



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

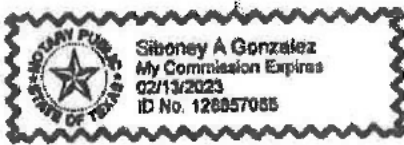
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input type="checkbox"/> GENERAL  <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		Arlington Police Association Political Action Committee
	COMMITTEE ADDRESS	P.O. Box 856, Arlington, TX 76004-0856
	COMMITTEE CAMPAIGN TREASURER NAME	Jennifer Archer
COMMITTEE CAMPAIGN TREASURER ADDRESS		P.O. Box 856, Arlington, TX 76004-0856

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,517.90
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,139.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$7,767.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.00

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.

*Andrew B. Piel*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew B. Piel, this the 25 day of April, 2019, to certify which, witness my hand and seal of office.

*Siboney A. Gonzalez*      Siboney A. Gonzalez, Notary Public  
 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 FILER NAME <b>Andrew B. Piel</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,850.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 667.90
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	\$ 9,139.00
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: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4-17-19

Sam & Linda Scott

\$100.00

6 Contributor address; City; State; Zip Code

3700 Crossbena Dr. Arlington, TX 76010

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4-16-19

Fred & Linda Davis

\$100.00

Contributor address; City; State; Zip Code

P.O. Box 131603 Arlington, TX 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4-16-19

Erin Pokrifcsak

\$200.00

Contributor address; City; State; Zip Code

1404 Riverview Dr., Arlington, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4-16-19

Kay King

\$100.00

Contributor address; City; State; Zip Code

4015 Shady Valley Dr., Arlington TX 76013

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: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4.9.19

Clifford Mycoskie

\$200.00

6 Contributor address; City; State; Zip Code

1409 Woodbine Ct, Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4.11.19

Erin & Tracey Ramsey

\$500.00

Contributor address; City; State; Zip Code

PO Box 170536, Arlington, TX 76003

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4.17.19

A. Gloria Pena

\$200.00

Contributor address; City; State; Zip Code

5102 Oak Gate Ct., Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4.17.19

Suzanne Ware

\$100.00

Contributor address; City; State; Zip Code

1601 Woodlake Dr., Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4.17.19

Randall Hendricks

\$ 50.<sup>00</sup>

6 Contributor address; City; State; Zip Code

3110 Westador Dr., Arlington, TX 76015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4.8.19

Linebarger, Grogan, Blair & Sampson, LLP

\$ 1,500.<sup>00</sup>

Contributor address; City; State; Zip Code

D.O. Box 17428, Austin, Texas 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4.22.19

Lance Rodman

\$ 125.<sup>00</sup>

Contributor address; City; State; Zip Code

22000 WOOD CLIFF COURT, Arlington, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sheriff's Deputy

TCSO

Date

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

Amount of contribution (\$)

4.20.19

Larry Fowler

\$ 200.<sup>00</sup>

Contributor address; City; State; Zip Code

4900 Morris Heights, Arlington, TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Pope Hardwicke

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: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

4.16.19

Rhonda Aghamalian

\$50.00

6 Contributor address; City; State; Zip Code

2004 Channing Park Dr. Arlington, TX 76015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Consultant

Creative Genie Communications

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

4.16.19

Greg McQuitty

\$250.00

Contributor address; City; State; Zip Code

3001 Forestwood Dr. Arlington, TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Educational Administration

AISD

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

4.15.19

Karen Brown

\$100.00

Contributor address; City; State; Zip Code

307 Alps Court, Arlington, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

4.8.19

Josh Burgess

\$25.00

Contributor address; City; State; Zip Code

4816 Willow Run Ct. Fort Worth TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Judge

TEXAS

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: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4-6-19

Arthur Geffen

\$ 50.00

6 Contributor address; City; State; Zip Code 75248

1605 Dandrennan Lane, Dallas, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Attorney

Self

Date

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

Amount of contribution (\$)

4-23-19

Kathryn Wilmon

\$ 1,000.00

Contributor address; City; State; Zip Code

4100 Shady Valley Dr. Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME Andrew Piel, Candidate for Arlington City Council, District 4		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 667.90	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Police Association Political Action Committee	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code P.O. Box 856, Arlington, TX 76004-0856	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Political Action Committee		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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** FILER NAME: **Andrew Piel, Candidate for Arlington City Council, District 4** 3 Filer ID (Ethics Commission Filers)

4 Date: **April 20, 2019** 5 Payee name: **Fields Communications, L.L.C.**

6 Amount (\$): **\$8,840.00** 7 Payee address; City; State; Zip Code: **5200 Rustle Leaf Drive, Arlington, TX 76017**

8 PURPOSE OF EXPENDITURE: **Political Consulting Expenses, Mailers**  
 (a) Category (See Categories listed at the top of this schedule)  
 (b) Description  
 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/OH: Candidate / Officeholder name: **Andrew Piel, Candidate for Arlington City Council, District 4** Office sought: Office held:

Date: **04/09/2019** Payee name: **RTP Promotional Products**

Amount (\$): **\$299.97** Payee address; City; State; Zip Code: **505 East Abram St., Arlington, TX 76010**

PURPOSE OF EXPENDITURE: **T-Shirts and Name Tags**  
 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/OH: Candidate / Officeholder name: **Andrew Piel, Candidate for Arlington City Council, District 4** Office sought: Office held:

Date: **4/5/19-4/25/19** Payee name: **Anedot, Inc.**

Amount (\$): **\$24.50** Payee address; City; State; Zip Code: **1920 McKinney Avenue, Dallas, TX 75201**

PURPOSE OF EXPENDITURE: **Online Fundraising Portal and Processing**  
 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/OH: Candidate / Officeholder name: **Andrew Piel, Candidate for Arlington City Council, District 4** Office sought: Office held:

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**