

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: 2em;">7</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:25%;">Mr.</td> <td style="width:15%; font-size: 8px;">FIRST</td> <td style="width:25%;">Robert</td> <td style="width:10%; font-size: 8px;">MI</td> <td style="width:10%;">A</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td>Andy</td> <td style="font-size: 8px;">LAST</td> <td>Prior</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Robert	MI	A	NICKNAME	Andy	LAST	Prior	SUFFIX		<div style="text-align: center; font-weight: bold; font-size: 10px;">OFFICE USE ONLY</div> <div style="font-size: 8px; border: 1px solid black; padding: 2px;">Date Received</div> <div style="text-align: center; font-size: 12px; font-weight: bold;">MAY 31 PM 3:35</div> <div style="font-size: 8px; border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div>							
MS / MRS / MR	Mr.	FIRST	Robert	MI	A																
NICKNAME	Andy	LAST	Prior	SUFFIX																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:15%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">720 McKay St., Arlington TX 76010</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	720 McKay St., Arlington TX 76010												
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(817)</td> <td style="text-align: center;">330-9668</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(817)	330-9668		<div style="font-size: 8px; border: 1px solid black; padding: 2px;">Receipt #</div> <div style="font-size: 8px; border: 1px solid black; padding: 2px;">Amount \$</div>											
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(817)	330-9668																				
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px; text-align: center;">ELECTION DATE</td> </tr> <tr> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">/ 8</td> <td style="text-align: center;">/ 2019</td> </tr> </table>	ELECTION DATE			Month	Day	Year	6	/ 8	/ 2019	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px; text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="width:33%;"><input type="checkbox"/> Primary</td> <td style="width:33%;"><input checked="" type="checkbox"/> Runoff</td> <td style="width:33%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																			
		Arlington City Council District 5																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Robert A. "Andy" Prior 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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 65.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4515.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 318.37
	4. TOTAL POLITICAL EXPENDITURES	\$ 2696.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2638.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Prior, this the 31st day of May, 2019, to certify which, witness my hand and seal of office.

Maribel Padron
Signature of officer administering oath

Maribel Padron
Printed name of officer administering oath

Admin Aide
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Robert A. "Andy" Prior</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	\$ <i>4450.00</i>
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	\$ <i>2378.24</i>
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>3</u>
2 FILER NAME <u>Robert A. "Andy" Proor</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5-8-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shawn Dandridge</u> 6 Contributor address; City; State; Zip Code <u>5200 Melia Dr., Arlington TX 76001</u>	7 Amount of contribution (\$) <u>\$50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <u>Dandridge Enterprises</u>
Date <u>5-11-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sinikka Dickerson</u> Contributor address; City; State; Zip Code <u>1921 Roselle Court Arlington TX 76018</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5-19-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeremy Fenceroy</u> Contributor address; City; State; Zip Code <u>2714 Winding Hollow Ln. Arlington TX 76006</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5-20-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charlotte Foulkes</u> Contributor address; City; State; Zip Code <u>2805 Pomponessett Dr. Arlington TX 76001</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Robert A. "Andy" Prior

3 Filer ID (Ethics Commission Filers)

4 Date

5-18-19

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

Nathaniel Phillips
6 Contributor address; City; State; Zip Code

900 Ross Trail Arlington TX 76012

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

R+M Services LLC

Date

5-9-19

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

Teresa Speer
Contributor address; City; State; Zip Code

4201 Worth Forest Dr. Arlington TX 76016

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-9-19

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

Travis Cooper
Contributor address; City; State; Zip Code

964 Cranney Way Conroe TX 77301

Amount of contribution (\$)

\$750.00

Principal occupation / Job title (See Instructions)

trucker

Employer (See Instructions)

CAR Transport Inc

Date

5-8-19

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

Bradley Herbert
Contributor address; City; State; Zip Code

1329 Willowbrook Ct, Arlington TX 76011

Amount of contribution (\$)

\$100.00

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: **3**

2 FILER NAME

Robert A. "Andy" Prior

3 Filer ID (Ethics Commission Filers)

4 Date

5-23-19

5 Full name of contributor
Rick South

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

City: State: Zip Code

500 N. Bowen Rd, Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-23-19

Full name of contributor

Leonard Powers

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address:

City: State: Zip Code

266 Westview Terrace, Arlington TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-25-19

Full name of contributor

Dennis Killy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address:

City: State: Zip Code

P.O. Box 4578 Lancaster, CA 93539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-15-19

Full name of contributor

Nick Alexander

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2000.00

Contributor address:

City: State: Zip Code

3100 Monticello Ste 350, Dallas TX 75205

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
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.

1 Total pages Schedule F1: 1	2 FILER NAME Robert A. "Andy" Prior	3 Filer ID (Ethics Commission Filers)
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4 Date 5-28-19	5 Payee name Mail Pro USA
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6 Amount (\$) \$2278.24	7 Payee address; City; State; Zip Code 2016 E. Randol Mill Rd Suite 408 Arlington TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-4-19	Payee name Guided By Loyalty
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 2056 Fair Weather Dr., Lancaster TX 75146
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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
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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