



# 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	580.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	29,670.00
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	74,465.23
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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 *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 12<sup>TH</sup> day of July, 2011, to certify which, witness my hand and seal of office.

*Sonia Guzman* Signature of officer administering oath  
SONIA GUZMAN Print name of officer administering oath  
Notary 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: 1/1 Report: 3/11

**2** FILER NAME Arriola, Guadalupe (Ms.)

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

12345678

**4** Date  
  
05/09/2011

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brender, Art & Lynda

**6** Contributor address; City; State; Zip Code  
4121 Hampshire Blvd  
Fort Worth, TX 76103-3920

**7** Amount of contribution (\$)  
  
\$150.00

**8** In-kind contribution description (if applicable)

(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# \_\_\_\_\_)  
Gomez, Enriqueta

05/09/2011

Contributor address; City; State; Zip Code  
PO Box 7617  
Fort Worth, TX 76111

Amount of contribution (\$)  
  
\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
McBee, Louis

05/12/2011

Contributor address; City; State; Zip Code  
5624 Boca Raton Blvd  
Apt 132  
Fort Worth, TX 76112-1843

Amount of contribution (\$)  
  
\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Morales, Guillerma & Tony

05/25/2011

Contributor address; City; State; Zip Code  
5551 Vega  
Fort Worth, TX 76133

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Parmer, Hugh

05/12/2011

Contributor address; City; State; Zip Code  
PO Box 11890  
Fort Worth, TX 76110-0890

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(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  
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.

<b>1 PAGE #</b> Schedule: 1/7 Report: 4/11		<b>2 FILER NAME</b> Arriola, Guadalupe (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 12345678	
<b>4 Date</b> 05/15/2011		<b>5 Payee name</b> (eightoneseven)Strategies			
<b>6 Amount (\$)</b> \$1,500.00		<b>7 Payee address</b> City; State; Zip Code PO Box 123262 Fort Worth, TX 76121			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/17/2011		<b>Payee name</b> Arriola, Guadalupe			
<b>Amount (\$)</b> \$3,034.77		<b>Payee address</b> City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Repayment of Loans	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/17/2011		<b>Payee name</b> Arriola, Guadalupe			
<b>Amount (\$)</b> \$2,000.00		<b>Payee address</b> City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Repayment of Loans	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/21/2011		<b>Payee name</b> Arriola, Guadalupe			
<b>Amount (\$)</b> \$8,000.00		<b>Payee address</b> City; State; Zip Code 5925 Forest Ln Fort Worth, TX 76112-1045			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Repayment of Loans	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**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.

<b>1</b> PAGE # Schedule: 2/7 Report: 5/11		<b>2</b> FILER NAME Arriola, Guadalupe (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 12345678	
<b>4</b> Date 05/16/2011		<b>5</b> Payee name Big Bad Wolf Creative Group			
<b>6</b> Amount (\$) \$119.08		<b>7</b> Payee address City; State; Zip Code 1166 Country Club Ln #1 Fort Worth, TX 76112			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - Website		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/13/2011		Payee name CLEAR			
Amount (\$) \$43.41		Payee address City; State; Zip Code 4400 Carillon Point Kirkland, WA 98033			
<b>8</b> 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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/17/2011		Payee name CLEAR			
Amount (\$) \$86.62		Payee address City; State; Zip Code 4400 Carillon Point Kirkland, WA 98033			
<b>8</b> 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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/17/2011		Payee name Dollar General			
Amount (\$) \$2.17		Payee address City; State; Zip Code 1024 Bridgewood Dr Fort Worth, TX 76112-0802			
<b>8</b> 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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**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.

<b>1 PAGE #</b> Schedule: 3/7 Report: 6/11		<b>2 FILER NAME</b> Arriola, Guadalupe (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 12345678	
<b>4 Date</b> 05/16/2011	<b>5 Payee name</b> Dominos				
<b>6 Amount (\$)</b> \$26.91	<b>7 Payee address</b> City; State; Zip Code 6612 Brentwood Stair Rd Ste F Fort Worth, TX 76112-6612				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/16/2011	<b>Payee name</b> Kroger				
<b>Amount (\$)</b> \$23.72	<b>Payee address</b> City; State; Zip Code 1050 Bridgewood Dr Fort Worth, TX 76112-0802				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/17/2011	<b>Payee name</b> Kroger				
<b>Amount (\$)</b> \$35.00	<b>Payee address</b> City; State; Zip Code 1050 Bridgewood Dr Fort Worth, TX 76112-0802				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/07/2011	<b>Payee name</b> Mack/Crounse Group				
<b>Amount (\$)</b> \$10,347.04	<b>Payee address</b> City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct Mail		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**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.

