



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

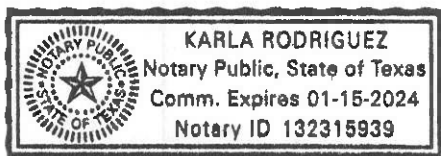
|                                    |   |  |
|------------------------------------|---|--|
| 15 C/OH NAME<br><u>Amy CEARVAL</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS             | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 20.00                               |
|                                    | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 9283.46                             |
| EXPENDITURE TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ 10910.21                            |
| CONTRIBUTION BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3373.25                             |
| OUTSTANDING LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 5000.00                             |

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Amy Cearval this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] Karla Rodriguez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|  |  |  |
|--|--|--|
| 19 FILER NAME<br><i>Amy CERNAL</i>   |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                     |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ <i>9283.46</i>                      |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$ <i>0.00</i>                         |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$ <i>0.00</i>                         |
| 4. SCHEDULE E: LOANS   |  | \$ <i>5000.00</i>                      |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ <i>10910.21</i>                     |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$ <i>0.00</i>                         |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$ <i>0.00</i>                         |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$ <i>18608.90</i>                     |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$ <i>0.00</i>                         |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$ <i>0.00</i>                         |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$ <i>0.00</i>                         |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$ <i>0.00</i>                         |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.                                       |   | 1 Total pages Schedule A1: <b>7</b>                            |
| 2 FILER NAME<br><b>AMY CEARNAI</b>  |   | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br><b>2/17/23</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>AMY CEARNAI</b>  | 7 Amount of contribution (\$)<br><b>100.00</b>                 |
| 6 Contributor address; City; State; Zip Code<br><b>4037 APPIAN WAY, ARLINGTON, TX 76013</b>     |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                                  |
| Date<br><b>2/27/23</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>AMY CEARNAI</b>    | Amount of contribution (\$)<br><b>125.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>4037 APPIAN WAY, ARLINGTON, TX 76013</b>       |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                    |
| Date<br><b>3/9/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>WILLIAM SWIDER</b> | Amount of contribution (\$)<br><b>2500.00</b>                  |
| Contributor address; City; State; Zip Code<br><b>2111 N. COLLINS # 323, ARLINGTON, TX 76011</b> |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                    |
| Date<br><b>3/12/23</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>STEVE MELLER</b>   | Amount of contribution (\$)<br><del>104.48</del> <b>521.15</b> |
| Contributor address; City; State; Zip Code<br><b>4104 CARNATION DR, ARLINGTON, TX 76016</b>     |   |  |
| 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

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|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><span style="font-size: 2em;">7</span>               |
| 2 FILER NAME<br><span style="font-size: 1.2em;">AMY COARNAL</span>   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><span style="font-size: 1.2em;">3/13/23</span>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">JENNA LEE</span>   | 7 Amount of contribution (\$)<br><br><span style="font-size: 1.5em;">104.48</span> |
| 6 Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em;">4914 VAQUERO DR, ARLINGTON, TX 76017</span>  |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)  |
| Date<br><span style="font-size: 1.2em;">3/10/23</span>   | Full name of contributor out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">LEE RICHTER</span>   | Amount of contribution (\$)<br><br><span style="font-size: 1.5em;">260.73</span>   |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em;">4601 W SUBLETT RD, ARLINGTON, TX 76017</span>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date<br><span style="font-size: 1.2em;">3/10/23</span>   | Full name of contributor out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">NICK FOSNAUGH</span> | Amount of contribution (\$)<br><br><span style="font-size: 1.5em;">250.00</span>   |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em;">902 MCCAMPBELL RD, MAUSFIELD, TX 76063</span>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date<br><span style="font-size: 1.2em;">3/10/23</span>   | Full name of contributor out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">ROGER DEFRANG</span> | Amount of contribution (\$)<br><br><span style="font-size: 1.5em;">52.40</span>    |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em;">2200 SHADY VIEW CT, ARLINGTON, TX 76013</span> |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.                                      |   | 1 Total pages Schedule A1: <b>7</b>            |
| 2 FILER NAME<br><b>AMY LEARNAL</b>   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>3/10/23</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>PHYLLIS HUNTER</b> | 7 Amount of contribution (\$)<br><b>104.48</b> |
| 6 Contributor address; City; State; Zip Code<br><b>3002 SPRING OAK PL, ARLINGTON, TX 76017</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                  |
| Date<br><b>3/10/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>KYLE EGER</b>        | Amount of contribution (\$)<br><b>1041.98</b>  |
| Contributor address; City; State; Zip Code<br><b>370 PARK VILLAGE AVE., FARVIEW, TX 75069</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date<br><b>3/10/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>BILUE JOHNSON</b>    | Amount of contribution (\$)<br><b>260.73</b>   |
| Contributor address; City; State; Zip Code<br><b>230 LAKE DR, BUCHANAN DAM, TX 78609</b>       |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date<br><b>3/10/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>BILUE JOHNSON</b>    | Amount of contribution (\$)<br><b>260.73</b>   |
| Contributor address; City; State; Zip Code<br><b>230 LAKE DR, BUCHANAN DAM, TX 78609</b>       |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><b>7</b>         |
| 2 FILER NAME<br><b>AMY CARNAL</b>  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>3/10/23</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>SABRINA SUMNER</b> | 7 Amount of contribution (\$)<br><b>104.48</b> |
| 6 Contributor address; City; State; Zip Code<br><b>5621 LEDGE STONE DR, FORT WORTH, TX 76132</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                  |
| Date<br><b>3/10/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>LISA MCCULLOCK</b>   | Amount of contribution (\$)<br><b>500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>1402 CHAMMONT CT., ARLINGTON, TX 76013</b>      |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date<br><b>3/10/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>HOLLY WHISENANT</b>  | Amount of contribution (\$)<br><b>260.73</b>   |
| Contributor address; City; State; Zip Code<br><b>8616 CHELAN WAY, FORT WORTH, TX 76244</b>       |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date<br><b>3/11/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>ROBIN WERTHY</b>     | Amount of contribution (\$)<br><b>521.15</b>   |
| Contributor address; City; State; Zip Code<br><b>PO BOX 43, ALVARADO, TX 76009</b>               |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form.                                     |   | 1 Total pages Schedule A1: <b>7</b>               |
| 2 FILER NAME<br><b>AMY CEARNAI</b>  |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>3/14/23</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>ERIC HENDRICKS</b> | 7 Amount of contribution (\$)<br><br><b>52.40</b> |
| 6 Contributor address; City; State; Zip Code<br><b>4306 KINGSWICK DR, ARLINGTON, TX 76014</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                     |
| Date<br><b>3/18/23</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>DENISE SMITH</b>     | Amount of contribution (\$)<br><br><b>26.35</b>   |
| Contributor address; City; State; Zip Code<br><b>2613 COLLEEN DR, ARLINGTON, TX 76016</b>     |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |
| Date<br><b>3/20/23</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>SUSAN BROWN</b>      | Amount of contribution (\$)<br><br><b>200.00</b>  |
| Contributor address; City; State; Zip Code<br><b>5618 HUNTERWOOD LN., ARLINGTON, TX 76017</b> |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |
| Date<br><b>3/21/23</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>STEVEN HUBARGER</b>  | Amount of contribution (\$)<br><br><b>260.73</b>  |
| Contributor address; City; State; Zip Code<br><b>900 LEXINGTON TERR, SOUTH LAKE, TX 76092</b> |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>7</b>            |
| 2 FILER NAME<br><b>AMY CEARNA</b>  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>3/21/23</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>VICTORIA WEIR</b>           | 7 Amount of contribution (\$)<br><b>260.73</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1707 PRESTON HOLLOW CT, ALLINGTON, TX 76012</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                  |
| Date<br><b>3/23/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>JULIE CASTLEBERRY</b>         | Amount of contribution (\$)<br><b>104.48</b>   |
| Contributor address; City; State; Zip Code<br><b>917 ROSS TR. ALLINGTON, TX 76012</b>              |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date<br><b>3/23/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>TOLLEY &amp; KEELA MCGRAW</b> | Amount of contribution (\$)<br><b>1000.00</b>  |
| Contributor address; City; State; Zip Code<br><b>3407 LAKE CREEK TR. MANSFIELD, TX 76063</b>       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date<br><b>3/27/23</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>CHRIS KING</b>                | Amount of contribution (\$)<br><b>50.00</b>    |
| Contributor address; City; State; Zip Code<br><b>7709 FRIO RIVER, ALLINGTON, TX 76001</b>          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A1: <b>7</b>                |
| 2 FILER NAME<br><b>AMY CEARNAI</b>                        |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>3/25/23</b>                                  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>LINDSEY LAND</b>         | 7 Amount of contribution (\$)<br><br><b>260.73</b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>7 UPPERWAY LN, HOUSTON, TX 77056</b> |  |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                      |

