Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

RECEIVED APR - 9 2009 CITY OF FORT WORTH CITY SECRETARY 12 PM

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed:

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

| | |
|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: MS; FIRST: Guadalupe; MI: ; NICKNAME: Lupe; LAST: Arriola; SUFFIX: |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 6731 Bridge #224 Fort Worth, TX 76112 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE: (817); PHONE NUMBER: 451.1070; EXTENSION: |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: (MS); FIRST: Deborah; MI: ; NICKNAME: ; LAST: Johnson; SUFFIX: |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1609 Queen Fort Worth, TX 76103 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (817); PHONE NUMBER: 4290817; EXTENSION: |
| 9 REPORT TYPE | ☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year: 02/09/09 THROUGH Month Day Year: 03 30/09 |
| 11 ELECTION | ELECTION DATE Month Day Year: 05/09/09; ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special |
| 12 OFFICE | OFFICE HELD (if any): ; 13 OFFICE SOUGHT (if known): City Council Dist # 4 |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: ; Address / PO Box; Apt. / Suite #; City; State; Zip Code: ; ☐ additional pages |

GO TO PAGE 2

04-09-09 P04:50 IN

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**

**15** C/OH NAME: Guadalupe Arriola

**16** ACCOUNT # (Ethics Commission Filers)

**17** 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**18** CONTRIBUTION TOTALS

| | | |
|---|---|---|
| | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 2373.78 |
| | **2. TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 12,848.78 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 93.10 |
| | **4. TOTAL POLITICAL EXPENDITURES** | $ 2932.57 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 9823.11 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

**19** AFFIDAVIT

SONIA GUZMAN
MY COMMISSION EXPIRES
June 28, 2011

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.

Guadalupe Arriola
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guadalupe Arriola, this the 9th day of April, 20 09, to certify which, witness my hand and seal of office.

| Sonia Guzman | SONIA GUZMAN | Notary Public |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/13/09 | Juan B. Garcia<br>4704 Indian Mound Ct, Fort Worth, TX 76132 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/17/09 | Cindy Arriola<br>1021 Blue Lake Dr., Fort Worth, TX 76103 | $500.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/17/09 | Cindy Arriola<br>1021 Blue Lake Dr., Fort Worth, TX 76103 | $1000.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/4/09 | John Hernandez<br>2009 N. Houston St.<br>Fort Worth, TX 76164-8147 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/26/09 | Leita M. Blair<br>2846 Westwood Dr., Grapevine, TX 76051 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE **A**

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1 Total pages Schedule A:

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Kelley Crockett<br>409 Shade Tree Cir<br>Hurst, TX 76054 | $500 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Thomas P. Long<br>Fort Worth, TX | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Mary Pastusek<br>7812 Acapulco Rd<br>Fort Worth, TX | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | M.J./B.J. Shropshire<br>805 Shady Glen Ct<br>Fort Worth, TX 76120 | $200 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-25-09 | William T. Fujioka<br>1403 Royal Oaks Dr. N<br>Bradbury, 91008 | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages Schedule A:

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Sandra Gonzales<br>3701 Bellaire Cir<br>Fort Worth, TX 76109 | $100 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | William Brown<br>313 Paintbrush<br>Grand Prairie, TX 75052 | $150 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Anita Brown<br>313 Paintbrush<br>Grand Prarie, TX 75052 | $150 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Valerie Martinez-Ebers<br>121 Copperwood Dr.<br>Lakeside, TX 76108 | $250 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Rudy Lopez<br>817 Creek Hollow LN<br>Fort Worth, TX 76131 | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages Schedule A:

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Lon Burnam<br>P.O. Box 1894<br>Fort Worth, TX 76101 | $100 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Carol Stanford<br>2043 WARD PKWY<br>Fort Worth, TX 76110 | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Irma Perez<br>2020 Yucca Ave<br>Fort Worth, TX 76111 | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Monica Matthews<br>2020 Yucca Ave<br>Fort Worth, TX 76111 | $100 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-26-09 | Pat Major-Harris<br>6109 Ravenswood<br>Fort Worth, TX 76112 | $75 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages Schedule A

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/24/09 | D.S. Barraza<br>901 N. Doner Dr.<br>Montebello, CA 90640 | $400.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Beverly Sanchez<br>2150 Turnbull Canyon Rd.<br>Hacienda Heights, CA 91745 | $1000.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Hope A. Bullock III<br>P.O. Box 400505<br>Los Angeles, CA 90048 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Gloria Molina<br>4466 Canyon Vista Dr.<br>Los Angeles, CA 90065 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Dr. Louis F. Moret<br>5439 Dahlia Dr.<br>Los Angeles, CA 90041 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE **A**

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1 Total Pledges Schedule A

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (if applicable)

| 4 Date | 5 Full name of contributor / 6 Contributor address, City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Armando G. Ramirez<br>1235-1 S Orange Grove Blvd.<br>Pasadena, CA 91105-3348 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Evelyn V. Martinez<br>2211 Hill Dr.<br>Los Angeles, CA 90041 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/24/09 | Alexander A. Silva<br>P.O. Box 93229<br>Pasadena, CA 91109 | $200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Velma Perdomo<br>3000 Glenaven Ave.<br>Alhambra, CA 91803 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | John J. Menchaca<br>9925 W Domingo Dr.<br>San Gabriel, CA 91775 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/24/09 | Enrique Garcia<br>8928 La Rosa Dr.<br>San Gabriel, CA 91776 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Olivia G. Rodriguez<br>3594 Verdugo Vista Terr.<br>Los Angeles, CA 90065 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Darline Robles<br>14277 Eastridge Dr.<br>Whittier, CA 90602 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Theresa C. Bagues<br>1930 E 1st St.<br>Los Angeles, CA. 90033 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Rebecca M. Hamburg<br>231 N. 3rd St.<br>Philadelphia, PA 19106 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Melvin Brewster<br>3553 Monterosa Dr.<br>Altadena, CA 91001 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Bertha Saavedra<br>14890 Jeremie St.<br>Baldwin Park, CA 91706 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Eulalia Arriola<br>1201 Carob Way<br>Montebello, CA 90640 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-24-09 | Kathleen Arias<br>419 N. Larchmont Blvd.<br>Los Angeles, CA 90004 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3-27-09 | John Menchaca<br>800 8th Avenue, Suite 124<br>Fort Worth, TX 76104 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages Schedule A.

2 FILER NAME Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/24/09 | Robert Lopez<br>809 Bluff Rd Mtb., CA 90640 | | $500.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/24/09 | Beverly Sanchez<br>2150 Turnbull Cny Rd H.H. CA 91745 | | $400.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/24/09 | Susana Jackson<br>3104 Clearmeadow<br>Mesquite, TX 75181 | | $100.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor (☐ out-of-state PAC ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A:

2 FILER NAME Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/3/09 | Jack Lazorko<br>1360 Meandering Way<br>Rockwall, TX 75087 | $100 — | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/26/09 | Bob Bonilla<br>7801 Grassland FW TX<br>Fort Worth, TX 76133 | | $600.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/26/09 | Nehme & Christina Elbitar<br>1622 Park Pl<br>Fort Worth, TX | | $550.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/26/09 | Eva Bonilla<br>7801 Grassland<br>Fort Worth, TX 76133 | | $200.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# LOANS

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 8,000.00

5 Date of loan: 2-13-9

6 Is lender a financial institution? Y (N)

7 Name of lender: Chris Sanchez ☐ out-of-state PAC (ID#: )

8 Lender address; City; State; Zip Code: 5925 Forest LN, Fort Worth, TX 76112

9 Loan Amount ($): $ 8,000.00

10 Interest rate: Ø

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☒ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

---

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID# )

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL EXPENDITURES

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Lupe Arriola

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 2-27-09 | Travis Parmer<br>PO Box 11517, Fort Worth, TX 76110 | $234.90 |

