

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00054700	<b>2</b> Total pages filed: 21
<b>3</b> COMMITTEE NAME MPAC Arlington, Inc.		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/16/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3110 Westador Drive  Arlington, TX 76015	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Jolanda J  NICKNAME LAST SUFFIX Hendricks	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3110 Westador Drive  Arlington, TX 76015	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3110 Westador Drive  Arlington, TX 76015	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 269-8408	
<b>9</b> REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED		Month Day Year      Month Day Year 07/01/2023      THROUGH      12/31/2023	
<b>11</b> ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 05/06/2023 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> MPAC Arlington, Inc.	<b>13 Filer ID</b> (Ethics Commission Filers) 00054700
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,931.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,170.10
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 9,436.35

**16 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.

Mrs. Jolanda J Hendricks  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> MPAC Arlington, Inc.		<b>18 Filer ID</b> (Ethics Commission Filers) 00054700
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,931.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,170.10
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 08/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amos , Nancy (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76012	
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) MPAC -New Member Dues
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amos , Nancy (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Memorial Tree Fund
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amos , Nancy (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- T-Shirt
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amos , Nancy (Mrs.)	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Mtg.Luncheon
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Janet (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Community Volunteer/Officer		Employer (See Instructions) MPAC-Dues

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Janet (Ms.)	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76017	
8 Principal occupation / Job title (See Instructions) Community Volunteer/Officer		9 Employer (See Instructions) MPAC-Memorial Tree Fund
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arlington Parks Dept., City of Arlington	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Arlington , TX 76013	
Principal occupation / Job title (See Instructions) Memorial Tree Fund		Employer (See Instructions) MPAC- Check Lost
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Linda (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capehart, Sheri (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Volunteer/Officer		Employer (See Instructions) MPAC - Memorial Tree Fund
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capehart, Sheri (Mrs.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Volunteer/Officer		Employer (See Instructions) MPAC - Dues

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 11/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capehart, Sheri (Mrs.)	7 Amount of Contribution (\$) \$23.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76001	
8 Principal occupation / Job title (See Instructions) Volunteer/Officer		9 Employer (See Instructions) MPAC -Annual Mtg.Luncheon
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capik, Laura (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crews, Rosie (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Community Volenteer		Employer (See Instructions) MPAC-Dues
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crews, Rosie (Mrs.)	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Community Volenteer		Employer (See Instructions) MPAC-Annual Luncheon
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Darovich, Donna (Mrs.)	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Mtg.Luncheon

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/12 Rpt: 7/21
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 09/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Findley, Linda (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76018	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Community Volunteer		<b>9</b> Employer (See Instructions) MPAC - New Member Dues
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Findley, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76018	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -T-Shirt
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Findley, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76018	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -Annual Luncheon
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Shelia (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC-Member T-Shirt
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Shelia (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Tina (Mrs.)	7 Amount of Contribution (\$)  \$60.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76001	
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) MPAC- Dues
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hazle, Timi (Mrs.)	Amount of Contribution (\$)  \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Officer/Volunteer		Employer (See Instructions) MPAC- Annual Mtg.Luncheon
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendricks, Jolanda (Mrs.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Community Volunteer/Officer		Employer (See Instructions) MPAC- Dues
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendricks, Jolanda (Mrs.)	Amount of Contribution (\$)  \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Luncheon
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendricks, Jolanda (Mrs.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- 2 T-Shirts



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/12 Rpt: 9/21
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 09/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Sylvia (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76017	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Community Volunteer		<b>9</b> Employer (See Instructions) MPAC - Member T Shirt
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Sylvia (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- New Member Dues
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Sylvia (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Mtg.Luncheon
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoyer, Carole (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC-Dues
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoyer, Carole (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions) MPAC-Memorial Tree Fund

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/12 Rpt: 10/21
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 11/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoyer, Carole (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76017	
<b>8</b> Principal occupation / Job title (See Instructions) Volunteer		<b>9</b> Employer (See Instructions) MPAC- Annual Luncheon
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Julie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -Member T-Shirt
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Julie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Julie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Memorial Tree Fund
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Julie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Luncheon

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 11/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerr, Connie (Ms.)	7 Amount of Contribution (\$)  \$23.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76017	
8 Principal occupation / Job title (See Instructions) Community volunteer		9 Employer (See Instructions) MPAC- Annual Mtg.Luncheon
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerr, Connie (Ms.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) MPAC- Dues
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinard, Martha (Mrs.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -Dues
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinard, Martha (Mrs.)	Amount of Contribution (\$)  \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC -Annual Mtg.Luncheon
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knickerbocker, Tabatha (Ms.)	Amount of Contribution (\$)  \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76002	
Principal occupation / Job title (See Instructions) Volunteer/Co-Presidnet		Employer (See Instructions) MPAC- Annual Mtg.Luncheon

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemons, Carole	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76015	
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) MPAC- Dues
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemons, Carole	Amount of Contribution (\$)  \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Annual Luncheon
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Northup, Judy	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Volunteer/Officer		Employer (See Instructions) MPAC -Dues
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Northup, Judy	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Volunteer/Officer		Employer (See Instructions) MPAC -Memorial Tree Fund
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palla, Deanna (Mrs.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Reinstated Member

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palla, Deanna (Mrs.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76011	
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) MPAC- T-Shirt
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pettitt, April (Mrs.)	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code  Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Volunteer/Officer		Employer (See Instructions) MPAC-Annual Mtg.Luncheon
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Sue (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76010	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Sue (Mrs.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Arlington, TX 76010	
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Memorial Tree Fund
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinsch, Donna (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Community Volunteer/Officer		Employer (See Instructions) MPAC - Member T-Shirt

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/21
2 FILER NAME MPAC Arlington, Inc.		3 Filer ID (Ethics Commission Filers) 00054700
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinsch, Donna (Mrs.) ..... 6 Contributor address; City; State; Zip Code  Arlington, TX 76005	7 Amount of Contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions) Community Volunteer/Officer		9 Employer (See Instructions) MPAC- Dues
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinsch, Donna (Mrs.) ..... Contributor address; City; State; Zip Code  Arlington, TX 76005	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Community Volunteer/Officer		Employer (See Instructions) MPAC- Annual Luncheon
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scaufflaire, Takona (Mrs.) ..... Contributor address; City; State; Zip Code  Arlington, TX 76011	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- New Member Dues
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroemer, Patra (Mrs.) ..... Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC-Dues
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tees, Jerry (Mrs.) ..... Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/12 Rpt: 15/21
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 11/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomlinson, Sandy (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013	<b>7</b> Amount of Contribution (\$)  \$23.00
<b>8</b> Principal occupation / Job title (See Instructions) Community Volunteer		<b>9</b> Employer (See Instructions) MPAC-Annual Mtg.Luncheon
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Juliann (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woolridge, Ruby (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC - Member T-Shirt
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woolridge, Ruby (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) MPAC- Dues

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 16/21

2 FILER NAME  
MPAC Arlington, Inc.

3 Filer ID (Ethics Commission Filers)  
00054700

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 17/21
<b>2</b> FILER NAME MPAC Arlington, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 18/21	<b>2</b> FILER NAME MPAC Arlington, Inc.	<b>3</b> Filer ID (Ethics Commission Filers) 00054700
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<b>4</b> Date 09/20/2023	<b>5</b> Payee name 3Di Sign and Design, Paul Falks
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<b>6</b> Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1133 West Main Street  Arlington, TX 76013
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4th of July Parade Banner-Arlington TX
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/20/2023	Payee name Arlington Parks Dept., City of Arlington
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Amount (\$) \$400.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 717 W.Main Street  Arlington, TX 76013
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for Memorial Tree for Remembering a Member who died this year.-Julia Burgen Founding
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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 12/28/2023	Payee name Frost Bank, Jamie Simpson (Agent)
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Amount (\$) \$30.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 16509  Fort Worth, TX 76162
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MPAC- Memorial Tree Fund Lost Check Bank Cancel 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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 19/21	<b>2</b> FILER NAME MPAC Arlington, Inc.	<b>3</b> Filer ID (Ethics Commission Filers) 00054700
<b>4</b> Date 07/17/2023	<b>5</b> Payee name Groggy Dog, Sportswear	
<b>6</b> Amount (\$) \$174.28  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box1411  Denton, TX 76202-1411	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Membership T-Shirts	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Members -Mpac T-Shirts to be worn at events.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Groggy Dog, Sportswear	
Amount (\$) \$276.11  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box1411  Denton, TX 76202-1411	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) T-Shirts MPAC Logo	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MPAC Member Shirts for hosting Events.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2023	Payee name Knickerbocker, Tabatha (Mrs.)	
Amount (\$) \$79.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Pointer Place  Arlington, TX 76002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fourth of July MPAC sign for the Parade.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 20/21	<b>2</b> FILER NAME MPAC Arlington, Inc.	<b>3</b> Filer ID (Ethics Commission Filers) 00054700
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<b>4</b> Date 11/20/2023	<b>5</b> Payee name Knickerbocker, Tabatha (Mrs.)
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<b>6</b> Amount (\$) \$149.90  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 401 Pointer Place  Arlington, TX 76002
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MPAC Zoom Call Service Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name Rip Rangers Products, Kris Krindle
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Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2402 Sherwood Street  Denton , TX 76209
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for MPAC December Social
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Rose Garden Tea Room, Rose Garden Tea Room
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Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4720 S. Cooper Street  Arlington, TX 76017
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental for MPAC Annual Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 21/21	<b>2</b> FILER NAME MPAC Arlington, Inc.	<b>3</b> Filer ID (Ethics Commission Filers) 00054700
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<b>4</b> Date 11/04/2023	<b>5</b> Payee name Rose Garden Tea Room, Rose Garden Tea Room
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<b>6</b> Amount (\$) \$466.45	<b>7</b> Payee address; City; State; Zip Code 4720 S. Cooper Street  Arlington, TX 76017
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MPAC Annual Meeting -Food for Members attending the Luncheon.
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2023	Payee name US Postal Service, US Post Office
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Amount (\$) \$194.00	Payee address; City; State; Zip Code 4108 SW Green Oaks Blvd.  Arlington, TX 76017-0017
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Rental 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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