Supplement Officeholder	al Report		FOR Cover She	MSR et SR	
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr	FIRST MI Carolyn	Total Pages Filed: 7		
	NICKNAME	LAST SUFFIX Arnold	3. Office Held City Council D4		
4. SUPPLEMENTAL REPORT TYPE	c January 15	🗶 30th day before election c Runoff	c 15th day after campa treasurer appointmen (officeholder only)		
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report		
5. PERIOD / COVERED		1/1/2023 THROUGH 3/27/2023			
6. ELECTION	Month Day Year				
	5/6/2023	c Primary c Runoff c	General c Spec	cial 故 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			
		TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$0.00	
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR L	\$0.00		
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES \$ 0.00			
8. POLITICAL CONTRIBUTION TOTALS		5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$ 0.00	
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3,900.00	
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00	
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$ 12,495.74	
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIE CAMPAIGN EXPEND TURES DURING THE REPORTING PE		\$0.00	
10. AFFIDAVIT		I swear, or affirm, under penalty of perj is true and correct and includes all infor me under Title 15, Election code.			
		ELECTRONICALLY C	ERTIFIED		
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder					
Sworn to and subscribed to	pefore me, by the saidDr Ca	arolyn Arnold	this the 6th	day	
of April , 20	23 , to certify which,	witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer adm	ninistering oath	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 3
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Dr Carolyn Arno	old			
4 Date	5 Full name of contributor	ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
03/10/2023	Henri Wilson self			100.00
Campaign Contribution	6 Contributor address; 505 Brook Valley Ln	City; Dallas,	State; Zip Code , TX 75232	
8 Principal occu	pation / Job title (See Instructions)		self 9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/23/2023	Lopez Bridget self			500.00
Campaign Contribution	Contributor address; 4322 Meadowdale	City;	State; Zip Code , TX 75229	
self Principal occup	pation / Job title (See Instructions)		self Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/23/2023	Pennie Pitre self			500.00
Campaign	Contributor address; 2642 Harwood	City; Dallas,	State; Zip Code , TX 75215	
Contribution				
self			self	
	pation / Job title (See Instructions)		self Employer (See Instruc	tions)
self	Pation / Job title (See Instructions) Full name of contributor Norma Minnis self	out-of-state PAC	Employer (See Instruc	Amount of contribution (\$) 250.00
self Principal occup	Full name of contributor		Employer (See Instruc	Amount of contribution (\$)
self Principal occup Date 03/21/2023 Campaign	Full name of contributor Norma Minnis self		Employer (See Instruc	Amount of contribution (\$)

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

If the requested information is not applicable, **DO NOT include this page in the report.**

2 FILER NAME Dr Carolyn Arnold 4 Date 5 Full name of contributor Contribution 6 Contributor address; 724 Brook Valley Date 8 Full name of contributor Date Contribution Date Contribution Contributor Contributor Contributor Contributor Contributor Contribution Contributor	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2 of 3
A Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) 250.00	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Campaign Contribution Contributor address; City; State: Zip Code Dallas, TX 75232	Dr Carolyn Arno	old			
Campaign Contribution Self	4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#	03/02/2023	Karl Thompson self			250.00
Date Full name of contributor out-of-state PAC (ID#:			•	·	
O3/23/2023 Hector Flores self 250.00 Campaign Contributor address; 1030 S. Zang Dallas, TX 75206 Self Principal occupation / Job title (See Instructions) Date Full name of contributor Gout-of-state PAC (ID#: Amount of contribution (\$) 150.00 Campaign Contributor address; 4615 Bradshaw City; State: Zip Code Dallas, TX 75215 Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Self Self Principal occupation / Job title (See Instructions) Campaign Contributor address; Out-of-state PAC (ID#: Amount of contribution (\$) 100.00 Campaign Contributor Gout-of-state PAC (ID#: Amount of contribution (\$) 100.00 Campaign Contributor Gout-of-state PAC (ID#: Amount of contribution (\$) 100.00 Campaign Contributor Arbor Gout-of-state PAC (ID#: State: Sta	self 8 Principal occu	pation / Job title (See Instructions)		self 9 Employer (See Instruct	tions)
Campaign Contribution 1030 S. Zang City; State; Zip Code Dallas, TX 75206 self Principal occupation / Job title (See Instructions) Date Full name of contributor 03/23/2023 Kenneth Smith self Contribution 4615 Bradshaw City; State; Zip Code Dallas, TX 75215 State; Zip Code Dallas, TX 75215 State; Zip Code Dallas, TX 75215 Employer (See Instructions) Amount of contribution (\$) 150.00 Campaign Contribution 4615 Bradshaw Dallas, TX 75215 Employer (See Instructions) Date Principal occupation / Job title (See Instructions) Date 03/23/2023 Rene Martinez self Contributor Campaign Contributor Contributor Contributor State; Zip Code Dallas, TX 75231 Amount of contribution (\$) 100.00	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Campaign Contribution Self Principal occupation / Job title (See Instructions) Date O3/23/2023 Campaign Contribution Self Principal occupation / Job title (See Instructions) Date O3/23/2023 Campaign Contributor Self Principal occupation / Job title (See Instructions) Campaign Contributor Self Principal occupation / Job title (See Instructions) Date O3/23/2023 Campaign Contributor address; A615 Bradshaw City; Dallas, TX 75215 Employer (See Instructions) Employer (See Instructions) Date O3/23/2023 Full name of contributor O3/23/2023 Rene Martinez self City; Dallas, TX 75231 Amount of contribution (\$) 100.00 Campaign Contributor address; O3/23/2023 Campaign Contributor address; City; Dallas, TX 75231 State: Zip Code 100.00	03/23/2023				250.00
Principal occupation / Job title (See Instructions) Date		Contributor address;	City;	State; Zip Code	
Date Full name of contributor Out-of-state PAC (ID#:	5011			5011	
Campaign Contributor address; City; State; Zip Code	Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	iions)
Campaign Contribution Self Principal occupation / Job title (See Instructions) Date 03/23/2023 Campaign Contributor Rene Martinez self City; State; Zip Code Dallas, TX 75215 Employer (See Instructions) Amount of contribution (\$) 100.00 Campaign Contributor Contributor Contribution Self City; Dallas, TX 75231 Self Self State; Zip Code Contribution (\$) 100.00	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Contribution 4615 Bradshaw Dallas, TX 75215 self Principal occupation / Job title (See Instructions) Date O3/23/2023 Rene Martinez self Campaign Contributor address; City; Dallas, TX 75231 Self Contribution Self Dallas, TX 75215 Employer (See Instructions) Amount of contribution (\$) 100.00	03/23/2023	Kenneth Smith self			150.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 03/23/2023 Full name of contributor Rene Martinez self Campaign Contributor address; City; Dallas, TX 75231 Self Employer (See Instructions) Amount of contribution (\$) 100.00		Contributor address; 4615 Bradshaw	City; Dallas,	State; Zip Code , TX 75215	
Date Full name of contributor Out-of-state PAC (ID#:					
03/23/2023 Rene Martinez self 100.00 Campaign Contributor address; City; State: Zip Code 1007 Arbor Dallas, TX 75231 self self	Principal occu _l	ation / Job title (See Instructions)		Employer (See Instruct	lions)
Contribution 1007 Arbor Dallas, TX 75231 self self			out-of-state PAC	C (ID#:)	
	Campaign Contribution	Contributor address; 1007 Arbor	City; Dallas,	State: Zip Code TX 75231	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	self			self	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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

If the requested information is not applicable, **DO NOT include this page in the report.**

The	e Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 3 of 3
2 FILER NAME Dr Carolyn Arn				3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Full name of contributor Delva King self	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
Campaign Contribution	6 Contributor address; 1230 W. Pleasant Run		State; Zip Code o, TX 75115	
self 8 Principal occi	upation / Job title (See Instructions)		self 9 Employer (See Instruc	ctions)
Date 03/21/2023	Full name of contributor Evalynn Williams self		(ID#:)	Amount of contribution (\$) 800.00
Campaign Contribution	Contributor address; 1104 Shadow Trail	City; Dallas,	State; Zip Code TX 75115	
self Principal occu	pation / Job title (See Instructions)		self Employer (See Instruc	l etions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	l ctions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 3	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/06/2023	Jeff Bouck Big Bang Media				
6 Amount (\$) 400.00 Campaign Funds for Campaign Expenditures	7 Payee address; 103 NW 14th Grand Prarie, TX 75050	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	doorhangers			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/20/2023	Nethal Jackson NBJ and Associates				
Amount (\$) 1500.00 Campaign Funds for	Payee address; 2851 Toluca Dallas, TX 75224	City;	State; Zip Code		
Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Canvassing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/31/2023	Jeff Ross The OrderDesk				
Amount (\$) 835.70	Payee address; 9840 Monroe Dallas, TX 75220	City;	State; Zip Code		
Campaign Funds for Campaign Expenditures	Dallas, 17, 73220				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Advertising Expense	mailer			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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
Others (actions extension until listed phone)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 3	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/01/2023	Jeff Dalton Democracy Toolbox		
6 Amount (\$) 2000.00	7 Payee address; 8552 Royal County DowMcKinney, TX 75070	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consulting Expense	Campaign	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/20/2023	Jeff Dalton DemocracyToolbox		
Amount (\$) 1500.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	8552 Royal CountyDowrDallas, TX 75050		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	campaign	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/27/2023	jeff ross The Order Desk		
Amount (\$) 3809.04	Payee address; 9840 Monroe Dr Dallas, TX 75220	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	2 amas, 1170 22 0		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense	mailer expenses	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 3 of 3	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics	r ID (Ethics Commission Filers)	
4 Date	5 Payee name				
03/15/2023	Nethal Jackson NBJ &Associates				
6 Amount (\$) 2451.00	7 Payee address; 2851 Toluca Dallas, TX 75224	City;	State;	Zip Code	
Campaign Funds for Campaign Expenditures		_			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Canvass Team			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> 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	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Austi	ck 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 NE	EDED		