|   |  |  |
|---|--|--|
| Date<br><b>3/26/23</b>                              | Full name of contributor out-of-state PAC (ID#: _____)<br><b>AALON WILLIAMS</b>          | Amount of contribution (\$)<br><br><b>100.00</b> |
|   | Contributor address; City; State; Zip Code<br><b>3131 SIEBER DR, ARLINGTON, TX 76016</b> |  |
| 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) |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule E:<br><b>1</b>   |
| 2 FILER NAME<br><b>AMY CEARNAL</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ <b>5000.00</b>   |
| 5 Date of loan<br><b>3/17/23</b>   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>AMY CEARNAL</b> | 9 Loan Amount (\$)<br><b>5000.00</b>  |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>PO BOX 13587, ARLINGTON, TX 76094</b>            | 10 Interest rate<br><b>0</b>  |
|  |  | 11 Maturity date<br><b>NONE</b>   |
| 12 Principal occupation / Job title (See Instructions)<br><b>BROKER OWNER</b>                            |  | 13 Employer (See Instructions)<br><b>FRONT REAL ESTATE CO.</b>  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                 |  | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                       | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                         | Loan Amount (\$)  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code  | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |
| Description of Collateral<br><b>none</b>   |  | Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><br><b>not applicable</b>   | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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:<br><b>3</b>                       | 2 FILER NAME<br><b>AMY CERNAL</b>   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>2/17/23</b>                                     | 5 Payee name<br><b>CITY OF ARLINGTON</b>  |  |
| 6 Amount (\$)<br><b>100.00</b>                               | 7 Payee address; City; State; Zip Code<br><b>101 W ABRAM, ARLINGTON, TX 76010</b>   |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>FEES</b>   | (b) Description<br><b>CANDIDATE FILING</b>               |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>AMY CERNAL</b>  | Office sought / Office held<br><b>MAYOR OF ARLINGTON</b> |
| Date<br><b>2/27/23</b>                                       | Payee name<br><b>DELUXE CHECKS</b>  |  |
| Amount (\$)<br><b>24.95</b>                                  | Payee address; City; State; Zip Code<br><b>16505 W 113<sup>th</sup> ST., LENEXA, KS 66219</b>   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><del>SOLICITATION/FUNDRAISING EXPENSE</del> <b>ACCTG/BANKING</b>                              | Description<br><b>CHECKS</b>                             |
|  | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>AMY CERNAL</b>  | Office sought / Office held<br><b>MAYOR OF ARLINGTON</b> |
| Date<br><b>3/10/23</b>                                       | Payee name<br><b>WIX.COM</b>  |  |
| Amount (\$)<br><del>24.69</del><br><b>43.67</b>              | Payee address; City; State; Zip Code<br><b>40 NAMAL, TEL AVIV, 6350671, ISRAEL</b>  |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  | Description<br><b>WEBSITE</b>                            |
|  | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>AMY CERNAL</b>  | Office sought / Office held<br><b>MAYOR OF ARLINGTON</b> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>3                       | 2 FILER NAME<br>AMY CEARNAL   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br>3/14/23                                     | 5 Payee name<br>STICKER MULE  |   |
| 6 Amount (\$)<br>548.64                               | 7 Payee address; City; State; Zip Code<br>336 FOREST AVE, AMSTERDAM, NY 12010   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | (b) Description<br>STICKERS                       |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>AMY CEARNAL  | Office sought / Office held<br>MAYOR OF ARLINGTON |
| Date<br>3/14/23                                       | Payee name<br>VANTAGE ROI   |   |
| Amount (\$)<br>1000.00                                | Payee address; City; State; Zip Code<br>PO BOX 340836, AUSTIN, TX 78734   |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>CONSULTING EXPENSE  | Description<br>CONSULTING                         |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>AMY CEARNAL  | Office sought / Office held<br>MAYOR OF ARLINGTON |
| Date<br>3/15/23                                       | Payee name<br>RYAN M BROWN PHOTOGRAPHY  |   |
| Amount (\$)<br>2700.00                                | Payee address; City; State; Zip Code<br>1730 W. RANDOL MILL #140, ARLINGTON, TX 76012   |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | Description<br>PHOTOGRAPHY                        |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>AMY CEARNAL  | Office sought / Office held<br>MAYOR OF ARLINGTON |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br><b>3</b>                | 2 FILER NAME<br><b>AMY CEARVAL</b>  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>3/15/23</b>                              | 5 Payee name<br><b>TARRANT CAMPAIGN SERVICES</b>  |  |
| 6 Amount (\$)<br><b>4627.69</b>                       | 7 Payee address; City; State; Zip Code<br><b>2720 E SESTON RD., GRAND PRAIRIE, TX 75054</b>   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  | (b) Description<br><b>SIGN INSTALL/REMOVAL</b>           |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>AMY CEARVAL</b>   | Office sought / Office held<br><b>MAYOR OF ARLINGTON</b> |
| Date<br><b>3/15/23</b>                                | Payee name<br><b>BIRDWELL COMMUNICATIONS</b>  |  |
| Amount (\$)<br><b>1500.00</b>                         | Payee address; City; State; Zip Code<br><b>10105 LOCKSLEY DR., BENBROOK, TX 76126</b>   |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  | Description<br><b>WEBSITE</b>                            |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>AMY CEARVAL</b>   | Office sought / Office held<br><b>MAYOR OF ARLINGTON</b> |
| Date<br><b>3/13/23</b>                                | Payee name<br><b>ANEDOT</b>   |  |
| Amount (\$)<br><b>365.26</b>                          | Payee address; City; State; Zip Code<br><b>1340 POYDRAS ST. # 1770, NEW ORLEANS, LA 70112</b>   |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>SOLICITATION/FUNDRAISING EXPENSE</b>   | Description<br><b>CARD FEES</b>                          |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>AMY CEARVAL</b>   | Office sought / Office held<br><b>MAYOR OF ARLINGTON</b> |

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br>3                               | <b>2</b> FILER NAME<br>AMY CERNIAL   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$ 18,408.90                                   |
| <b>5</b> Date<br>3/10/23   | <b>6</b> Payee name<br>TARRANT CAMPAIGN SERVICES   |  |
| <b>7</b> Amount (\$)<br>4766.53                                      | <b>8</b> Payee address;<br>2720 E SEETON RD., GRAND PRAIRIE, TX 75054<br>City; State; Zip Code   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | <b>(b)</b> Description<br>SIGN INSTALL/REMOVAL |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>AMY CERNIAL   | Office sought<br>MAYOR OF ARLINGTON            |
| <b>Date</b><br>3/8/23  | <b>Payee name</b><br>S & S ACTIVEWEAR  |  |
| <b>Amount (\$)</b><br>1610.82  | <b>Payee address;</b><br>220 REMINGTON BLVD, BOUNGBROOK, IL 60440<br>City; State; Zip Code   |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | <b>Description</b><br>SHIRTS                   |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br>AMY CERNIAL   | Office sought<br>MAYOR OF ARLINGTON            |

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### 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

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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br><b>3</b>                        | <b>2</b> FILER NAME<br><b>AMY CEARNAL</b>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | <b>\$ 18608.90</b>                           |
| <b>5</b> Date<br><b>3/9/23</b>                                       | <b>6</b> Payee name<br><b>BUILD A SIGN</b>   |  |
| <b>7</b> Amount (\$)<br><b>6646.55</b>                               | <b>8</b> Payee address; City; State; Zip Code<br><b>11525A STONEHOLLOW DR. #100, AUSTIN, TX 78750</b>  |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  | <b>(b)</b> Description<br><b>SIGNS</b>       |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>AMY CEARNAL</b>  | Office sought<br><b>MAYOR OF ARLINGTON</b>   |
| <b>12</b> Date<br><b>3/10/23</b>                                     | <b>13</b> Payee name<br><b>CAVA</b>  |  |
| <b>14</b> Amount (\$)<br><b>335.00</b>                               | <b>15</b> Payee address; City; State; Zip Code<br><b>170 KIPPAK ST., SURRY HILLS, NSW 2010 AUSTRALIA</b>   |  |
| <b>16</b> TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>17</b> PURPOSE OF EXPENDITURE                                     | <b>18</b> Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>   | <b>19</b> Description<br><b>FLYERS</b>       |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br><b>AMY CEARNAL</b>  | Office sought<br><b>MAYOR OF ARLINGTON</b>   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>           |  |  |



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|                                 |                            |                                       |
|---------------------------------|----------------------------|---------------------------------------|
| 1 Total pages Schedule F4:<br>3 | 2 FILER NAME<br>AMY CARNAL | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|----------------------------|---------------------------------------|

|   |              |
|---|--------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 18,608.90 |
|---|--------------|

|                   |                           |
|-------------------|---------------------------|
| 5 Date<br>3/20/23 | 6 Payee name<br>YOUR TEES |
|-------------------|---------------------------|

|                          |   |       |        |          |
|--------------------------|---|-------|--------|----------|
| 7 Amount (\$)<br>1250.00 | 8 Payee address;<br>305 W FORK, ARLINGTON, TX 76012 | City; | State; | Zip Code |
|--------------------------|---|-------|--------|----------|

|                       |   |  |
|-----------------------|---|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|-----------------------|---|--|

|                           |   |                           |
|---------------------------|---|---------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | (b) Description<br>SHIRTS |
|                           | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                           |

|  |   |                                     |             |
|--|---|-------------------------------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>AMY CARNAL | Office sought<br>MAYOR OF ARLINGTON | Office held |
|--|---|-------------------------------------|-------------|

|                 |                               |
|-----------------|-------------------------------|
| Date<br>3/20/23 | Payee name<br>ARLINGTON TODAY |
|-----------------|-------------------------------|

|                        |  |       |        |          |
|------------------------|--|-------|--------|----------|
| Amount (\$)<br>4000.00 | Payee address;<br>PO BOX 170539, ARLINGTON, TX 76003 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

|                     |   |  |
|---------------------|---|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|---|--|

|                        |   |                      |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | Description<br>FLYER |
|                        | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                      |

|   |   |                                     |             |
|---|---|-------------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>AMY CARNAL | Office sought<br>MAYOR OF ARLINGTON | Office held |
|---|---|-------------------------------------|-------------|

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