 75240

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

METRO-TEX REALTORS Metrotex

Contributor address;

City; State; Zip Code

8201 N. Stemmons

Dallas, TX 75247

Amount of contribution (\$)

2500.00

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:
4 of 6**2** FILER NAME

Carolyn Arnold

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

05/24/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Pat Schnekel self

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4231 Belchair

Dallas, TX 75205

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

Date

05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pete Schenkel self

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4231 Belchair

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Milhoupoulos

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4645 N. Central Expressway

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/25/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Texas Realtors TREC

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

1111 11111

Dallas, TX 75205

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:
5 of 6

2 FILER NAME

Carolyn Arnold

3 Filer ID (Ethics Commission Filers)

4 Date
05/20/2019

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Anthony Boyd self

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

445 zE. FM 1382 Suite 355 Cedar, TX 75115

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
05/27/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Thomas Jones self

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1527 Bilco Dallas, TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/25/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jewel Parrish self

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

1256 Regents DESoto, TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/28/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Dallas Police/Fire Association Public Safety Committee

Amount of contribution (\$)

1500.00

Contributor address; City; State; Zip Code

10956 Audelia Dallas, TX 75243

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:
6 of 6

2 FILER NAME

Carolyn Arnold

3 Filer ID (Ethics Commission Filers)

4 Date

05/15/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LinebargerBlair Sampson

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

P.O. Box 17428

Dallas, TX 78760

8 Principal occupation / Job title (See Instructions)

9 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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/15/2019	6 Payee name Politics United Marketing Politics United Marketing
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7 Amount (\$) 4000.00	8 Payee address; City; State; Zip Code P.O. Box 191803 Dallas, TX 75219
---------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/15/2019	Payee name Nathan Lewis
--------------------	----------------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 525 N Parks Dallas, TX 75115
-----------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	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	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 2 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/08/2019	6 Payee name Amber Valdez Voice Broadcasting
-----------------------------	--

7 Amount (\$) 375.00	8 Payee address; City; State; Zip Code 1527 South Cooper Arlington, TX 76010
--------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/03/2019	Payee name AL Wright Wright Leasing
--------------------	--

Amount (\$) 1600.00	Payee address; City; State; Zip Code 3440 S. Polk Dallas, TX 75224
------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	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
------------------------	--	--

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 3 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/29/2019	6 Payee name BPEN Network Black Premier Entertainment
-----------------------------	---

7 Amount (\$) 150.00	8 Payee address; City; State; Zip Code 2601 Hyacinth Mesquite, TX 75181
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/22/2019	Payee name Canvas Hotel Canvas Hotel
--------------------	---

Amount (\$) 820.00	Payee address; City; State; Zip Code 1325 S. Lamar Dallas, TX 75215
-----------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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
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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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 4 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/10/2019	6 Payee name Elite News Elite Newspaper
-----------------------------	---

7 Amount (\$) 750.00	8 Payee address; City; State; Zip Code 5787 Hampton Dallas, TX 75232
--------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
--	--	-------------------------------------	------------------------------------

Date 05/29/2019	Payee name Doug Hunt Hunt Advertising
--------------------	--

Amount (\$) 500.00	Payee address; City; State; Zip Code 1111 67 Service Road Dallas, TX 75232
-----------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	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 Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
--	--	-------------------------------------	------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 5 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 04/27/2019	6 Payee name Mollie Belt Dallas Examiner
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7 Amount (\$) 800.00	8 Payee address; City; State; Zip Code 400 Zang Suite 1026 Dallas, TX 75208
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 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 n/a
----------------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
--	--	-------------------------------------	------------------------------------

Date 05/04/2019	Payee name Crickett Wireless Crickett Wireless
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Amount (\$) 135.00	Payee address; City; State; Zip Code 3306 W. Camp Wisdom Dallas, TX 75232
-----------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	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
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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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	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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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 6 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/08/2019	6 Payee name Mortenson Broadcasting Mortenson - KHVN
-----------------------------	--

7 Amount (\$) 300.00	8 Payee address; City; State; Zip Code 5787 Hampton Suite 285 Dallas, TX 75232
--------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 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 n/a
----------------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
--	--	-------------------------------------	------------------------------------

Date 05/06/2019	Payee name Office Depot Office Depot
--------------------	---

Amount (\$) 99.99	Payee address; City; State; Zip Code 39759 LBJ Freeway Dallas, NC 75237
----------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	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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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 7 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/14/2019	6 Payee name Jack English JackEnglishMarketing
-----------------------------	--

7 Amount (\$) 75.00	8 Payee address; City; State; Zip Code 1111 English charlotte, NC 11111
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
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Date 05/04/2019	Payee name Williams Chicken Williams Chicken
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Amount (\$) 90.00	Payee address; City; State; Zip Code 6220 Marvin D. Love Dallas, TX 75232
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 8 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/12/2019	6 Payee name Amber Valdez Voice Broadcasting
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7 Amount (\$) 50.00	8 Payee address; City; State; Zip Code 1527 South Cooper Arlington, TX 76010
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
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Date 05/07/2019	Payee name phil Foster
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Amount (\$) 2500.00	Payee address; City; State; Zip Code 3440 S. Polk Suite 534 Dallas, TX 75232
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Council District 4	Office held Dallas City Council
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 9 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 05/25/2019	6 Payee name MM Marketing Marketing MMarketing
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7 Amount (\$) 200.00	8 Payee address; City; State; Zip Code 1111 Main DeSoto, TX 75115
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 n/a
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
			Not Applicable

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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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