City Secretary's Office

Supplement Officeholder	tal Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr	FIRST MI Carolyn	Total Pages Filed: 6	
	NICKNAME	LAST SUFFIX Arnold	3. Office Held City Council-D4	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointmen (officeholder only)	
	💢 July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		4/27/2023 THROUGH 6/30/2023		
6. ELECTION				
	5/6/2023	c Primary c Runoff c	General c Spe	cial 🗶 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 LO	DANS)	\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	·	\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 0.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED $\hat{\mathfrak{s}}$ 0.		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES \$20		\$20,800.00
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD \$ 0.00		\$ 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 STAN	ЛР / SEAL ABOVE	Signature of Candidate or	Officeholder	
Sworn to and subscribed	before me, by the saidDr Ca	arolyn Arnold	this the17th	day
of, 20	0_23, to certify which	, witness my hand and seal of office.		
Signature of officer ad	Iministering cath	Printed name of officer administering oath	Title of officer add	ministering oath

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 5	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/03/2023	Ms Nethal Jackson Nethal B Jackson&Assoc		
6 Amount (\$) 360.00 Campaign Funds for Campaign Expenditures	7 Payee address; 2815 ToLuca Dallas, TX 75244	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Canvassing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2023	Andrew McGee Andrew McGee		
Amount (\$) 2100.00	Payee address; 920 Channing Circle Dallas, TX 75224	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Canvassing-Campaig	n
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2023	Edrick Laney Southwest Mobile Advertising		
Amount (\$) 2390.00	Payee address; 204 E. Pleasant Run Dallas, TX 75146	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	204 E. Heasant Ruit Danas, 17/3140		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising-Campaig	n
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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	DED

SCHEDULE F1

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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 e	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F1: 2 of 5	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics 0	Commission Filers)
4 Date	5 Payee name			
05/03/2023	Mr CW Whitaker DFW Care			
6 Amount (\$) 300.00 Campaign Funds for Campaign Expenditures	7 Payee address; 2130 Oak Valley Lane Dallas, TX 75232	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Advertising		
OF EXPENDITURE	Advertising Expense	Auvertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
04/28/2023	Teresa Moore Clear Channel			
Amount (\$) 3880.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	3700 Randol Mills Arlington, TX 76011			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	kpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
05/02/2023	Zach Bullard Beyond the Sign			
Amount (\$) 1000.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2710 Routh Dallas, TX 75082			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Marketing-Outreach		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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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 o	complete this form.	Carer (errier a caregor)	,
1 Total pages Schedule F1: 3 of 5	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
05/01/2023	Kathy Nealy The Nealy Group			
6 Amount (\$) 2500.00 Campaign Funds for	7 Payee address; P.O. Box 191803 Dallas, TX 75219	City;	State;	Zip Code
Campaign Expenditures 8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Polling Expense	Marketing Outreach	Calls	
OF EXPENDITURE	1 olinig Expense	Warketing Outleach	Calls	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
05/01/2023	Steve Reilly Reilly Echols			
Amount (\$) 1219.00 Campaign Funds for	Payee address; 1710 South Harwood Dallas, TX 75215	City;	State;	Zip Code
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Printing/Mailers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
05/04/2023	Walmart Stores Walmart Supercenter			
Amount (\$) 212.00	Payee address; 200 Short blvd Dallas, TX 75232	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Campaign Supplies-	Workers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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SCHEDULE F1

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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/Manes/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed above

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to o	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 4 of 5	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	ı	
04/30/2023	James Belt Examiner News		
6 Amount (\$) 405.00 Campaign Funds for	7 Payee address; 400 Zang Dallas, TX 75208	City;	State; Zip Code
Campaign Expenditures		_	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Advertising	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/30/2023	Shane Heffner Black Business Directory		
Amount (\$) 200.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	8552 Royal Doulton McKinney, TX 75070		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Advertisng-Social Me	edia
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	•		
05/06/2023	Nethal Jackson Nethal B.Jackson&Associates		
Amount (\$) 4300.00	Payee address; 2851 Toluca Dallas, TX 75224	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	2651 Toluca Dallas, 17/3224		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Salaries/Wages/Contract Labor	Walk Team/Polling	
OF 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
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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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: 5 of 5	2 FILER NAME Dr Carolyn Arnold		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/05/2023	Cassandra Armstrong Armstrong/Skyline Ranch		
6 Amount (\$) 1934.00 Campaign Funds for Campaign Expenditures	7 Payee address; 1801 Wheatland Dallas, TX 75241	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food Beverage Cateri	ng/RentalSite
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 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
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	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	SCHEDULE AS NEE	DED