CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Carolyn	MI	OFFICE USE ONLY	
IVAIVIL	NICKNAME LAST Arnold	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		olity; state; zip code Pallas 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 LAST Record	SUFFIX	Date Processed Date Imaged	
	Record			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 910 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 X 30th day before electrical Sth day before electrical Str. (1997).		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 2019	THROUGH 03	Day Year 25 / 2019	
11 ELECTION	BLECTION DATE Month Day Year Primary 05 / 04 / 2019 X General	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			15 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	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 THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17835.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5585.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0.00
18 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me
		ELECTRONICALLY	CERTIFIED
		Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, t	by the said Carolyn Arnold	, this the 4th
day of <u>April</u>	, 20 <u></u> 19,	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 N	AME	20 Filer ID (Ethics Co.	mmission Filers)
C	arolyn A	rnold		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,835.00
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 COL	NTRIBUTIONS	\$ 5,585.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
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 FUN	NDS	\$ 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 10
2 FILER NAME Carolyn Arnold			3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2019	Mae Beck self 6 Contributor address; City; State;	; Zip Code TX 75232	7 Amount of contribution (\$) 150.00
8 Principal occu	-	9 Employer (See Instructi	ions)
Date 01/31/2019	Robert Abtahi self Contributor address; City; State;	; Zip Code TX 75208	Amount of contribution (\$) 250.00
Principal occup self	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date 01/31/2019	Delva King self Contributor address; City; State;	; Zip Code p, TX 75115	Amount of contribution (\$) 1000.00
Principal occup self	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 01/31/2019	Minnie McGee self Contributor address; City; State;		Amount of contribution (\$) 25.00
Principal occup self	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 10
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
02/01/2019	Willis Johnson self		500.00
02/01/2019	6 Contributor address; City; State	; Zip Code	300.00
	2473 Field Street Dallas,	TX 75201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	tions)
• Timelpar occu	Janon / Job tille (Jee mandenons)	g Employer (See matrice	iions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
01/31/2019	Lucious Williams self		500.00
01/31/2019	Contributor address; City; State	; Zip Code	300.00
	1421 Covington DeSoto	o, TX 75115	
Principal occup self	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
01/31/2019	Loretta Sheppard		100.00
01/31/2019	Contributor address; City; State	; Zip Code	100.00
		TX 75232	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	A AIDH.	Amount of contribution (C)
02/28/2019	James Harp	, (ID#:)	Amount of contribution (\$) 150.00
02/20/2017		r; Zip Code TX 75229	150.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)

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 10
2 FILER NAME Carolyn Arnold			3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2019	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$) 500.00
02/28/2019	6 Contributor address; City; State; 614 N Bishop Dallas,	Zip Code TX 75208	300.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 01/31/2019	Rick Callahan	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; State; P.O. Box 271405 Dallas,	Zip Code TX 75227	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/20/2019	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; State; 731 R.L.thornton Dallas,	Zip Code TX 75203	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/01/2019	Full name of contributor	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; State;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 10
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
4 Date	5 Full name of contributor uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/07/2019	Gary Johnson self		100.00
	6 Contributor address; City; State;	Zip Code	
	1436 Esters Irving,	ΓX 75061	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
03/25/2019	Gina Norris		250.00
00, 20, 2019	Contributor address; City; State;	Zip Code	25 51.55
	4240 Prescott Dallas,	TX 75219	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
03/20/2019	Wick Allison self		1000.00
	Contributor address; City; State; 750 N.St Paul Dallas,	Zip Code TX 75201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/12/2019	Michael Veale	,	1000.00
		Zip Code TX 75201	
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	form.	1 Total pages Schedule A1: 5 of 10
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 (\$)
03/12/2019	Johathan Hetzel		500.00
	6 Contributor address; City; State;	Zip Code	
	7002 Vivian Dallas, 7	TX 75223	
0 Division			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/21/2019	Joyce Brown		50.00
	Contributor address; City; State;	Zip Code	
	1011 Ann Arbor Dallas, 7	TX 75216	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/22/2019	Eleanor Wedington		250.00
03/22/2019	Contributor address; City; State;	Zin Code	230.00
		TX 75232	
	,		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/07/2019	Cecil Armstrong	(1511:)	160.00
03/07/2019			100.00
	Contributor address; City; State; 1111 Morrell Dallas, 7	Zip Gode TX 75203	
	20000	111 /6 200	
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 10
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carolyn Arnold			
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
03/23/2019	Lott Lott Black Firefighters		500.00
	6 Contributor address; City; State;	1	
	1830 Park Row Dallas, 7	TX 75216	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
6 Principal occu	Sation / Job title (See Instructions)	g Employer (See instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/23/2019	Black firefighters Black Fire FIghters retied		500.00
03/23/2019	Contributor address; City; State;	Zip Code	300.00
	•	TX 75215	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (f)
	Lee Proctor	(10#)	Amount of contribution (\$)
02/27/2019	Lee Flociol		500.00
	Contributor address; City; State;		
	P.O. Box 765129 Dallas, 7	TX 75216	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
i iliopai occaș	autori / 305 title (300 mistractions)	Employer (dec matraet	10113)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
01/31/2019	james lee		1000.00
	Contributor address; City; State;		
		ГХ 75063	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 10
2 FILER NAME Carolyn Arnold			3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2019	Hee Shook 6 Contributor address; City; State;	Zip Code TX 75038	7 Amount of contribution (\$) 1000.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 02/21/2019	tim Byrne Contributor address; City; State;	(ID#:) Zip Code TX 75201	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	nns)
Date 01/31/2019	Rhon Hays Contributor address; City; State;	Zip Code TX 75224	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/31/2019	Roberts Sherilyn Contributor address; City; State;		Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 10
2 FILER NAME Carolyn Arnold			3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2019	Sam Staggs 6 Contributor address; City; State;	Zip Code TX 75208	7 Amount of contribution (\$) 300.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 01/31/2019	Randy Bacon Contributor address; City; State;	Zip Code	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/15/2019	Roland Parrish 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 03/23/2019	Derrick Battie Alumni Association Contributor address; City; State;	Zip Code	Amount of contribution (\$) 150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 10 of 10	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Carolyn Arnold				
4 Date		(ID#:)	7 Amount of contribution (\$)	
03/07/2019	Michael Song		1000.00	
	6 Contributor address; City; State	; Zip Code		
	1111 Village FAir Dallas,	TX 75232		
0 5: : :				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	nons)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
03/17/2019	Thomas Jones		1000.00	
	Contributor address; City; State	; Zip Code		
	1111 Bilco Dallas,	TX 75233		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
03/15/2019	jewell Parrish		500.00	
	Contributor address; City; State:	Zip Code		
		o, TX 75115		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		I		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
02/12/2019	Lamis Slepler Drivers, Warehousemen, Help		500.00	
0 - 1 - 1 - 1 - 1	Contributor address: City: State			
	Contributor address; City; State 1007 Jonelle Dallas,	TX 75217		
	z anas,	111 /021/		
Principal occur	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
	,		,	

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 1 of 2	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2019	5 Payee name Crickett Crickett Wireless	·
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 3306 W CampWisdom Dallas, TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense n/a
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held Not Applicable
Date 03/25/2019	Payee name Phil Foster Campaign to Elect - Workers	
Amount (\$) 2000.00	Payee address; City; State; Zip Code 3440 S. Polk Dallas, TX 75224	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/20/2019	Payee name Campaign to Elect Campaign to Elect - Contract La	bors
Amount (\$) 1350.00	Payee address; City; State; Zip Code 3440 S Polk Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description X 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/OF	Candidate / Officeholder name	Office sought Office held
	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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	s/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1: 2 of 2	2 FILER NAME Carolyn Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2019	5 Payee name D. Miller BHP Printer Etc	·
6 Amount (\$) 365.00	7 Payee address; City; State; Zip Code 1026 Zang Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense n/a
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
03/01/2019	Al Wright	
Amount (\$) 1600.00	Payee address; City; State; Zip Code 3440 Polk Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	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
Date 03/20/2019	Payee name Phil Foster Campaign to Elect	
Amount (\$) 150.00	Payee address; City; State; Zip Code 3440 Polk Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description 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	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDED