

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
CITY SECRETARY
FT. WORTH, TEX

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

The C/OH INSTRUCTIONS GUIDE explains how to complete this form.

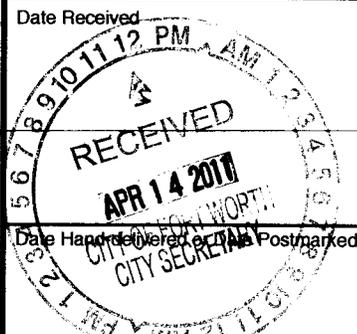
1 ACCOUNT #
(Ethics Commission filers)
12345678

2 PAGE #
1 of 54

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Guadalupe
NICKNAME LAST SUFFIX
Lupe Arriola

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6731 Bridge St.
#224
Fort Worth, TX 76112

Date Hand Delivered or Postmarked

Receipt # Amount
Date Processed
Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Christopher
NICKNAME LAST SUFFIX
Chris Sanchez

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5925 Forest Lane
Fort Worth, TX 76112

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
0

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01/01/2011 04/04/2011

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/14/2011 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
City Council District District 4

13 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Arriola, Guadalupe (Ms.)

15 ACCOUNT # (Ethics Commission filers)
12345678

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$** 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$** 15,997.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$** 0.00

4. **TOTAL POLITICAL EXPENDITURES** **\$** 23,858.09

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 7,345.52

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 28,500.00

18 AFFIDAVIT



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 14TH day of April, 2011, to certify which, witness my hand and seal of office.

Sonia Guzman SONIA GUZMAN Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/29 Report: 3/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adrian, Linda 6 Contributor address, City, State, Zip Code 3312 Mesquite Rd Fort Worth, TX 76111-6332	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguilera, Jesse & Terre Contributor address; City; State; Zip Code 2112 Daisy Ln Fort Worth, TX 76111-1525	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alva-Green, Pat Contributor address; City; State; Zip Code 9905 Crestridge Dr Denton, TX 76207-5617	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amparano, Norma Contributor address; City; State; Zip Code 616 3rd St Montebello, CA 90640	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arriola, Adrian Contributor address; City; State; Zip Code 1305 S. Montebello Blvd Montebello, CA 90640	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/29 Report: 5/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashford, Jim 6 Contributor address; City; State; Zip Code 6209 Riverview Cir Fort Worth, TX 76112-1160	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) COMMUNITY ACTIVIST		10 Employer (See Instructions)	
4 Date 04/02/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashford, Jim 6 Contributor address; City; State; Zip Code 6209 Riverview Cir Fort Worth, TX 76112-1160	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) COMMUNITY ACTIVIST		10 Employer (See Instructions)	
4 Date 03/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Mona 6 Contributor address; City; State; Zip Code 5000 Sugar Lake Rd Fort Worth, TX 76103-1025	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 02/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Banda, Anelia 6 Contributor address; City; State; Zip Code 6464 Crestmore Rd Fort Worth, TX 76116-7323	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) Name Tag
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 03/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bargas, Victoria 6 Contributor address; City; State; Zip Code 301 E Drew St Fort Worth, TX 76110-6318	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/29 Report: 6/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bauer, Mark	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 609 Colts Nect Ct. Colleyville, TX 76034		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belmontes, Mac	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 79252 Fort Worth, TX 76179-0252		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bermes, Norman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 Paloverde Ln Fort Worth, TX 76112-1123		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blair, Leita	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2846 Wentwood Dr Grapevine, TX 76051-6015		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Eva	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7801 Grassland Dr Fort Worth, TX 76133-7925		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form. 1 PAGE #
Schedule: 5/29 Report: 7/54

2 FILER NAME **Arriola, Guadalupe (Ms.)** 3 ACCOUNT # (Ethics Commission filers)
12345678

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Eva	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Balloons
03/24/2011	6 Contributor address; City; State; Zip Code 7801 Grassland Dr Fort Worth, TX 76133-7925	\$50.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Eva	Amount of contribution (\$)	In-kind contribution description (if applicable) DJ
03/24/2011	Contributor address; City; State; Zip Code 7801 Grassland Dr Fort Worth, TX 76133-7925	\$600.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Eva	Amount of contribution (\$)	In-kind contribution description (if applicable) Gift Baskets
04/02/2011	Contributor address; City; State; Zip Code 7801 Grassland Dr Fort Worth, TX 76133-7925	\$100.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla, Eva	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 7801 Grassland Dr Fort Worth, TX 76133-7925	\$10.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bordas, Juana	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2011	Contributor address; City; State; Zip Code 2678 Clermont St Denver, CO 80207-3043	\$25.00	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/29 Report: 8/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burns, Anna	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 3224 Lipscomb St Fort Worth, TX 76110-4039		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carreon, T.R.	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2717 Gardendale Dr Fort Worth, TX 76120-5649		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carreras, Lena	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 13742 Ridge Rd Whittier, CA 90601-4427		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrillo, Ricardo	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2301 Ephriham Ave Fort Worth, TX 76164-6645		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Donlyn	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2117 Park Willow Ln Apt D Arlington, TX 76011-3241		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/29 Report: 9/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Aracely 6 Contributor address; City; State; Zip Code 6920 Wicks Trl Fort Worth, TX 76133-5030	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 03/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Aracely Contributor address; City; State; Zip Code 6920 Wicks Trl Fort Worth, TX 76133-5030	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Aracely Contributor address; City; State; Zip Code 6920 Wicks Trl Fort Worth, TX 76133-5030	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Aracely Contributor address; City; State; Zip Code 6920 Wicks Trl Fort Worth, TX 76133-5030	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Joe Contributor address; City; State; Zip Code 8104 Marie Ln Fort Worth, TX 76123-2022	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/29 Report: 10/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Comstock, Nora 6 Contributor address; City; State; Zip Code 3103 Loyola Ln Austin, TX 78723-2832	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cornett, Robert Contributor address; City; State; Zip Code 1205 Millbrook Dr Arlington, TX 76012-4265	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 03/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cronin, Mike & Chris Contributor address; City; State; Zip Code 9012 Flicker Pl Columbia, MD 21045-2904	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cuenca, Nelly Contributor address; City; State; Zip Code 5103 Lindsley Ave Dallas, TX 75223-2027	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dennis, Keith Contributor address; City; State; Zip Code 2816 Central Dr Ste 100 Bedford, TX 76021-6829	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/29 Report: 11/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 04/02/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dennis, Keith	7 Amount of contribution (\$) \$225.00	8 In-kind contribution description (if applicable) Gift Basket
6 Contributor address; City; State; Zip Code 2816 Central Dr Ste 100 Bedford, TX 76021-6829		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DiStefano, Laura	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8433 Meadowbrook Dr Fort Worth, TX 76120-5203		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DiStefano, Laura	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8433 Meadowbrook Dr Fort Worth, TX 76120-5203		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eicher, Carol	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1766 Oak Hill Rd Fort Worth, TX 76112-4074		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eicher, Carol	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1766 Oak Hill Rd Fort Worth, TX 76112-4074		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/29 Report: 12/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 04/02/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eicher, Carol 6 Contributor address; City; State; Zip Code 1766 Oak Hill Rd Fort Worth, TX 76112-4074	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Anne Contributor address; City; State; Zip Code 1017 Blue Lake Fort Worth, TX 76103	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Anne Contributor address; City; State; Zip Code 1017 Blue Lake Fort Worth, TX 76103	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Anne Contributor address; City; State; Zip Code 1017 Blue Lake Fort Worth, TX 76103	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Amado & Vida Contributor address; City; State; Zip Code 8736 Trailwood Ct Keller, TX 76248-0362	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/29 Report: 13/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Aurelia & Armado	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2011	6 Contributor address; City; State; Zip Code 1604 Meadowlane Ter Fort Worth, TX 76112-3417	\$50.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Mary & Albert	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/14/2011	Contributor address; City; State; Zip Code 7453 Van Natta Ln Fort Worth, TX 76112-5905	\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Dr. & Mrs. Jaime	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 8008 Bridge St North Richland Hills, TX 76180-5501	\$200.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griggs, Lance	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2011	Contributor address; City; State; Zip Code 6613 Longleaf Ln Fort Worth, TX 76137-1627	\$50.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Joe	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2011	Contributor address; City; State; Zip Code 115 W 2nd St Ste 208 Fort Worth, TX 76102-3000	\$50.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/29 Report: 14/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hampton, Belinda	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/24/2011	6 Contributor address; City; State; Zip Code 3363 W Gambrell St Fort Worth, TX 76133-1079	\$25.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helsel, Robert & Juliann	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2011	Contributor address; City; State; Zip Code 6109 Monterrey Dr. Fort Worth, TX 76112	\$50.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Alex	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2011	Contributor address; City; State; Zip Code 1432 Layton Ave Haltom City, TX 76117-5843	\$50.00	Volunteer Food
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Alex	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 1432 Layton Ave Haltom City, TX 76117-5843	\$50.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Alex	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 1432 Layton Ave Haltom City, TX 76117-5843	\$20.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/29 Report: 15/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Christine	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2011	6 Contributor address; City; State; Zip Code 230 Bayne Rd Haslet, TX 76052-4616	\$135.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Elegance All Around	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Christine	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 230 Bayne Rd Haslet, TX 76052-4616	\$825.00	Gift Baskets
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Elegance All Around	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HERNANDEZ, JOHN	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2011	Contributor address; City; State; Zip Code 2009 N Houston St Fort Worth, TX 76164-8147	\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Raquel	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 1423 Layton Ave Haltom City, TX 76117-5844	\$35.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hinojosa, Maria	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2011	Contributor address; City; State; Zip Code 5017 Lincoln Oaks Dr S Apt 1313 Fort Worth, TX 76132-2240	\$20.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/29 Report: 16/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hirst, James & Bernie 6 Contributor address; City; State; Zip Code 6056 Forest Ln Fort Worth, TX 76112-1060	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hogan, Gary Contributor address; City; State; Zip Code 2117 Rolling Creek Run Fort Worth, TX 76108-4937	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ingram, Vera Contributor address; City; State; Zip Code 400 Vintage Ct Colleyville, TX 76034-7601	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Susana Contributor address; City; State; Zip Code 3104 Clearmeadow Dr Mesquite, TX 75181-3542	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Susana Contributor address; City; State; Zip Code 3104 Clearmeadow Dr Mesquite, TX 75181-3542	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/29 Report: 17/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leal, Marianne 6 Contributor address; City; State; Zip Code 1220 N Main St Ste 115 Fort Worth, TX 76164-9167	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leal, Marianne Contributor address; City; State; Zip Code 1220 N Main St Ste 115 Fort Worth, TX 76164-9167	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Gift Basket
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Natalie Contributor address; City; State; Zip Code 4908 Crest Dr Arlington, TX 76017-1012	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Rudy Contributor address; City; State; Zip Code 817 Creek Hollow Ln Fort Worth, TX 76131-3805	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Rudy Contributor address; City; State; Zip Code 817 Creek Hollow Ln Fort Worth, TX 76131-3805	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/29 Report: 18/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loya, Ben 6 Contributor address; City; State; Zip Code 6100 Monterrey Dr Fort Worth, TX 76112-3910	7 Amount of contribution (\$) \$60.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MAJOR-HARRIS, PAT Contributor address; City; State; Zip Code 6109 Ravenswood Dr Fort Worth, TX 76112-3019	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Sonia Contributor address; City; State; Zip Code 1209 Rumfield Rd Fort Worth, TX 76108-3048	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Sonia Contributor address; City; State; Zip Code 1209 Rumfield Rd Fort Worth, TX 76108-3048	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Sue Ann Contributor address; City; State; Zip Code 1816 Maplewood Trl Colleyville, TX 76034-3026	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/29 Report: 19/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Tony & Mary Lou 6 Contributor address; City; State; Zip Code 4900 Terrace Trl Fort Worth, TX 76114-1739	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Tony & Mary Lou Contributor address; City; State; Zip Code 4900 Terrace Trl Fort Worth, TX 76114-1739	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Tony & Mary Lou Contributor address; City; State; Zip Code 4900 Terrace Trl Fort Worth, TX 76114-1739	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Tony & Mary Lou Contributor address; City; State; Zip Code 4900 Terrace Trl Fort Worth, TX 76114-1739	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez-Ebers, Valerie Contributor address; City; State; Zip Code 121 Copperwood Dr Lakeside, TX 76108-9478	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/29 Report: 20/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez-Ebers, Valerie 6 Contributor address; City; State; Zip Code 121 Copperwood Dr Lakeside, TX 76108-9478	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable) Volunteer Food
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez-Ebers, Valerie Contributor address; City; State; Zip Code 121 Copperwood Dr Lakeside, TX 76108-9478	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez-Ebers, Valerie Contributor address; City; State; Zip Code 121 Copperwood Dr Lakeside, TX 76108-9478	Amount of contribution (\$) \$52.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez-Ebers, Valerie Contributor address; City; State; Zip Code 121 Copperwood Dr Lakeside, TX 76108-9478	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) Gift Basket
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthews, Monica Contributor address; City; State; Zip Code 2020 Yucca Ave Fort Worth, TX 76111-1334	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/29 Report: 21/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maude, Tony	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/14/2011	6 Contributor address; City; State; Zip Code 2272 Duane St Apt 5 Los Angeles, CA 90039-3100	\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McBee, Louis	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2011	Contributor address; City; State; Zip Code 5513 Aspen Ln Fort Worth, TX 76112-2957	\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McBee, Louis	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/07/2011	Contributor address; City; State; Zip Code 5513 Aspen Ln Fort Worth, TX 76112-2957	\$200.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MOLINA, GLORIA	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/27/2011	Contributor address; City; State; Zip Code 466 Canyon Vista Dr Los Angeles, CA 90065-3965	\$250.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Najera, Eliza	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2011	Contributor address; City; State; Zip Code 310 N Hampton St Fort Worth, TX 76102-2433	\$25.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/29 Report: 22/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 04/02/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neasbitt, Glenn & Sally 6 Contributor address; City; State; Zip Code 617 Cooks Ln Fort Worth, TX 76120-2601	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newman, Rachel Contributor address; City; State; Zip Code 3333 Ryan Ave Fort Worth, TX 76110-3826	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nguyen, Emily Contributor address; City; State; Zip Code 7713 Acapulco Rd Fort Worth, TX 76112-6114	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paniagua, Joe Contributor address; City; State; Zip Code 8125 Mount Shasta Cir Fort Worth, TX 76137-5320	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pastusek, Mary Contributor address; City; State; Zip Code 7812 Acapulco Rd Fort Worth, TX 76112-6117	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/29 Report: 23/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pastusek, Mary 6 Contributor address; City; State; Zip Code 7812 Acapulco Rd Fort Worth, TX 76112-6117	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Albert Contributor address; City; State; Zip Code 1220 N Main St Ste 302 Fort Worth, TX 76164-9100	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Irma & Albert Contributor address; City; State; Zip Code 2020 Yucca Ave Fort Worth, TX 76111-1334	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Irma & Albert Contributor address; City; State; Zip Code 2020 Yucca Ave Fort Worth, TX 76111-1334	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) Volunteer Food
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Irma & Albert Contributor address; City; State; Zip Code 2020 Yucca Ave Fort Worth, TX 76111-1334	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) Gift Basket
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/29 Report: 24/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Francisco 6 Contributor address; City; State; Zip Code 4200 South Fwy Ste 1629 Fort Worth, TX 76115-1414	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable) Catering
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Mexico de Mis Amores	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rau, Ed & Christina Contributor address; City; State; Zip Code 5820 Meadow Wood Ln Fort Worth, TX 76112-3035	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) Space Rental
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/04/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RODRIGUEZ, OLIVIA Contributor address; City; State; Zip Code 3594 Verdugo Vista Ter Los Angeles, CA 90065-4323	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saenz, Thomas & Sue Contributor address; City; State; Zip Code 4125 Briarcreek Dr Fort Worth, TX 76244-6782	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saldivar, Lee Contributor address; City; State; Zip Code 936 Cardinal Ridge Ave Fort Worth, TX 76115-3608	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/29 Report: 25/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Chris	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Window Signs
03/01/2011	6 Contributor address; City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045	\$360.00	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Chris	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2011	Contributor address; City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045	\$30.00	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Vincent	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/16/2011	Contributor address; City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045	\$50.00	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, James	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2011	Contributor address; City; State; Zip Code 2301 E University Dr Unit 228 Mesa, AZ 85213-8346	\$50.00	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandoval, Jesse	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2011	Contributor address; City; State; Zip Code PO Box 136580 Fort Worth, TX 76136-0580	\$50.00	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/29 Report: 26/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santana Webb, Julia	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5112 Lovell Ave Fort Worth, TX 76107-5224		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santana Webb, Julia	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5112 Lovell Ave Fort Worth, TX 76107-5224		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/04/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwalm, Wynette	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6905 Ritter Lane Fort Worth, TX 76137		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shropshire, Barbara	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 805 Shady Glen Ct Fort Worth, TX 76120-2858		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shropshire, Barbara	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 805 Shady Glen Ct Fort Worth, TX 76120-2858		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/29 Report: 27/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 04/02/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shropshire, Barbara	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 805 Shady Glen Ct Fort Worth, TX 76120-2858		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Slaieh, Sonia	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) Gift Baskets
Contributor address; City; State; Zip Code 436 Sunset Oaks Dr Fort Worth, TX 76112-1174		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Janet & Bill	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4807 Meandering Way Colleyville, TX 76034-4521		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Senior Development Director		Employer (See Instructions) Special Olympics Texas	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Janet & Bill	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4807 Meandering Way Colleyville, TX 76034-4521		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Senior Development Director		Employer (See Instructions) Special Olympics Texas	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sousa, Ana	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7733 Blossom Dr Fort Worth, TX 76133-7909		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/29 Report: 28/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 02/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spann, Carol	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1802 Canterbury Cir Fort Worth, TX 76112-4002		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) RETIRED CITY EMPLOYEE	
Date 02/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terrell, Truman & Peggy	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5025 Marble Falls Rd Fort Worth, TX 76103-1221		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/04/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Van Access
Contributor address; City; State; Zip Code 505 West 12th Street Suite 200 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Glenda	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7413 Arbor Hill Dr Fort Worth, TX 76120		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tran, Mr.	Amount of contribution (\$) \$65.00	In-kind contribution description (if applicable) Volunteer Food
Contributor address; City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/29 Report: 29/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tran, Mr.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Volunteer Food
04/02/2011	6 Contributor address; City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817	\$60.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevino, Jennifer	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/2011	6 Contributor address; City; State; Zip Code 2505 Capri Drive Fort Worth, TX 76114	\$20.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRINIDAD, GLORIA	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2011	6 Contributor address; City; State; Zip Code 7529 Kingsmill Ter Fort Worth, TX 76112-6023	\$100.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Ali	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Event Location
03/24/2011	6 Contributor address; City; State; Zip Code 4200 South Fwy Fort Worth, TX 76115-1400	\$2,000.00	
9 Principal occupation / Job title (See Instructions) General Manager		10 Employer (See Instructions) OK Corral	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vasquez, Celina	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/07/2011	6 Contributor address; City; State; Zip Code 5626 Oak View Dr Fort Worth, TX 76112-1949	\$200.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/29 Report: 30/54	
2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (Ethics Commission filers) 12345678	
4 Date 03/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vasquez, Celina 6 Contributor address; City; State; Zip Code 5626 Oak View Dr Fort Worth, TX 76112-1949	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vinson, Rita & Phil Contributor address; City; State; Zip Code 6216 Dovenshire Ter Fort Worth, TX 76112-3113	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vinson, Rita & Phil Contributor address; City; State; Zip Code 6216 Dovenshire Ter Fort Worth, TX 76112-3113	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vinson, Rita & Phil Contributor address; City; State; Zip Code 6216 Dovenshire Ter Fort Worth, TX 76112-3113	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) Copies
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warwick, Steve & Gabriela Contributor address; City; State; Zip Code 7916 Kendra Ln North Richland Hills, TX 76180	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 29/29 Report: 31/54