8 Purpose of payment (See instructions regarding type of information required.): envelopes

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-7-09 | Designer Signs<br>12404 South State Highway<br>Tyler, TX 75703 | $1722.60 |

Purpose of payment (See instructions regarding type of information required.): yard signs

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-10-09 | Print World<br>6025 E. Lancaster, Fort Worth, TX 76112 | $374.55 |

Purpose of payment (See instructions regarding type of information required.): note cards, envelopes

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-23-09 | Big Bad Wolf Creative Group<br>1166 Country Club #1, Fort Worth, TX 76112 | $507.42 |

Purpose of payment (See instructions regarding type of information required.): web/print designs

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address, City, State, Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|
| 2/9/09 | City of F. Worth<br>1000 Throckmorton<br>F. Worth, TX 76102<br>Filing Fee | $100.00 |
| 2/10/9 | Wells Fargo<br>Meadowbrook Branch<br>F. Worth, TX 76112<br>Open checking Acct | $100.00 |
| 2/9/9 | Pack n Mail<br>6731 Bridge ST<br>Ft Worth, TX 76112<br>Post Otc box rental | $41.00 |
| 2/19/9 | City of F. Worth<br>1000 Throckmorton<br>Ft. Worth, TX 76102<br>Certificate of Occupancy | $120.00 |
| 3/11/09 | Print World<br>6025 E. Lancaster<br>F. Worth, TX 76112<br>Cards-2color | $110.42 |

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Business name<br>6 Business address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|

| 8 Purpose of payment (See instructions regarding type of information required.)<br>**(If travel outside of Texas, complete Schedule T)** | 9 •• Complete if direct expenditure to benefit C/OH ••<br>Candidate / Officeholder name Office sought Office held |
|---|---|

| Date | Business name<br>Business address; City; State; Zip Code | Amount ($) |
|---|---|---|

| Purpose of payment (See instructions regarding type of information required.)<br>**(If travel outside of Texas, complete Schedule T)** | •• Complete if direct expenditure to benefit C/OH ••<br>Candidate / Officeholder name Office sought Office held |
|---|---|

| Date | Business name<br>Business address; City; State; Zip Code | Amount ($) |
|---|---|---|

| Purpose of payment (See instructions regarding type of information required.)<br>**(If travel outside of Texas, complete Schedule T)** | •• Complete if direct expenditure to benefit C/OH ••<br>Candidate / Officeholder name Office sought Office held |
|---|---|

| Date | Business name<br>Business address; City; State; Zip Code | Amount ($) |
|---|---|---|

| Purpose of payment (See instructions regarding type of information required.)<br>**(If travel outside of Texas, complete Schedule T)** | •• Complete if direct expenditure to benefit C/OH ••<br>Candidate / Officeholder name Office sought Office held |
|---|---|

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name<br>6 Payee address; City; State; Zip Code<br>7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) |
|---|---|---|
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |

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# CREDITS (optional)

SCHEDULE **K**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payor name<br>6 Payor address; City; State; Zip Code<br>7 Reason for credit | 8 Amount ($) |
|---|---|---|
| Date | Payor name<br>Payor address; City; State; Zip Code<br>Reason for credit | Amount ($) |
| Date | Payor name<br>Payor address; City; State; Zip Code<br>Reason for credit | Amount ($) |
| Date | Payor name<br>Payor address; City; State; Zip Code<br>Reason for credit | Amount ($) |
| Date | Payor name<br>Payor address; City; State; Zip Code<br>Reason for credit | Amount ($) |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE **T**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule T:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

**5** Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

**6** Dates of travel

**7** Name of person(s) traveling

**8** Departure city or name of departure location

**9** Destination city or name of destination location

**10** Means of transportation

**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.**
**•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

| 1 C/OH NAME | 2 ACCOUNT # (Ethics Commission filers) |
|---|---|
| | |

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

**•• Complete A & B below *only* if you are not an officeholder. ••**

### A. CAMPAIGN FUNDS

**Check only one:**

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

**Check only one:**

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

## 5 OFFICEHOLDER

**•• Complete this section *only* if you are an officeholder ••**

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder