City Secretary's Office

Supplemen Officeholde	tal Report r		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI carolyn k	2. Total Pages Filed: 9	
	NICKNAME	LAST SUFFIX arnold arn	Office Held Dallas City Coun	cil DIstrict 4
4. SUPPLEMENTAL REPORT TYPE	C January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointme (officeholder only)	
	c July 15	X 8th day before election c Exceeded \$500 limit	0 c Final Report	
5. PERIOD / COVERED		3/23/2021 тнгоидн 4/21/2021		
6. ELECTION	Month Day Year			
	5/1/2021	c Primary c Runoff)	≾ General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00		
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES \$0.00		
8. POLITICAL	CONTRIBUTION TOTALS	LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 12,000.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$8,007.82
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONT CAMPAIGN EXPENDITURES DURING THE REPORTING		\$0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of p is true and correct and includes all inf me under Title 15, Election code.		
ELECTRONICALLY CERTIFIED AFFIX NOTARY STAMP / SEAL ABOVE				
AFFIX NOTART STAI	VIP / SEAL ADOVE	Signature of Candidate	or Officeholder	
Sworn to and subscribed	before me, by the said	rolyn k arnold arn	_, this the23rd	day
of April , 2	_{20_} 21, to certify whi	ch, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer add	ministering oath

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
carolyn k arnold	arn		
4 Date	5 Full name of contributor out-of-state_PAC ((ID#:)	7 Amount of contribution (\$)
04/09/2021	Carolyn Arnold HBA -HOMEPAC		1000.00
	6 Contributor address; City; State;	Zip Code	
Campaign Contribution	5816 W. Plano Dallas, T	ΓX 75093	
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 (\$)
04/09/2021	Sherman Williams self		500.00
	Contributor address; City; State;	Zip Code	300.00
Campaign Contribution	1476 US Highway Buffalo,	TX 75831	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/03/2021	Willis Johnson self		1000.00
Campaign Contribution	Contributor address; City; State; 1001 Belleview Dallas, 7	Zip Code ΓX 75215	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/01/2021	Hector Flores self		100.00
Campaign Contribution		Zip Code ΓX 75137	
Principal occup	eation / 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 fo	1 Total pages Schedule A1: 2 of 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
carolyn k arnold	arn		
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of contribution (\$)
03/23/2021	Eleanor Weddington self		200.00
Campaign	6 Contributor address; City; State;	Zip Code	
Contribution	5115 Hunters View Dallas, T2	X 75232	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
04/20/2021	BlackFighters UnitedPAC		500.00
Campaign	Contributor address; City; State;	Zip Code	
Contribution	P.O. Box 226983 Dallas, T2	X 75215	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
04/01/2021	Apartment Association Greater Dallas Apartme	ent Association	1500.00
Campaign Contribution	contributor address; City; State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/20/2021	Full name of contributor out-of-state PAC (ID Kenneth Valach self		Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; State;	Zip Code TX 77024	
Principal occu	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: 3 of 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
carolyn k arnold	arn	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/21/2021	Kevin Bryant	150.00
Campaign	6 Contributor address; City; State; Zip	Code
Contribution	4463 Brookview Dr Dallas, TX 75	5220
8 Principal occu	pation / Job title (See Instructions) 9 Er	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/31/2021	TREC REAL ESTATE TREC REAL ESTATE CO	DUNCIL 2500.00
	Contributor address; City; State; Zip	Code 2500.00
Campaign Contribution	3100 Kinnon Dallas, TX 75	5201
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor	
04/07/2021	Eve Williams self	800.00
Campaign	Contributor address; City; State; Zip	Code
Contribution	1104 Shadow Wood Trail DeSoto, TX 7	5115
Principal occup	eation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/26/2021	Chris Lewis self	25.00
Campaign Contribution	Contributor address; City; State; Zip 427 Brook Valley Dallas, TX 75	Code
Principal occup	eation / Job title (See Instructions)	mployer (See Instructions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
carolyn k arnold	arn		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
04/01/2021	METRO-TEX MetroTex PAC MetroTex		1500.00
	6 Contributor address; City; State;	Zip Code	1300.00
Campaign Contribution	8201 N. Stemmons Dallas, 7	ΓX 75247	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/03/2021	Isaac Steen self		100.00
Campaign	Contributor address; City; State;	Zip Code	
Contribution	4816 Haywood Dallas, 7	ΓX 75232-2045	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/10/2021	Deborah Kelley self		1000.00
Campaign Contribution	Contributor address; City; State; 1717 Chacon Canyon Dallas, 7	Zip Code TX 75125	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/11/2021	Melvin Davis self		100.00
Campaign Contribution		Zip Code ΓX 75216	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 5 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
carolyn k arnold	arn		
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of contribution (\$)
04/11/2021	Ola Allen		25.00
Campaign	6 Contributor address; City; State;	Zip Code	
Contribution	4111 Summit Ridge Dr Dallas, TX	X 75216	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc			ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
03/24/2021	Helen Giddings self		250.00
	Contributor address; City; State;	Zip Code	25 010 0
Campaign Contribution	400 S. Zang Dallas, TX	X 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
04/09/2021	Le Suhn self		250.00
Campaign Contribution	Contributor address; City; State; 4328 S. Marsalis Dallas, TX		
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;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Candidate/Officeholder/Politica	l Committee Legal Service	s Salaries	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instru	ction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME carolyn k arnold arn			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
04/12/2021	Order Desk The Order	Desk		
6 Amount (\$) 2168.00	7 Payee address; 9840 Monroe	City; State; Zip Code Dallas, TX 75220		
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categorie	s listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense		Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehor carolyn king arnold	older name	Office sought Council District 4	Office held Dallas City Council
Date	Payee name			
04/06/2021	Reilly Echols Reilly Ec	hols Printing		
Amount (\$) 2413.98	Payee address; 1710 South Harwood	City; State; Zip Code Dallas, TX 75215		
Campaign Funds for Campaign Expenditures	1710 South Hat wood	Builds, 171 75215		
PURPOSE OF	Category (See Categorie Advertising Expense	s listed at the top of this schedule)		tside of Texas. Complete Schedule T.
EXPENDITURE			n/a	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho carolyn king arnold	older name	Office sought Council District 4	Office held Dallas City Council
Date	Payee name			
04/05/2021	GSPS Signs			
Amount (\$) 1001.84	Payee address; 1804 Afton	City; State; Zip Code Houston, TX 75224		
Campaign Funds for Campaign Expenditures	1804 AIIOII	Houston, 1A /3224		
	Category (See Categorie	s listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense		Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austin	, TX, officeholder living expense
			n/a	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeh carolyn king arnold	older name	Office sought Council District 4	Office held Dallas City Council
	ATTACH ADDI	TIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 2 of 3	2 FILER NAME carolyn k arnold arn	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	'		
04/01/2021	Nethal Jackson NBJ&Associates			
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 2851 Toluca Dallas, TX 75224			
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		n/a		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Carolyn King Arnold	Office sought Office held Council District 4 Dallas City Council		
Date	Payee name			
04/08/2021	Shaun McKeever Virdin Associates			
Amount (\$) 600.00	Payee address; City; State; Zip Code			
Campaign Funds for	1111 James Lancaster, TX 75115			
Campaign Expenditures				
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		
		IIV d		
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	Payee name			
04/09/2021	Crickett Wireless Crickett Wireless			
Amount (\$) 124.00	Payee address; City; State; Zip Code 3200 Lancaster Rd Dallas, TX 75216			
Campaign Funds for Campaign Expenditures	5200 Lancaster Ru Danas, 1A /3210			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense n/a		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Carolyn King Arnold	Office sought Office held Council District 4 Dallas City Council		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

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

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

Credit Card Payment	The Instruction Guide explains how to	Complete this form. Other (enter a category not listed above)		
1 Total pages Schedule F1: 3 of 3	2 FILER NAME carolyn k arnold arn	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
03/25/2021	CW Whitaker DFW Care			
6 Amount (\$) 200.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 2130 Oak Valley Dallas, TX 75232			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	S P			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Carolyn King Arnold	Office sought Office held Council District 4 Dallas City Council		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		