2 FILER NAME Arriola, Guadalupe (Ms.)

3 ACCOUNT # (Ethics Commission filers)
12345678

4 Date
5 Full name of contributor out-of-state PAC (ID# _____)
Williams, Connley & Isabel

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

04/02/2011
6 Contributor address; City; State; Zip Code
5412 Purington Ave
Fort Worth, TX 76112

\$25.00

(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# _____)
Williams, Olivia & Walt

Amount of contribution (\$) | In-kind contribution description (if applicable)

03/04/2011
Contributor address; City; State; Zip Code
6001 Forest Ln
Fort Worth, TX 76112-1059

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/20 Report: 34/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 01/15/2011	5 Payee name (eightoneseven)Strategies
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6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Strategy Consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/31/2011	Payee name (eightoneseven)Strategies
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Strategy Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/14/2011	Payee name (eightoneseven)Strategies
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Strategy Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/16/2011	Payee name (eightoneseven)Strategies
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Amount (\$) \$2,100.00	Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Research
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/20 Report: 35/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 02/28/2011	5 Payee name (eightoneseven)Strategies
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6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2011	Payee name (eightoneseven)Strategies
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Strategy Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2011	Payee name (eightoneseven)Strategies
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code PO Box 123262 Fort Worth, TX 76121
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Strategy Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/21/2011	Payee name AT&T
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Amount (\$) \$27.56	Payee address City; State; Zip Code 208 S Akard St Dallas, TX 75202-4295
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Minutes
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/20 Report: 36/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 01/18/2011	5 Payee name Best Buy
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6 Amount (\$) \$16.23	7 Payee address City; State; Zip Code 5604 Southwest Loop 820 Fort Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
		Office Supplies

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

Date 02/03/2011	Payee name Big Bad Wolf Creative Group
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Amount (\$) \$284.16	Payee address City; State; Zip Code 1166 Country Club Ln #1 Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Website	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
		Website

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Date 03/22/2011	Payee name Big Bad Wolf Creative Group
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Amount (\$) \$649.50	Payee address City; State; Zip Code 1166 Country Club Ln #1 Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Website	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
		Website

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Date 03/04/2011	Payee name City of Fort Worth
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Amount (\$) \$120.00	Payee address City; State; Zip Code 1000 Throckmorton St Fort Worth, TX 76102-6312
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
		Permit

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/20 Report: 37/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 02/16/2011	5 Payee name CLEAR
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6 Amount (\$) \$43.41	7 Payee address City; State; Zip Code 4400 Carillon Point Kirkland, WA 98033
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2011	Payee name CLEAR
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Amount (\$) \$43.41	Payee address City; State; Zip Code 4400 Carillon Point Kirkland, WA 98033
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/31/2011	Payee name Dan's Chicken & Seafood
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Amount (\$) \$7.56	Payee address City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/04/2011	Payee name Dan's Chicken & Seafood
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Amount (\$) \$18.15	Payee address City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/20 Report: 38/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 04/04/2011	5 Payee name Dollar General
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6 Amount (\$) \$5.41	7 Payee address City; State; Zip Code 1024 Bridgewood Dr Fort Worth, TX 76112-0802
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/22/2011	Payee name Exxon Mobil
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Amount (\$) \$2.70	Payee address City; State; Zip Code 6001 Camp Bowie Blvd Fort Worth, TX 76116
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/24/2011	Payee name Exxon Mobil
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Amount (\$) \$2.70	Payee address City; State; Zip Code 6001 Camp Bowie Blvd Fort Worth, TX 76116
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Ice
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/04/2011	Payee name Garcia-Krupski, Robert
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Amount (\$) \$300.00	Payee address City; State; Zip Code 6328 Franklin Gate El Paso, TX 79912
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design Work
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/20 Report: 39/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 01/24/2011	5 Payee name Graphics2
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6 Amount (\$) \$227.33	7 Payee address City; State; Zip Code 507 S. Main St Fort Worth, TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Business Cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/08/2011	Payee name Graphics2
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Amount (\$) \$200.26	Payee address City; State; Zip Code 507 S. Main St Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Business Cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2011	Payee name Graphics2
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Amount (\$) \$667.90	Payee address City; State; Zip Code 507 S. Main St Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invitations
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/02/2011	Payee name labichela, Maru
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Amount (\$) \$100.00	Payee address City; State; Zip Code 3820 Harbour Creek Ct Fort Worth, TX 76179-3830
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/20 Report: 40/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 04/02/2011	5 Payee name James, Hannah
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6 Amount (\$) \$75.00	7 Payee address City; State; Zip Code 2807 Ranch House Dr E Apt 411 Fort Worth, TX 76116-0738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2011	Payee name Leal, Marianne
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Amount (\$) \$150.00	Payee address City; State; Zip Code 1220 N Main St Ste 115 Fort Worth, TX 76164-9167
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gift Basket
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/16/2011	Payee name Mack/Crouse Group
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Amount (\$) \$2,540.00	Payee address City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing Materials
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/01/2011	Payee name Mack/Crouse Group
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Amount (\$) \$2,000.00	Payee address City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing Materials
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/20 Report: 41/54		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 02/01/2011	5 Payee name Madison Summitt LTD				
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 1100 Bridgewood St. Fort Worth, TX 76112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Rent		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 03/30/2011	Payee name Meagher, Tim				
Amount (\$) \$385.00	Payee address City; State; Zip Code 2521 Ryan Place Dr Fort Worth, TX 76110-2506				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Catering		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/02/2011	Payee name Meagher, Tim				
Amount (\$) \$385.00	Payee address City; State; Zip Code 2521 Ryan Place Dr Fort Worth, TX 76110-2506				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Catering		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 01/05/2011	Payee name NGP				
Amount (\$) \$300.00	Payee address City; State; Zip Code 1225 Eye Street NW Washington, DC 20005				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Software		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/20 Report: 42/54		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 03/21/2011	5 Payee name NGP				
6 Amount (\$) \$24.00	7 Payee address City; State; Zip Code 1225 Eye Street NW Washington, DC 20005				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Email		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email Expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/04/2011	Payee name NGP				
Amount (\$) \$305.00	Payee address City; State; Zip Code 1225 Eye Street NW Washington, DC 20005				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Website/Email		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/24/2011	Payee name Office Depot				
Amount (\$) \$12.98	Payee address City; State; Zip Code 6680 West Fwy Fort Worth, TX 76116-2162				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 03/10/2011	Payee name Office Depot				
Amount (\$) \$8.77	Payee address City; State; Zip Code 1415 W Pipeline Rd Hurst, TX 76053-4628				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/20 Report: 43/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 03/31/2011	5 Payee name Office Depot
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6 Amount (\$) \$28.44	7 Payee address City; State; Zip Code 1415 W Pipeline Rd Hurst, TX 76053-4628
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/04/2011	Payee name Office Depot
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Amount (\$) \$24.89	Payee address City; State; Zip Code 6680 West Fwy Fort Worth, TX 76116-2162
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2011	Payee name Pack n' Mail
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Amount (\$) \$36.00	Payee address City; State; Zip Code 6731 Bridge St. Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailbox
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/29/2011	Payee name Paypal
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Amount (\$) \$0.59	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/20 Report: 44/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 02/05/2011	5 Payee name Paypal
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6 Amount (\$) \$1.75	7 Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/16/2011	Payee name Paypal
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Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/18/2011	Payee name Paypal
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Amount (\$) \$1.75	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/25/2011	Payee name Paypal
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Amount (\$) \$7.55	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/20 Report: 45/54		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 03/10/2011		5 Payee name Paypal			
6 Amount (\$) \$3.20		7 Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/15/2011		Payee name Paypal			
Amount (\$) \$3.20		Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/18/2011		Payee name Paypal			
Amount (\$) \$3.20		Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/21/2011		Payee name Paypal			
Amount (\$) \$3.20		Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/20 Report: 46/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 03/24/2011	5 Payee name Paypal
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6 Amount (\$) \$3.20	7 Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2011	Payee name Paypal
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Amount (\$) \$3.20	Payee address City; State; Zip Code 2211 N 1st St San Jose, CA 95131-2021
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/03/2011	Payee name Sam's Club
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Amount (\$) \$6.34	Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/18/2011	Payee name Sam's Club
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Amount (\$) \$3.98	Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 14/20 Report: 47/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 02/24/2011	5 Payee name Sam's Club
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6 Amount (\$) \$7.96	7 Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/07/2011	Payee name Sam's Club
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Amount (\$) \$102.69	Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Overhead
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/11/2011	Payee name Sam's Club
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Amount (\$) \$6.54	Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2011	Payee name Sam's Club
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Amount (\$) \$18.48	Payee address City; State; Zip Code 4400 Bryant Irvin Rd Fort Worth, TX 76132-1064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/20 Report: 48/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 04/04/2011	5 Payee name Sign-A-Rama
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6 Amount (\$) \$156.96	7 Payee address City; State; Zip Code 2400 W Pioneer Pkwy Ste 118 Pantego, TX 76013-6091
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Host Board
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2011	Payee name Standridge, Brian
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Amount (\$) \$875.00	Payee address City; State; Zip Code 1200 Barbed Wire Way Haslet, TX 76052-4859
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/07/2011	Payee name Target
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Amount (\$) \$14.95	Payee address City; State; Zip Code 5700 Overton Ridge Blvd Fort Worth, TX 76132-3220
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/02/2011	Payee name Tyson Organization
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Amount (\$) \$250.00	Payee address City; State; Zip Code 855 Texas St Ste 100 Fort Worth, TX 76102-4574
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/20 Report: 49/54		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 04/04/2011		5 Payee name Tyson Organization			
6 Amount (\$) \$1,500.00		7 Payee address City; State; Zip Code 855 Texas St Ste 100 Fort Worth, TX 76102-4574			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Calling	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/18/2011		Payee name USPS			
Amount (\$) \$13.20		Payee address City; State; Zip Code 1475 Handley Dr Fort Worth, TX 76112-3371			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/01/2011		Payee name USPS			
Amount (\$) \$15.84		Payee address City; State; Zip Code 1475 Handley Dr Fort Worth, TX 76112-3371			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/17/2011		Payee name USPS			
Amount (\$) \$47.52		Payee address City; State; Zip Code 1475 Handley Dr Fort Worth, TX 76112-3371			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/20 Report: 50/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 03/21/2011	5 Payee name USPS
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6 Amount (\$) \$22.55	7 Payee address City; State; Zip Code 1475 Handley Dr Fort Worth, TX 76112-3371
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Postage	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2011	Payee name USPS
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Amount (\$) \$17.60	Payee address City; State; Zip Code 1475 Handley Dr Fort Worth, TX 76112-3371
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/14/2011	Payee name Vickery Cafe
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Amount (\$) \$17.11	Payee address City; State; Zip Code 4120 West Vickery Boulevard Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff Breakfast
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/22/2011	Payee name Wal-Mart
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Amount (\$) \$15.59	Payee address City; State; Zip Code 8401 Anderson Blvd Fort Worth, TX 76120-3857
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Walk Expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/20 Report: 51/54		2 FILER NAME Arriola, Guadalupe (Ms.)		3 ACCOUNT # (TEC filers) 12345678	
4 Date 01/20/2011	5 Payee name Wells Fargo				
6 Amount (\$) \$2.50	7 Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/01/2011	Payee name Wells Fargo				
Amount (\$) \$9.95	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/17/2011	Payee name Wells Fargo				
Amount (\$) \$2.50	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/01/2011	Payee name Wells Fargo				
Amount (\$) \$9.95	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 19/20 Report: 52/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 03/17/2011	5 Payee name Wells Fargo
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6 Amount (\$) \$2.50	7 Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2011	Payee name Wells Fargo
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Amount (\$) \$9.95	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2011	Payee name Wells Fargo
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Amount (\$) \$6.00	Payee address City; State; Zip Code 6707 Brentwood Stair Road Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/22/2011	Payee name Yoko Donuts
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Amount (\$) \$12.35	Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 20/20 Report: 53/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 03/07/2011	5 Payee name Yoko Donuts
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6 Amount (\$) \$12.85	7 Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/21/2011	Payee name Yoko Donuts
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Amount (\$) \$17.88	Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete ONLY 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

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 54/54	2 FILER NAME Arriola, Guadalupe (Ms.)	3 ACCOUNT # (TEC filers) 12345678
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4 Date 02/12/2011	5 Payee name Arriola, Guadalupe
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6 Amount (\$) \$46.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Date 02/22/2011	Payee name Arriola, Guadalupe
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Amount (\$) \$1.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Date 03/30/2011	Payee name Arriola, Guadalupe
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Amount (\$) \$7.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner
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