CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST RUBY	FAYE	OFFICE USE ONLY
	NICKNAME LAST WOOLR !	SUFFIX	19 21
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 12100	CITY; STATE; ZIP CODE (4) (7) (0)	ECEIVED -
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 500 - 10	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS FRAUCE NICKNAME LAST	EEN A.	Receipt # Amount \$ Date Processed
	LYONS	551111	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	14.0	UITE#; CITY; STATE; MOND DR, YX 76012	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 275-65	extension 731	
9 REPORT TYPE	July 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	4 85 2019	THROUGH 6	30 / 2019
11 ELECTION	Month Day Year Primary Ordered General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	MAYOR ARLING	OF
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

 		· · · · · · · · · · · · · · · · · · ·	
14 C/OH NAME RL	iBY FA	YE WOOLRIDGE 15 FIRE	er 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	COMMITTEE NAME COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES \$ 4131,55		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$2110.76
OUTSTANDING LOAN TOTALS	LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$1131,00
18 AFFIDAVIT			
gi	MILLAN CLOUM	I swear, or affirm, under penalty of perjury, true and correct and includes all information	
AFFIX NOTARY STAM Sworn to and subsciday of	AN CLOUDING AND	under Title 5, Election Code. ###################################	Mobile
AFFIX NOTARY STAM	08-05-201111 08-05-201111	Juginature of Cartolicate	or concernate
Sworn to and subsc	ribed before me, t	by the said Kuby Woolridge	_, this the
day of W	, 20,	to certify which, withess my hand and seal of office.	1.1 2 21
Signature of officer a	administering oath	Printed name of officer administering oath T	itle of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME RUBY FAYF) WOOLRIDGE 20 Filer ID (Ethics Col	mmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTALS A		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 850,	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3551.17	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 580,38	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. 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:
2 FILER NAME	RUBY FAYE WOOL	RIDGE	3 Filer ID (Ethics Commission Filers)
4 Pate 4 30 / 19	5 Full name of contributor □ out-of-state PAC BRIDGETT DAVIS 6 Contributor address; City; State; U760 ARAMIS DR AR	Zip Code L TK 76016 9 Employer (See Instruct	7 Amount of contribution (\$)
T I I I I I I I I I I I I I I I I I I I	patient / das line (das management)	2 Employer (See Histraci	
Date 5/3 / 19	Full name of contributor Out-of-state PAC AWTHOWY TARMINDA Contributor address; City; State;	GRISSETT Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC . Contributor address; City; State;	(ID#:) Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME RUBY FAYED WOO.	3 Filer ID (Ethics Commission Filers)	
4 Date 5/4/19	5 Payee name CONSTANT CONTACT		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
21.28			
8	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
PURPOSE OF EXPENDITURE	Voter contact	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	50 Stware		
9 Complete ONLY if direct expenditure to benefit C/Oh		Office sought, Office held, Wayou Ha	
Date /	Payee name	(
5/8/19/19	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Code		
N. 20.	ARLINGTON, TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Monthly surjee	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	f	Check if Austin, TX, officeholder living expense	
	Charge		
Complete ONLY if direct		Office sought Office held	
expenditure to benefit C/OF	" Kuty Faye woolidge	Mayor Ma	
Date	Payee name		
5/4/19	Been verified. com		
Amount (\$)	Payee address; City, State; Zip Code		
26.89			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	HOD LOW LOCATINA	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	1101111	Check if Austin, 1A, directioider living expense	
	votor addiespes		
Complete ONLY if direct		Office sought Office held	
expenditure to benefit C/OF	KUBY Paye woohidge	Mayor Ma	
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME RUZY FAYE WOOLRINGS (Ethics Commission Filers)	
4 Pate 26/19	AMERICAN UNION GRAPHICS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1233,	FORT WORTH, 4X 76104	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office holder name Office sought Office heldy H RUBY FALE WOOUR DEE MAYOR Office heldy ALA	
Date /	Payee name	
4/26/19	NATHANIEL KEEBLER	
Amount (\$)	Payee address; City; State; Zip Code	
600.	ARLINGTON YX	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF	CAMPAIGN MANAGER Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held		
expenditure to benefit C/O	" RUBY PAYE WOOURIDGE MAYOR HIQ	
Date /	Payee name	
5/1/19	BANKEM PRINTING	
Amount (\$)	Payee address; City; State; Zip Code	
1650.	2357 S. COULINS, ARLINGTON, TX 76 104	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Materials	
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/Ol	RUBY THIE WOOLKIDGE MITTER MIN	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made E Candidate/Officeholder/Politic		Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F4:	RUBY FAYE W	POLRIPGE	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	AIZED EXPENDITURES CHARGED		\$
\$ Pate +6/13/19	6 Payee name USP054a	1 Service	
7 Amount (\$) 288.36	8 Payee address; City; State; 2	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	on
PURPOSE OF EXPENDITURE	Mailing Costs	Check	f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder fiving expense
	Comparan liteat	we	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate Officeholder name	Office sought	Office held
	Kutay taye Wool,	ridge 1	ayor H/a
5/28-4/24/19	Payee name Various local	restauron	45
Amount (\$)	Payee address; City; State;	Zip Code	
79.67	ARLIDGYO	P, YX	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Food Bluage	Checki	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH RIPBY FAVE	Office sought	Office held M SA VA D #//A
	1717 000	UNIVOR	MUN MA
			ι
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Office (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME FAYE WOLR ID GE 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 5 1 / 19	BANDERTIME & BOLLAR TREE	
7 Amount (\$) 155.60	8 Payee address; City; State; Zip Code 2237 W. PIUISION, ARL TK 4 VARIOUS STORES	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Ad Why (S) Ma Check if Austin, TX. officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held	
	RUBY FAYE WOOLLANDGE, MAYOR HIG	
d		
Spare 4 5/22/9	Payee name COSTCO Gas	
Amount (\$)	Payee address; City; State; Zip Code	
58.75	ARLIBGION TX	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH RUBY FAIL WOOLRTOGE Mayor Max		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	