

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p><i>Mr</i> <i>Chris</i> <i>P</i></p> <hr/> <p>NICKNAME LAST SUFFIX</p> <p><i>Dobi</i> <i>Dobson</i></p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED - 05 19 APR - 3 PM 3:27</p> </div> <p>Date Hand-delivered or Date Postmarked</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>2708 Buffalo Dr Arl., Tx 76013</i></p>	<p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(817) 602 6061</i></p>	<p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p><i>Same</i></p> <hr/> <p>NICKNAME LAST SUFFIX</p>	<p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>Same</i></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>() Same</i></p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p><i>1 / 1 / 19</i> <i>4 / 4 / 19</i></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p><i>5 / 4 / 19</i></p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>	
<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p><i>Mayor of Arlington</i></p>		
<p>GO TO PAGE 2</p>			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

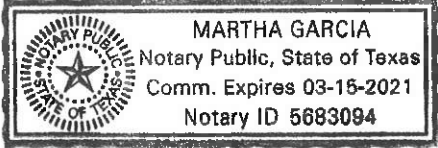
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

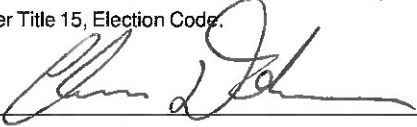
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 64
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

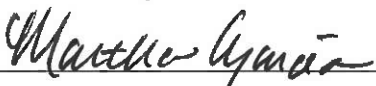
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Chris Dobson, this the 3rd day of April, 20 19, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

MARTHA GARCIA
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath