# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  MICKNAME LAST  CANAL GOLDEN	MI SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS (POBOX; APT/SUITE#; Co 6408 Saddle Rid Arlington TX.7	STATE; ZIP CODE	PM 1:41
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (\$17) 480 -1649	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Cynthia 60/ NICKNAME LAST	den suffix	Receipt # Amount \$  Date Processed
	Cyndi		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 6408 Saddle Rids Arlington, TV. 76	se Rd	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (811) 480-1649	EXTENSION	
9 REPORT TYPE	July 15 30th day before electrical and the state of the s		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 /23 / 19	THROUGH 6	Day Year 2019
11 ELECTION	ELECTION DATE  Month Day Year Primary  05/04/19 X General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# known) Arlinston ( Distric	City Council
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)
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 OF 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		
D.	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 185.27		\$ 185.27
	4. TOTAL	POLITICAL EXPENDITURES	\$ 235.27
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 11,135.29
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 20,000
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 ID #1676920 My Commission Expires March 14, 2022  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 of Candida	ate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	V	
		A · Hank	$\wedge$
Sworn to and subscribed before me, by the said (ynthractallal), this the			
day of 32 nd , 20 19 , to certify which, witness my hand and seal of office.			
Cheryl Difale Cheryl D. Hale Notary			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

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## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300.00
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	\$62.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 173.27
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. S Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_\_) HAMMER AND NAI'S PAC G Contributor address; City; State; Zip Code 100 E 15th St - Steboo Ftworth Jikio 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 250.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Out-or-state Contributor address; City; State; Zip Code Do Pox 225885 Dallas, TX. 75222 Employer (See Instructions) Amount of contribution (\$) 50.00 Principal occupation / Job title (See Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Creft/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/ContractLabor Solicitation/FundraisIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Offier (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Cynthia Golden		3 Filer ID (Ethics Commission Filers)
4 Date 4/22 - 6/19	5 Payee name Simmons Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code POBOX 7009		
12.00	Pine Bluff, AR		009
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
EXPENDITURE	Banking fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/02	Shannon Honchin Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code 4673 Mustans Creek Ct.		
50.00	4673 Mustang Creek Ct. HWorth, TX. 76126		7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Web Site management		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# **EXPENDITURES MADE BY CREDIT CARD**

72	,	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Al Committee  Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Legal Services  Expense Contract Laboration  The Instruction Guide explains how to complete this form	ent Solicitation/Fundraising Expense ise Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME CANTA GO Iden	3 Filer ID (Ethics Commission Filers)
	NZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 68.97
5 Date 4/30/19	Domino & Pizza	
7 Amount (\$) 25.89	8 Payee address; City; State; Zip Code 2/77 W Green OAKS BILL Arlington, TX.	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name Office sought	Office held
Date 14/19 5/4/19 Amount (\$)	Payee name  Dominos Pizza  Payee address; City; State; Zip Code  2171 W Green Oaks Blud  Adiaston TV	
TYPE OF EXPENDITURE	Political Non-Political	-
PURPOSE OF EXPENDITURE	Land / have sage in	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

CATORIGO CITACIO CONTROL	The Instruction Guide explains how to compl	,
1 Total pages Schedule F4:	2 FILER DAME Cynthia Golden	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	* 104.30
5 Date 5/4/19	Dominos Pizza	
7 Amount (\$) 104.30	8 Payee address; City; State; Zip Code 2177 W Green Oaks Blu Arlington, TX.	19
9 TYPE OF EXPENDITURE	Political Non-Politica	ı
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule)  Food / Bevwase	(b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office	sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Politica	al .
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 expenditure to benefit C/OI		sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		