

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">12</div>																									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 24px;">Ms.</td> <td style="font-size: 24px;">Roxanne</td> <td style="font-size: 24px;">N.</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 24px;">Thalman</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms.	Roxanne	N.	NICKNAME	LAST	SUFFIX	Thalman			OFFICE USE ONLY														
MS / MRS / MR	FIRST	MI																										
Ms.	Roxanne	N.																										
NICKNAME	LAST	SUFFIX																										
Thalman																												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX:</td> <td style="font-size: 8px;">APT / SUITE #:</td> <td style="font-size: 8px;">CITY:</td> <td style="font-size: 8px;">STATE:</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 24px;">2306 Wilmette Dr. Arlington, TX 76018</td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	2306 Wilmette Dr. Arlington, TX 76018					Date Received <div style="text-align: center; font-size: 18px; border: 1px solid black; padding: 5px;"> RECEIVED - CSD 19 APR - 4 PM 12:20 </div> Date Hand-delivered or Date Postmarked																
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																								
2306 Wilmette Dr. Arlington, TX 76018																												
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="font-size: 24px;">(817)</td> <td style="font-size: 24px;">381-8890</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(817)	381-8890		Receipt # Amount \$ Date Processed Date Imaged																				
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Ms.	Claudia																											
NICKNAME	LAST	SUFFIX																										
Perkins																												
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="font-size: 8px;">APT / SUITE #:</td> <td style="font-size: 8px;">CITY:</td> <td style="font-size: 8px;">STATE:</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 24px;">3313 Yellowstone Dr. Arlington, TX 76013</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	3313 Yellowstone Dr. Arlington, TX 76013																			
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)																	
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">THROUGH</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td style="font-size: 24px;">1</td> <td style="font-size: 24px;">/</td> <td style="font-size: 24px;">1</td> <td></td> <td style="font-size: 24px;">3</td> <td style="font-size: 24px;">/</td> <td style="font-size: 24px;">25</td> </tr> <tr> <td colspan="2"></td> <td style="font-size: 24px;">2019</td> <td></td> <td colspan="2"></td> <td style="font-size: 24px;">2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/	1		3	/	25			2019				2019				
Month	Day	Year	THROUGH	Month	Day	Year																						
1	/	1		3	/	25																						
		2019				2019																						
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="font-size: 24px;">5</td> <td style="font-size: 24px;">/</td> <td style="font-size: 24px;">4</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="font-size: 24px;">2019</td> <td colspan="3"></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	5	/	4	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				2019						
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5	/	4	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																								
		2019																										
12 OFFICE	OFFICE HELD (if any) City Council, District 3	13 OFFICE SOUGHT (if known) City Council, District 3																										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Roxanne Thalman 15 Filer ID (Ethics Commission Filers)

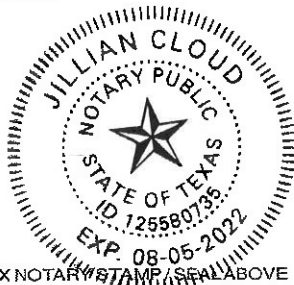
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8787.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5445.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8260.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 24,100.00

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.

R. Thalman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Roxanne Thalman this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

J Cloud Signature of officer administering oath
Jillian Cloud Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Roxanne Thalman</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8737.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5445.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <u>Roxanne Thalman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/18/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary S. Miller</u>	7 Amount of contribution (\$) <u>100.</u>
6 Contributor address; City; State; Zip Code <u>7605 Black Willow Ln. Arlington, TX 76002</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1/24/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeffery Benoit</u>	Amount of contribution (\$) <u>100</u>
Contributor address; City; State; Zip Code <u>2738 Via Villani Fort Worth, TX 76109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/15/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David McChelland</u>	Amount of contribution (\$) <u>250.</u>
Contributor address; City; State; Zip Code <u>3903 Melear Dr #151897 Arlington, TX 76015</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/15/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Larry Curry</u>	Amount of contribution (\$) <u>50.</u>
Contributor address; City; State; Zip Code <u>3203 Plintridge Ct. Arlington, TX 76017</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Christine Bullard

6 Contributor address; City; State; Zip Code

7230 Jurassic Dr. Arlington, TX 76012

7 Amount of contribution (\$)

100.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/16/19

Full name of contributor out-of-state PAC (ID#: _____)

Theresa Arriested

Contributor address; City; State; Zip Code

1049 Echo Lake Ct. Arlington, TX 76011

Amount of contribution (\$)

262.50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/19

Full name of contributor out-of-state PAC (ID#: _____)

Raul + Kemy Hernandez

Contributor address; City; State; Zip Code

2211 Woodmont Ct. Arlington, TX 76017

Amount of contribution (\$)

100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/19

Full name of contributor out-of-state PAC (ID#: _____)

Jeffery Benoit

Contributor address; City; State; Zip Code

25738 Via Villani Fort Worth, TX 76109

Amount of contribution (\$)

100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Mike Berro

6 Contributor address; City; State; Zip Code

4604 Riverbrest Dr. Arlington, TX 76017

7 Amount of contribution (\$)

150.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/19

Full name of contributor out-of-state PAC (ID#: _____)

Michael Clark

Contributor address; City; State; Zip Code

4111 British Ln. Arlington, TX 76002

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Nick Alexander

Contributor address; City; State; Zip Code

3100 Monticello Ave. Dallas, TX 75205

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

Full name of contributor out-of-state PAC (ID#: _____)

Jeffery Benoit

Contributor address; City; State; Zip Code

2738 Na Villani ^{Arlington} Arlington, TX 76009

Amount of contribution (\$)

~~500~~ *100*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Charles & Karin Farris

6 Contributor address; City; State; Zip Code

1515 Barbara Ln. Arlington, TX 76018

7 Amount of contribution (\$)

50.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Shee + Jimmy Phillips

Contributor address; City; State; Zip Code

415 Joyce St. Arlington, TX 76010

Amount of contribution (\$)

75

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Steve + Janet Carson

Contributor address; City; State; Zip Code

6316 Braunkel Ln. Arlington, TX 76018

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Michael Ledford

Contributor address; City; State; Zip Code

1723 Briar Meadows Arlington, TX 76014

Amount of contribution (\$)

100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Chet Willey + Angel Carter

6 Contributor address; City; State; Zip Code

5516 Marquette St. Arlington, TX 76010

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Randall + Isabella Hernandez

Contributor address; City; State; Zip Code

310 Westador Dr. Arlington, TX 76015

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Ryan Brubaker

Contributor address; City; State; Zip Code

2006 Katherine Ct Dallas Arlington borders TX 76010

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/19

Full name of contributor out-of-state PAC (ID#: _____)

Sheila Young

Contributor address; City; State; Zip Code

703 Moore Rd. Mansfield, TX 76063

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/19

5 Full name of contributor out-of-state PAC (ID#: _____)

David Doney

6 Contributor address; City; State; Zip Code

8441 Emerald Cir. North Richland Hills, TX 76180

7 Amount of contribution (\$)

200.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Kay King

Contributor address; City; State; Zip Code

4015 Shady Valley Dr. Arlington, TX 76013

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/19

Full name of contributor out-of-state PAC (ID#: _____)

Lineberger, Bogan, Blair & Sampson

Contributor address; City; State; Zip Code

PO Box 17428 Austin, TX 78760

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/19

Full name of contributor out-of-state PAC (ID#: _____)

Rachel Seikel

Contributor address; City; State; Zip Code

1418 Portobello Ct. Arlington, TX 76012

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Roxanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Carol & Bill Daley

7 Amount of contribution (\$)

125.

6 Contributor address; City; State; Zip Code

1311 Black Walnut Ln. Arlington, TX 76005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/19

Full name of contributor out-of-state PAC (ID#: _____)

Arlington Police Association

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

PO Box 856 Arlington, TX 76004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/19

Full name of contributor out-of-state PAC (ID#: _____)

Shenn Day

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2507 Woodcliff Ct. Arlington TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: <i>2</i>	2. FILER NAME <i>Roxann Thalman</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/7/19</i>	5 Payee name <i>Murphy Natica</i>
-------------------------	--------------------------------------

6 Amount (\$) <i>1000</i>	7 Payee address; City; State; Zip Code <i>815A Brazos St. Ste 304 Austin, TX 78701</i>
------------------------------	---

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

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

Date <i>2/25/19</i>	Payee name <i>Murphy Natica</i>
------------------------	------------------------------------

Amount (\$) <i>1428.90</i>	Payee address; City; State; Zip Code <i>815A Brazos St Ste 304 Austin, TX 78701</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>road signs</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/4/19</i>	Payee name <i>Install connect</i>
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Amount (\$) <i>1400</i>	Payee address; City; State; Zip Code <i>505 W. State St. Garland, TX 75040</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other-service</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>road sign installation</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: 2	2 FILER NAME Roxanne Thalman	3 Filer ID (Ethics Commission Filers)
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4 Date 3/1/19	5 Payee name Murphy Natica
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6 Amount (\$) 1000	7 Payee address; City; State; Zip Code 65A Brazos St. Ste 304, Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting 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 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 3/2/19	Payee name Murphy Natica
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Amount (\$) 319.34	Payee address; City; State; Zip Code 65A Brazos St. Ste 304 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push 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 2/13/19	Payee name Yew Tees
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Amount (\$) 297.	Payee address; City; State; Zip Code 1258 W Arkansas Ln. Ste B Arlington, TX 74013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense +shirt/printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED