

Supplemental Report Officeholder

FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Carolyn Kling	MI	2. Total Pages Filed: 9
	NICKNAME	LAST Arnold	SUFFIX	3. Office Held Dallas City Council - District 4
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> c January 15 c July 15 </div> <div> <input checked="" type="checkbox"/> 30th day before election c 8th day before election </div> <div> c Runoff c Exceeded \$500 limit </div> <div> c 15th day after campaign treasurer appointment (officeholder only) c Final Report </div> </div>			
5. PERIOD / COVERED	1/1/2021 THROUGH 3/22/2021			
6. ELECTION	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 5/1/2021</div> <div> c Primary c Runoff <input checked="" type="checkbox"/> General c Special c N/A </div> </div>			
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
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,500.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,000.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 7,220.00
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 10. AFFIDAVIT AFFIX NOTARY STAMP / SEAL ABOVE </div> <div style="width: 55%; text-align: center;"> I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code. ***ELECTRONICALLY CERTIFIED*** _____ Signature of Candidate or Officeholder </div> </div>				
Sworn to and subscribed before me, by the said <u>Carolyn Kling Arnold</u> , this the <u>1st</u> day of <u>April</u> , 20 <u>21</u> , to certify which, witness my hand and seal of office.				
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>				

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 5**2** FILER NAME

Carolyn KIng Arnold

3 Filer ID (Ethics Commission Filers)**4** Date

03/17/2021

Campaign
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

M Brown self

6 Contributor address;

City; State; Zip Code

1011 E. Ann Arbor

Dallas, TX 75216

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)
retired**9** Employer (See Instructions)
retired

Date

02/23/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ron Kirk self

Contributor address;

City; State; Zip Code

6342 Mercedes

Dallas, TX 75214

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)
selfEmployer (See Instructions)
self

Date

03/11/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Isacc Steen self

Contributor address;

City; State; Zip Code

4816 Haywood Parkway

Dallas, TX 75232

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2021

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Al Wash ALWE

Contributor address;

City; State; Zip Code

731 S. R.L. Thornton

Dallas, TX 75203

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 5**2** FILER NAME

Carolyn KIng Arnold

3 Filer ID (Ethics Commission Filers)**4** Date

03/10/2021

Campaign
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

J.R. Robertson self

6 Contributor address;

City; State; Zip Code

3003 Rogge

Austin, TX 78723

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/22/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Loretta Sheppard self

Contributor address;

City; State; Zip Code

1005 Whitestone

Dallas, TX 75232

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karl Thompson self

Contributor address;

City; State; Zip Code

724 Brook Valley

Dallas, TX 75232

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fay Collins self

Contributor address;

City; State; Zip Code

5529 Longleaf

Dallas, TX 75232

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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1 Total pages Schedule A1:
3 of 5**2** FILER NAME

Carolyn KIng Arnold

3 Filer ID (Ethics Commission Filers)**4** Date

03/18/2021

Campaign
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

John Wiley Price self

6 Contributor address;

City; State; Zip Code

510 E. 5th

Dallas, TX 75203

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/11/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joyce Foreman self

Contributor address;

City; State; Zip Code

P.O. Box 1001

Dallas, TX 75246

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wanda HUCKABY SELF

Contributor address;

City; State; Zip Code

5147 CLOVERHAVEN

Dallas, TX 75227

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steven Crockett self

Contributor address;

City; State; Zip Code

2505 Cheshire Dr

Windsor Mill, MD 21244

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 5**2** FILER NAME

Carolyn KIng Arnold

3 Filer ID (Ethics Commission Filers)**4** Date

03/15/2021

Campaign
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

James Hill Retired Dallas Black Firefighters

6 Contributor address;

City; State; Zip Code

1830 Park Row

Dallas, TX 75215

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/03/2021

Campaign
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lew Blackburn

Contributor address;

City; State; Zip Code

2130 Lanark

Dallas, TX 75203

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2021

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucious Williams self

Contributor address;

City; State; Zip Code

1420 W. Mockingbird Suite 600

Dallas, TX 75247

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/2021

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Williams 3Eye

Contributor address;

City; State; Zip Code

1111 Mockingbird

Dallas, TX 75247

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 5

2 FILER NAME

Carolyn KIng Arnold

3 Filer ID (Ethics Commission Filers)

4 Date

02/15/2021

Campaign
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clifton Miller Centemetrics

6 Contributor address;

City; State; Zip Code

30 Meadow Brook Lane

Trophy Club, TX 76262

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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; Zip Code

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; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
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: 1 of 3		2 FILER NAME Carolyn King Arnold		3 Filer ID (Ethics Commission Filers)	
4 Date 03/21/2021		5 Payee name Nethal Jackson NBJ Associates			
6 Amount (\$) 2122.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 2851 Toulouca Dallas, TX 75224			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Carolyn King Arnold		Office sought Council District 4	Office held District 4
Date 03/20/2021		Payee name LaShun Keever Virdin Team			
Amount (\$) 620.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 1111 James Lancaster, TX 75115			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Carolyn King Arnold		Office sought Council District 4	Office held Dallas City Council
Date 03/08/2021		Payee name Zach Bullard Beyond the Slogan			
Amount (\$) 675.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 4201 Bunker Hill Road Garland, TX 75048			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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
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: 2 of 3	2 FILER NAME Carolyn King Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2021	5 Payee name Jay Jay Big Bang	
6 Amount (\$) 568.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 103 NW 14th Grand Prairie, TX 75050	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/15/2021	Payee name Reilly Echols Reilly Echols	
Amount (\$) 560.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 1710 Harwood Dallas, TX 75215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/15/2021	Payee name Crickett Wireless Crickett Wireless	
Amount (\$) 375.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3306 West Camp Wisdom Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
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
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 Carolyn King Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2021	5 Payee name Tasha Tasha GSP, Inc	
6 Amount (\$) 2300.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 1804 Afton Houston, TX 77055	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense n/a
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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED