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: 18
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carolyn		OFFICE USE ONLY Date Received
	NICKNAME LAST Arnold	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OITY; STATE; ZIP CODE Dallas TX 75232	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 372 1945	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Barbara		Date Processed
	NICKNAME LAST Record	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / St 534 Still Meadow	UITE #; CITY; STATE; Dallas TX 75232	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 374 1278	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04 / 25 / 2019	THROUGH 05	Day Year 29 / 2019
11 ELECTION	BLECTION DATE Month Day Year Primary 05 / 08 / 2019 General	ELECTION TYPE X Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Dallas City Council District 4	13 OFFICE SOUGHT (if known Council District 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS ACCEPTED OR POLITICAL EXPENDITIONS OF POLITICAL EXPEND	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19750.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12794.99
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 0.00
18 AFFIDAVIT			erjury, that the accompanying report is ormation required to be reported by me
		ELECTRONICALLY C	CERTIFIED
		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, t	by the said Carolyn Arnold	, this the31st
day of <u>May</u>	, 20 <u>19</u> ,	to certify which, witness my hand and seal of office.	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commissi			mmission Filers)
C	arolyn A	rnold		
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,750.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	. SCHEDULE E: LOANS		\$ 0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 12,794.99	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00

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	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
05/03/2019	Al Herron Al Herron		250.00
	6 Contributor address; City; State;	-	
	1221 Bar Harbon Dallas, '	TX 75232	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
05/25/2019	Willis Johnson self		500.00
	Contributor address; City; State;	Zip Code	
	1001 Bellview Dallas, 7	TX 75215	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
05/23/2019	Eddie Reeves self		250.00
	Contributor address; City; State; 1142 Clinton Dallas,	Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/24/2019	Katherine Kosut self	, "	500.00
	Contributor address; City; State; P.O. Box 192071 Dallas,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
05/24/2019	Larry Hochberg self		500.00
	6 Contributor address; City; State;	Zip Code	
	3710 Rawlins Dallas,	TX 75219	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
05/25/2019	Rosalind Etheridge self		1000.00
	Contributor address; City; State;		
	P.O. Box 601327 Dallas,	TX 75360	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
05/25/2019	Kevin Wiley self		250.00
	Contributor address; City; State; 325 N. St Paul Dallas,	Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/25/2019	Gilbert Aranza self		1000.00
	Contributor address; City; State; P.O. Box 60137 Dallas,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
4 Date		(ID#:)	7 Amount of contribution (\$)
05/28/2019	Harlon Crowe self		1000.00
	6 Contributor address; City; State;	Zip Code	
	3819 Maple Avenue Dallas, 7	TX 75219	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
.	(000 1101 000 000 000 000 000 000 000 00	5	,
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
05/10/2010	Roland Parrish self		1000.00
05/19/2019	Contributor address; City; State;	Zip Code	1000.00
		TX 75115	
	400 Zang Danas,	1X /3113	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
05/28/2019	Apartment Association Dallas AAGD		2500.00
	Contributor address; City; State;	Zip Code	
	-	TX 75240	
	_		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (METRO-TEX REALTORS Metrotex	(ID#:)	Amount of contribution (\$)
05/28/2019	METRO-TEA REALTORS Metrotex		2500.00
	Contributor address; City; State;		
	8201 N. Stemmons Dallas, 7	TX 75247	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 4 of 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
4 Date	5 Full name of contributor ☐ out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
05/24/2019	Pat Schnekel self		250.00
	6 Contributor address; City; State;	Zip Code	
	4231 Belchair Dallas, T	ΓX 75205	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
05/25/2019	Pete Schenkel self		250.00
03/23/2019	Contributor address; City; State;	Zip Code	230.00
	4231 Belchair Dallas, T	ΓX 75205	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
05/25/2019	Frank Milhoupolous		500.00
	Contributor address; City; State; 4645 N. Central Expressway Dallas, T	Zip Code ΓX 75205	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#·)	Amount of contribution (\$)
05/25/2019	Texas Realtors TREC	, ,	2500.00
	Contributor address; City; State;	Zip Code ΓX 75205	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this t	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	Anthony Boyd self 6 Contributor address; City; State;	Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 05/27/2019	Thomas Jones self Contributor address; City; State;	Zip Code ΓX 75232	Amount of contribution (\$) 500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/25/2019	Jewel Parrish self Contributor address; City; State;	Zip Code , TX 75115	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/28/2019	Full name of contributor	Committee	Amount of contribution (\$) 1500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
05/15/2019	LinebargerBlair Sampson		1000.00
	6 Contributor address; City; State;		
	P.O. Box 17428 Dallas,	TX 78760	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
		1	
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
_			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;		
Dringing	potion / Joh title (Coe Instructions)	Employer (Coo Instruct	iana)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		T	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		,	(4)
	Contributor address; City; State;		
	Contributor address, City, State,	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

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

Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·	Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to compl	ete tilis lotili.	
1 Total pages Schedule F2: 1 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	<u> </u>	
05/15/2019	Politics United Marketing Politics United Marketing		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
4000.00	P.O. Box 191803 Dallas, TX 75219		
9 TYPE OF EXPENDITURE	X Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Consulting Expense		
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		11/4	
11 Complete ONLY if direct expenditure to benefit C/OF		sought Office held	
Date 05/15/2019	Payee name Nathan Lewis		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	525 N Parks Dallas, TX 75115		
TYPE OF EXPENDITURE	X Political Non-Political		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Transportation Equipment & Related Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE		n/a	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	, , , , , , , , , , , , , , , , , , , ,	(Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F2: 2 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
05/08/2019	Amber Valdez Voice Broadcasting	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
375.00	1527 South Cooper Arlington, TX 76010	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		n/a
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office	sought Office held
Date 05/03/2019	Payee name AL Wright Wright Leasing	
Amount (\$)	Payee address; City; State; Zip Code	
1600.00	3440 S. Polk Dallas, TX 75224	
TYPE OF EXPENDITURE	X Political Non-Politica	I
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

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

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)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$	
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	X Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office H	sought Office held	
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	X Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense n/a	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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: 4 of 9	2 FILER NAME Carolyn Arnold		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGAT	TIONS	\$
5 Date 05/10/2019	6 Payee name Elite News Elite Newspaper		
7 Amount (\$)	8 Payee address; City; State; Zip	Code	
750.00	5787 Hampton Dallas, TX 75232		
9 TYPE OF EXPENDITURE	X Political N	on-Political	
10	(a) Category (See Categories listed at the top of this scho	edule) (b) Descript	ion
PURPOSE OF EXPENDITURE	Advertising Expense		k if travel outside of Texas. Complete Schedule T.
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH Carolyn King Arnold Council District 4 Dallas City Council			
Date 05/29/2019	Payee name Doug Hunt Hunt Advertising		
Amount (\$) 500.00	Payee address; City; State; Zip 1111 67 Service Road Dallas, TX 75232	Code	
TYPE OF EXPENDITURE	X Political	Jon-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Advertising Expense	Check	tion if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Carolyn King Arnold	Office sought	Office held
Carolyli King Arnold Council District 4 Dallas City Council			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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: 5 of 9	2 FILER NAME Carolyn Arnold		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEN	MIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 04/27/2019	6 Payee name Mollie Belt Dallas Examiner			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
800.00	400 Zang Suite 1026 Dallas, TX 75208			
9 TYPE OF EXPENDITURE	TYPE OF TYPE Delition New Delition			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	n	
PURPOSE		Check if t	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense		f Austin, TX, officeholder living expense	
		n/a		
11 Complete ONLY if direct				
	Carolyn King Arnold Con	uncil District 4	Dallas City Council	
Date 05/04/2019	Payee name Crickett Wireless Crickett Wireless			
Amount (\$)	Payee address; City; State; Zip Code			
135.00	3306 W. Camp Wisdom Dallas, TX 75232			
TYPE OF EXPENDITURE	X Political Non-Politica	I		
	Category (See Categories listed at the top of this schedule)	Descriptio	n	
PURPOSE OF	Office Occal and Device Forest		travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense	Check if	f Austin, TX, officeholder living expense	
		II/a		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NE	EDED	

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	-	Salaries/Wages/	Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains	now to compi	ete this form.	
1 Total pages Schedule F2: 6 of 9	2 FILER NAME Carolyn Arnold			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIG	ATIONS		\$
5 Date	6 Payee name			
05/08/2019	Mortenson Broadcasting Mortenson - KHVN	N		
7 Amount (\$)	8 Payee address; City; State; Z	Zip Code		
300.00	5787 Hampton Suite 285 Dallas, TX 752	32		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	on
PURPOSE				travel outside of Texas. Complete Schedule T.
OF	Advertising Expense			
EXPENDITURE	Advertising Expense			if Austin, TX, officeholder living expense
			n/a	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	sought	Office held
	Carolyn King Arnold	Сог	ıncil District 4	Dallas City Council
Date 05/06/2019	Payee name Office Depot Office Depot			
Amount (\$)	Payee address; City; State; 2	Zip Code		
99.99	39759 LBJ Freeway Dallas, NC 752	-		
TYPE OF EXPENDITURE	X Political	Non-Political		
	Category (See Categories listed at the top of this	schedule)	Description	on
PURPOSE	Catogory (coo categories nated at the top of this	ourieduic)		travel outside of Texas. Complete Schedule T.
OF	Solicitation/Fundraising Expense		Check	if Austin, TX, officeholder living expense
EXPENDITURE	8 1			
			n/a	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office	sought	Office held
	Carolyn King Arnold	C	11.51	D. II. G': G 11
		Cou	ıncil District 4	Dallas City Council
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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: 7 of 9	2 FILER NAME Carolyn Arnold			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBL	IGATIONS		\$
5 Date	6 Payee name			
05/14/2019	Jack English JackEnglishMarketing			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
75.00	1111 English charlotte, NC	11111		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of t	his schedule)	(b) Descriptio	n
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense		Check i	f Austin, TX, officeholder living expense
			n/a	
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Carolyn King Arnold Council District 4 Dallas City Council				
Date 05/04/2019	Payee name Williams Chicken Williams Chicken			
Amount (\$)	Payee address; City; State;	Zip Code		
90.00	6220 Marvin D. Love Dallas, TX 7.	5232		
TYPE OF EXPENDITURE	X Political	Non-Political		
	Category (See Categories listed at the top of t	his schedule)	Description	on
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense		Check i	f Austin, TX, officeholder living expense
			n/a	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held
	Carolyn King Arnold	Cou	ıncil District 4	Dallas City Council
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
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

nting Expense Travel Out C laries/Wages/Contract Labor Other (enter

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages The Instruction Guide explains how to compl		
1 Total pages Schedule F2: 8 of 9	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 05/12/2019	6 Payee name Amber Valdez Voice Broadcasting		
7 Amount (\$) 50.00	8 Payee address; City; State; Zip Code 1527 South Cooper Arlington, TX 76010		
9 TYPE OF EXPENDITURE	X Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense n/a	
11 Complete ONLY if direct expenditure to benefit C/Oh	Carolyn King Arnold	sought Office held uncil District 4 Dallas City Council	
Date 05/07/2019	Payee name phil Foster		
Amount (\$) 2500.00	Payee address; City; State; Zip Code 3440 S. Polk Suite 534 Dallas, TX 75232		
TYPE OF EXPENDITURE	X Political Non-Politica		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Carolyn King Arnold	sought Office held uncil District 4 Dallas City Council	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 05/25/2019	6 Payee name MM Marketing Marketing MMMarketing		
7 Amount (\$) 200.00	8 Payee address; City; State; Zip Code 1111 Main DeSoto, TX 75115		
9 TYPE OF EXPENDITURE	X Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Not Applicable			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NE	EDED