<b>1</b> PAGE # Schedule: 4/7 Report: 7/11		<b>2</b> FILER NAME Arriola, Guadalupe (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 12345678	
<b>4</b> Date 06/01/2011		<b>5</b> Payee name Mack/Crouse Group			
<b>6</b> Amount (\$) \$521.00		<b>7</b> Payee address City; State; Zip Code 2001 N Beauregard St Alexandria, VA 22311-1739			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Direct Mail	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/05/2011		Payee name Net Play Promotions			
Amount (\$) \$1,368.33		Payee address City; State; Zip Code PO Box 224605 Dallas, TX 75222-4605			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Signs	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/06/2011		Payee name Net Play Promotions			
Amount (\$) \$680.46		Payee address City; State; Zip Code PO Box 224605 Dallas, TX 75222-4605			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard Signs	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/16/2011		Payee name Office Depot			
Amount (\$) \$35.70		Payee address City; State; Zip Code 1415 W Pipeline Rd Hurst, TX 76053-4628			
<b>8</b> 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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# 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.

<b>1 PAGE #</b> Schedule: 5/7 Report: 8/11	<b>2 FILER NAME</b> Arriola, Guadalupe (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 12345678
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<b>4 Date</b> 05/25/2011	<b>5 Payee name</b> Pinky's		
<b>6 Amount (\$)</b> \$79.92	<b>7 Payee address</b> City; State; Zip Code 542 Fielder North Plz Arlington, TX 76012-2309		

<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expenses
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/16/2011	<b>Payee name</b> Subway		
<b>Amount (\$)</b> \$32.46	<b>Payee address</b> City; State; Zip Code 1100 Bridgewood Dr Ste 115 Fort Worth, TX 76112-0808		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/18/2011	<b>Payee name</b> Subway		
<b>Amount (\$)</b> \$4.33	<b>Payee address</b> City; State; Zip Code 1100 Bridgewood Dr Ste 115 Fort Worth, TX 76112-0808		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/16/2011	<b>Payee name</b> Tran, Mr.		
<b>Amount (\$)</b> \$11.99	<b>Payee address</b> City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete <b>ONLY</b> 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.

<b>1</b> PAGE # Schedule: 6/7 Report: 9/11	<b>2</b> FILER NAME Arriola, Guadalupe (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 12345678
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<b>4</b> Date 05/18/2011	<b>5</b> Payee name Tran, Mr.
<b>6</b> Amount (\$) \$28.94	<b>7</b> Payee address City; State; Zip Code 6719 Bridge St Fort Worth, TX 76112-0817

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2011	Payee name Tyson Organization
Amount (\$) \$1,401.94	Payee address City; State; Zip Code 855 Texas St Ste 100 Fort Worth, TX 76102-4574

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phones
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/20/2011	Payee name Tyson Organization
Amount (\$) \$200.00	Payee address City; State; Zip Code 855 Texas St Ste 100 Fort Worth, TX 76102-4574

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phones
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/08/2011	Payee name Wal-Mart
Amount (\$) \$38.84	Payee address City; State; Zip Code 8401 Anderson Blvd Fort Worth, TX 76120-3857

<b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> 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.

<b>1</b> PAGE # Schedule: 7/7 Report: 10/11	<b>2</b> FILER NAME Arriola, Guadalupe (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 12345678
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<b>4</b> Date 05/12/2011	<b>5</b> Payee name Wal-Mart
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<b>6</b> Amount (\$) \$13.90	<b>7</b> Payee address City; State; Zip Code 8401 Anderson Blvd Fort Worth, TX 76120-3857
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Food
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/01/2011	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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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/16/2011	Payee name Yoko Donuts
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Amount (\$) \$23.52	Payee address City; State; Zip Code 5936 Geddes Ave Fort Worth, TX 76107-5818
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

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

2 ACCOUNT # (Ethics Commission filers)  
12345678

### 3 SIGNATURE

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

Guadalupe Arriola  
Signature of Candidate / Officeholder



### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

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

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

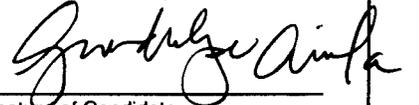
#### B. ASSETS

Check only one:

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

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

Guadalupe Arriola  
Signature of Candidate



### 5 OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder