CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	Guide explains how to complete this form.		8
3 CANDIDATE/ OFFICEHOLDER	MS / MRS MR FIRST	МІ	OFFICE USE ONLY
NAME	Marvin		
	NICKNAME LAST	SUFFIX	Date Received
	Sutton		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	9
OFFICEHOLDER MAILING ADDRESS	P. O. Box 182606 Arlington,	Texas 76096	
Change of Address			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	5 3
OFFICEHOLDER PHONE	(817) 602-0644		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR FIRST	МІ	Receipt # Amount \$
NAME	Marvin LAST		Date Processed
	Sutton	Surrix	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	1909 Syracuse Court	Arlington, Texas	76002
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 602-0644	EXTENSION	
9 REPORT TYPE	January 15 30th day before eld	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ation Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Menth	Day Year
COVERED	04/ 25 / 2019	THROUGH 06/	30 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other	
	05 / 04 / 2019 General	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Arlington City Council District	3	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)				
Marvin Sutton				
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	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 183.98		\$ 183.98	
	4. TOTAL	POLITICAL EXPENDITURES	\$1,403.78	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,756.82		\$ 1,756.82	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			
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. Notary Public, State of Texas Comm. Expires 02-08-2023 Notary ID 130107828 Signature of Candidate or Officeholder				
AFFIXNOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said MAYIN Sutton , this the 9th day of July , 20 19 , to certify which, witness my hand and seal of office.				
Maribel Padron Maribel Padron Admin Aido				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILERNAME 20 F		20 Filer ID (Ethics Co	Filer ID (Ethics Commission Filers)	
	M	arvin Sutton			
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,700.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$1,219.80	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$8.85	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:_ 04/19/2019 Gerald Alley 300.00 6 Contributor address; City; State; Zip Code 606 Loch Chalet Ct Arlington, TX 76012 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 04/25/2019 Richard Abrams 250.00 Contributor address; City; State; Zip Code 6145 Wedgwood Drive Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 04/28/2019 Michael Brand 100.00 Contributor address: City; State; Zip Code 306 Kissimmee Drive Arlington, TX 76002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Paula Pierson ___ out-of-state PAC (ID#: Amount of contribution (\$) 04/30/2019 200.00 Contributor address; City; State; Zip Code 301 W. Abram St Arlington, TX 76010 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 7 Amount of contribution (\$) 05/07/2019 Matt Havs 500.00 6 Contributor address; City; State; Zip Code 6719 Caribou Dr Arlington, TX 76002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 05/25/2019 Jason Smith 100.00 Contributor address; City; State; Zip Code 2200 Alston Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 05/26/2019 Glenn Lewis 250.00 Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Contributor address: 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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2019	5 Payee name Facebook		
6 Amount (\$) 109.29	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct			
Date 05/29/2019	Payee name Hustle Inc		
Amount (\$) Payee address; City; State; Zip Code 359.46 343 Sansome Street, 6th Floor San Franciso, CA 94104			
PURPOSE OF EXPÉNDITURE	Category (See Categories listed at the top of this schedule) Other	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media contacts outreach	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 06/11/2019	Payee name Hustle Inc		
Amount (\$) 22.98	Payee address; City; State; Zip Code 343 Sansome Street, 6th Floor San Franciso, CA 94104		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Other	<u>- </u>	utside of Texas. Complete Schedule T. n, TX, officeholder living expense S outreach
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			

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 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 (or the person and listed phase)

Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 5 Payee name TJX Rewards/SYNCB 4 Date 06/03/2019 6 Amount (\$) 7 Payee address; City; State; Zip Code 428.07 P. O. Box 530949 Atlanta, GA 303535 (a) Category (See Categories fisted at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T, **PURPOSE** Credit Card Payment OF Check if Austin, TX, officeholder living expense **EXPENDITURE** payment of credit card bill for political other expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/07/2019 Facebook Amount (\$) Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025 300.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedute T. PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Digital Ad Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor in the New to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 8.85
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if	travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Checkit	DIT travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held