# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	1 Total pages filed:	
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Mrs. Jessica M	Filer ID #
	NICKNAME LAST SUFFIX	Date Received
	Arnold	Date Received 122/2023 8140 Am
3 CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	1
ADDRESS	PO Box 251 Bonham TX 75418	Y/12: milen
		Date Hand-delivered or Postmarked
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$
PHONE		
	(469) 247-1328	Date Processed 2023
5 OFFICE		Date Imaged
HELD (if any)		722/2023
6 OFFICE SOUGHT (if known)	Criminal District Attorney	
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX
TREASURER NAME	Mrs Ana M	Weaver
	(10.3)	
8 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER STREET	384 S Main Street Ravenna	11 15416
ADDRESS	·	
(residence or business)		
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(972) 207-5330	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of
	I am aware of the restrictions in title 15 of the Election (	Code on contributions
	from corporations and labor organizations.	on sommono
	1 1 m 0 - 71	1/2/2
	Signature of Candidate	Date Signed
		3000
	GO TO PAGE 2	

## CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Jessica Arnold
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. ••  (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Which declaration applies  Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

# 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 Mrs	Jessica	мі <b>М</b>	OFFICE USE ONLY
NAME	NICKNAME	Arnold	SUFFIX	VIU(2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 251		city; state; zip code onham TX 75418	Vicki Miller
Change of Address	1.55. 0055	DUOVE NUMBER	EVIENCIAN	
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	247-1328	EXTENSION	Date Hand-delivered or Date Postmarked    1
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	Ana  LAST  Weaver	MI M SUFFIX	Receipt # Amount \$  Digital Processed 2 02 4  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (384 S Main S	NO PO BOX PLEASE); APT / S Street	suite #; city; Ravenna	STATE; ZIP CODE TX 75476
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 207-5330	EXTENSION	
9 REPORT TYPE	January 15  July 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day Year / 22 / 23	THROUGH 12	Day Year / 31 / 23
11 ELECTION	Month Day	Year Primary  / 24  General	Description	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Criminal District A	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAP	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jessica Arnold		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	ANS)	4,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL POLITICAL EXPENDITURES	9	3,606.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	1,395.89
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A     LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$ 0
(1) Affidavit  NOTARY STAMP/SEAL	7, 20-20	164h	
211		the 10	day of January
20 dy to certify	which, witness my hand and seal of office.		Notare
Signature of officer administe	ring oath Printed name of officer administering oath	Ti	tle of officer administering oath
(2) Unsworn Declaration	OR OR		
		th ie	
	, and my date of bir		
iviy address is	(site)	(atata) (-:-	, (country)
Executed in	(street) (city) County, State of , on the day of (n	, , , , .	p code) (country) 20 (year)
	Signature of C	andidate/Officeho	older (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	sica Arnold	0 Filer ID (Ethics Cor	mmissio	on Filers)		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		,	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$	0			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	\$	3,004.11			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	\$	0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	203.90			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$	398.40			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	\$	0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0		

#### SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAME Jessica Arn					3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ana Weaver	out-of-state P/			7 Amount of contribution (\$)
11/22/23	6 Contributor address;	City;	State;		250.00
	384 S Main St.	Ravenna	TX	75476	
8 Principal occu Business Ana	upation / Job title (See Instructions	;)	9 Emp	oyer (See Instruc	ettions)
Date	Full name of contributor Erik Premont			)	Amount of contribution (\$)
11/30/23	Contributor address;	City;	State;		100.00
	418 S Main St.	Ravenna	TX	75476	
Principal occu Business Co	pation / Job title (See Instructions) ach	)	Empl	oyer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Ana Weaver			Amount of contribution (\$)	
12/3/23	Contributor address;	City;	State;		1,000.00
	384 S Main St.	Ravenna	TX	75476	
Principal occu Business Ana	pation / Job title (See Instructions alyst	)	Emp AT&T	oyer (See Instruc	Ctions)
Date	Full name of contributor	out-of-state P	AC (ID#:	)	Amount of contribution (\$)
40/0/00	Sheryl Nicholson				
12/3/23	Contributor address;	City;	State;	Zip Code	100.00
	9702 FM 274	Ravenna	TX	75476	
Principal occu Retired	pation / Job title (See Instructions	)	Emp	loyer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME Jessica	Arnold		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/23  8 Principal occup Retired	5 Full name of contributor Cecilia Crawford  6 Contributor address; City; 255 CR 1451 Bonham  Dation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) 50.00
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/19/23	Contributor address; City; 10225 N SH 78 Ravenna	State; Zip Code TX 75476	50.00
Principal occup Small Busin	ation / Job title (See Instructions) ness Owner	Employer (See Instruct	ions)
Date 12/19/23	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$) 50.00
12/19/23	Contributor address; City; 10759 N SH 78 Ravenna	State; Zip Code TX 75476	30.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAR  Margaret Gist	out-of-state ( Ao ( ibm)	
12/16/23	Contributor address; City; 10185 N SH 78 Ravenna	State; Zip Code	50.00
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	4
Jessica Arr		3 Filer ID (Ethics Commission Filers)
12/4/23	5 Full name of contributor Lauren Glover  6 Contributor address; City; State; Zip Code Ravenna TX 75476	7 Amount of contribution (\$)  100.00
S Principal occur Scientis	pation / Job title (See Instructions)  9	tions)
Date 12/8/23	Full name of contributor  Elisabete Paixao  Contributor address;  City;  State;  Zip Code  102 Sea Oats Dr. #G Juno Beach FL 33408	Amount of contribution (\$) 500.00
Principal occup Retired	Dation / Job title (See Instructions)  Employer (See Instruct	tions)
Date 12/8/23	Full name of contributor out-of-state PAC (ID#:)  Spencer Porter  Contributor address; City; State; Zip Code  9604 Crown Meadow Dr. Frisco TX 75035	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 12/12/23	Full name of contributor  Benjamin Arnold  Contributor address;  City;  State; Zip Code  1231 SE Skyline Dr. Santa Ana CA 92705	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Jessica	Arnold		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/23	5 Full name of contributor out-of-state P Thomas Weaver  6 Contributor address; City; 6436 N FM 273 Ivanhoe	7 Amount of contribution (\$) 500.00	
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state P  Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state P  Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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
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

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 Jessica Arnold		3 Filer ID (Ethic	s Commission Filers)	
12/9/23	5 Payee name Afton Burkard				
375.00	7 Payee address; 10406 E FM 273	city; Ivanhoe	State;	Zip Code 75447	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Headshots			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Jessica Arnold C	Office sought riminal District	Attorney	Office held	
Date	Payee name				
12/6/23	Fannin County Republican Party				
Amount (\$) 1,250.00	Payee address; N/A	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Pescription Filing Fee			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Jessica Arnold Cr	Office sought riminal District	Attorney	Office held	
Date 12/8/23	Bonham Area Chamber of Commerc	ce			
Amount (\$) 75.00	Payee address; 327 N Main St.	City; Bonham	State; TX	Zip Code 75418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Christmas Lolli	рор		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Jessica Arnold Crir	Office sought minal District A	ttorney	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

## 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 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.			
Total pages Schedule F1:	2 FILER NAME Jessica Arnold		3 Filer ID (Eth	ics Commission Filers)	
Date 12/15/23	5 Payee name Texas GOP Store				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,156.11	404 IH-45 S	Huntsville	TX	77340	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder liv	ring expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Arnold	Office sought Criminal Distr	ict Attorne	Office held	
Date	Payee name				
12/19/23	Fannin County Leader				
Amount (\$)	Payee address;	City;	State;	Zip Code	
148.00	224 N Main St.	Bonham	TX	75418	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense Newspaper Announcement				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder liv	ring expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Jessica Arnold  CI	Office sought riminal District	Attorney	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)	Description			
EAFENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder liv	ing expense	

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

		EXPENDITURE CAT	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide expl	ains how to co	emplete this form.		
Total pages Schedule F4:     TOTAL OF UNITEM	2 FILER Jessica		DTOACR	EDIT CARD	3 Filer ID (Ethics	Commission Filers)
	1					
5 Date 12/23/23	6 Payee Vistaprii					
7 Amount (\$) 203.90	8 Payee Hudson	address; weg 8 5928 LW Neth	nerlands	City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	itical		
10 PURPOSE OF EXPENDITURE	(a) Catego Other	y (See Categories listed at the top of t	his schedule)	(b) Description Website Sub	scription and E	Oomain
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Au	ıstin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH		ndidate / Officeholder name		fice sought nal District A	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of	this schedule)	Description		
		Check if travel outside of Texas. Compl	ete Schedule T.	Check if A	ustin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate / Officeholder name	0	ffice sought	Office h	neld

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

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

#### **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 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 Jessica Arnold 5 Payee name 4 Date 11/22/23 BrandCrowd 6 Amount (\$) 7 Payee address; City; State: Zip Code 36.00 Level 4, 2 Hill Street, Surry Hills Australia 2010 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Logo Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct Criminal District Attorney Jessica Arnold expenditure to benefit C/OH Date Payee name 11/22/23 Jessica Arnold Campaign Amount (\$) Payee address; City: State; Zip Code TX 100.00 PO Box 251 75418 Bonham Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Initial Bank Deposit Contribution OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Criminal District Attorney expenditure to benefit C/OH Jessica Arnold Date Payee name 11/30/23 Vistaprint Payee address; Amount (\$) City: State: Zip Code Hudsonweg 8 5928 LW Netherlands 181.31 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE Business Cards** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Criminal District Attorney expenditure to benefit C/OH Jessica Arnold ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **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 t	o complete this form.				
1 Total pages Schedule G: 2	2 FILER NAME Jessica Arnold					
4 Date	5 Payee name					
12/12/23	Mo's Trophies					
6 Amount (\$) 71.44	7 Payee address; 711 14th Street	City;	State;	Zip Code 75446		
Reimbursement from political contributions intended	711 14th Street	Honey Grove	17	73440		
BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Signs a	nd Badges			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Jessica Arnold  C	Office sought Office held Criminal District Attorney				
Date 12/15/23	Payee name USPS					
Amount (\$)	Payee address;	City;	State;	Zip Code		
9.65  Reimbursement from political contributions intended	300 N Center Street	Bonham	TX	75418		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Other Shipping for Check to TexasGOP Store					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  OH Jessica Arnold	Office sought Criminal Distri		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended						
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 exp	oense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Quida avalaina h	to complete At la farm	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G		to complete this form.		11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Jessica	мı М	OFFICE USE ONLY
NAME	NICKNAME	Arnold .	SUFFIX	angula Frazin of 10:56 a.m.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 251	APT / SUITE #; BO	0± 10:56 a.m.	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	247-1328	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs	FIRST Ana	мі М	Receipt # Amount \$  Date Processed
NAME.	NICKNAME	Weaver	SUFFIX	02-05-2024 Date Imaged 02-05-2024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (384 S Main S	no po box please); apt / s Street	uite #: city; Ravenna	STATE: ZIP CODE TX 75476
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(972 )	207-5330	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH 1	Day Year / 26 / 24
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day  3 / 5	Year Primary  / 24  General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Criminal District A	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEL(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jessica Arnold		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1875.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 18.52
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,234.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 1,485.78
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is tru-	e and correct and includes all information
(1) Affidavit S NOTARY STAMP/SEA	Please complete either option below this the which, witness my hand and seal of office.  Please complete either option below this the which, witness my hand and seal of office.  Hill Michele Hill	
Sworn to and subscribed	before me by Jessica /////// this the	day of <u>Perruary</u> ,
Inchele Shichele	Hil michele Hill	Notary
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on OR	
My name is	, and my date of birth is	2
	, and my date of briting	
iny address is		(state) (zip code) (country)
Executed in	County, State of, on theday of(mont	(-1)
	Signature of Cand	idate/Officeholder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	FILER NAME	20 Filer ID (Ethics Cor	nmiss	ion Filers)
Je	essica Arnold			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,703.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	195.68
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0	
4.	SCHEDULE E: LOANS	\$	0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	1,613.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	611.74	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	9.65	
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

### 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 for	m.	1 Total pages Schedule A1:
2 FILER NAME Jessica Arno	old		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Phillip Holt		7 Amount of contribution (\$)
1/4/24	6 Contributor address; City; S 1426 County Road 1450 Bonham, TX 7	tate; Zip Code	250.00
8 Principal occup Car Dealersh		Employer (See Instructi	ons)
Date	Donnie Kaker	)	Amount of contribution (\$)
1/22/24	Contributor address: City: S 1926 Camelot Drive Grapevine, TX 76	itate; Zip Code	250.00
Principal occup Business Owl	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)
1/24/24	Contributor address; City; S 383 County Road 1452 Bonham, TX 75	tate; Zip Code	653.00
Principal occup District Attorn	ey	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)
1/8/24	Contributor address; City; S 2506 FM 3297 Ector, TX 75439	State; Zip Code	50.00
•	ntinuity Analyst Fre	Employer (See Instructi	ions)
	ATTACH ADDITIONAL CODIES OF I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

#### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME Jessica Arı				3 Filer ID (Ethics Commission Filers)
4 Date 1/21/24	Full name of contributor     Kay Allen		C (ID#:)	7 Amount of contribution (\$)
1/2 1/24	6 Contributor address; 2108 Red Cedar Tra	City;	State; Zip Code	000.00
8 Principal occu Ret	ired		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	 ctions)
Date	Full name of contributor	name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS	NEEDED

### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAME Jessica Arr			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 150.00			
5 Date 1/8/24	6 Full name of contributor □ out-of-state PAC (ID#:	Contribution \$ 2.05	9 In-kind contribution   description   WinRed   Processing Fee			
	upation / Job title (FOR NON-JUDICIAL)(See Instructions) Continuity Analyst	11 Employe	er (FOR NON-JUDICI	,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law f			n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 1/21/24	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution I description WinRed I Processing Fee		
	2108 Red Cedar Trail Greenville, TX 7540	)2	Check if travel outside of Texas. Complete Schedule T.			
Principal occi Retired	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ributor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

### SCHEDULE A2

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

L						
ті	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	Ē		3 Filer ID (Ethics Commission Filers)			
Jessica Ar	nold		THE ID (LINES OF	minission Flictoy		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor  out-of-state PAC (ID#:			9 In-kind contribution description		
	And vecaver		23.12	Credit Card		
1/26/24	7 Contributor address; City; State;	Zip Code		Payment		
	384 S Main Street Ravenna		Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Business	s Analyst	Freddie I	Mac			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	II F AS NEEDED			
			odditional reporting	- requirements		

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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.

	The mental advantage of plants in the			
1 Total pages Schedule F1:	2 FILER NAME Jessica Arnold		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name		1	
1/12/24	Texas GOP Store			
		City	Ctata	Zip Code
6 Amount (\$)	7 Payee address;	City;	State;	•
1156.11	404 IH-45	Huntsville	TX	77340
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Signs		
OF EXPENDITURE	3			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	d Jessica Arnold C	riminal Distric	t Attorney	
Date	Payee name			
1/26/24	Fannin County Leader			
Amount (\$)	Payee address;	City;	State;	Zip Code
432.00	224 N Main Street	Bonham	TX	75418
	Category (See Categories listed at the top of this schedule)	Description		-
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper A	d	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Criminal District Attorney			
	5		-	
Date	Payee name			
1/26/24	Moore Photography			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.00	1200 County Road 3060	Bonham	TX	75418
25.00				
	Category (See Categories listed at the top of this schedule)	Description		
DUBBGGG		,	Photo	
PURPOSE OF	Advertising Expense	Endorsement	FIIOLO	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	Jessica Arnold Cri	minal District A	Attorney	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NE	EDED	

### 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Exp Salaries/Wa		Travel In District Travel Out Of District Other (enter a catego	
		The Instruction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER Jessica				3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	OTOACR	EDIT CARD	\$ 18.52	
5 Date	6 Payee					
1/3/24	PureBut	tons.Com LLC				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
56.44	2991 Int	erstate Parkway	Br	unswick,	ОН	44212
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of th sing Expense	is schedule)	(b) Description Buttons		
	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	stin, TX, officeholder living	expense
11	Can	didate / Officeholder name	0	ffice sought	Office h	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Jessica Arnold Criminal District Attorney					
Date	<sub>Payee</sub> VistaPri					
Amount (\$)	Payee	address;		City;	State;	Zip Code
386.78	275 Wy	man St		Waltham	MA	02451
TYPE OF EXPENDITURE		Political	Non-Po	olitical		
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of the Expense	nis schedule)	Description Stationary ar	nd Push Cards	
		Check if travel outside of Texas. Comple	te Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
	Car	ndidate / Officeholder name	0	ffice sought	Office h	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Jessica	Arnold	Crimir	nal District A	ttorney	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

### **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)** Event Expense Loan Repayment/Reimbursement

Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Exp Printing Exp		Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	
	The Instruction Guide exp			Guior (Gritor & Guioge	.,
1 Total pages Schedule F4:	2 FILER NAME Jessica Arnold			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	DTOACR	EDIT CARD	\$	
5 Date 1/20/24	6 Payee name Fannin County Leader				
7 Amount (\$) 150.00	8 Payee address; 224 N Main St		city: Bonham	State; TX	Zip Code <b>75418</b>
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising Expense	this schedule)	(b) Description Newspaper A	d	
	(c) Check if travel outside of Texas. Comp	ete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Arnold		ffice sought nal District A	Office h	eld
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical		-
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	( rimanal linetriat //ttornal/			eld	
	ATTACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME Jessica Arnold		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
1/12/24	USPS			
6 Amount (\$) 9.65	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	300 N Center Street	Bonham	TX	75418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Shipping for Ch	neck	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Jessica Arnold  Cri	Office sought minal District A		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH Cri	Office sought minal District A		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Friminal District		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

	F-V65-355		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	Buide explains how	to complete this form.	1 10 12 12 12 12	10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST <b>Jessica</b>	мі <b>М</b>	OFFICE USE ONLY
IAVINE	NICKNAME	Arnold	SUFFIX	2/24/2024 4 S. D.: Milly
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 251		city; state; zip code onham TX 75418	Weli Miller
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	247-1328	EATENSION	Have Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs	Ana	M	Dit Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Weaver		Date mages
7 CAMPAIGN TREASURER ADDRESS	384 S Main S	no po box please); apt / s Street	suite #; city; Ravenna	STATE; ZIP CODE TX 75476
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(972 )	207-5330	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before of		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	000,10	our day before on	Reporting Limit	This report has a second
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVERLED	1 )	/ 27 / 24	THROUGH 2	/ 24 / 24
11 ELECTION	Month Day	Year Primary  / 24 General	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Criminal District A	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GÉNERAL	COMMITTEE ADDRESS		
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 File	r ID (Ethics Co	mmission Filers)
Jessica Amold				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN	\$	100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	S)	\$	1,827.71
EXPENDITURE TOTALS		\$	0	
	4. TOTAL POLITICAL EXPENDITURES		\$	2,319.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY	\$	2,935.78
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$	0
(1) Affidavit	Please complete either option below the state of the stat	Candidate	or Officeholde	er
NOTARY STAMP/SEA	Tassica Arnold	ne 26 <sup>t</sup>	day of Fe	bruary.
20 24 , to certify	which, witness my hand and seal of office.  Hill  michele Hill		Notary	bruary.
Signature of officer administe			Title of officer	administering oath
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth	n is		•
My address is				•
	(street) (city)	, ,	(zip code)	(country)
Executed in	County, State of, on the day of(mo	onth)	, 20 (year)	
	Signature of Car	ndidate/Offi	iceholder (Decl	arant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	FILER NAME ssica Arnold	20 Filer ID (Ethics Co.	mmissi	on Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,450.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	377.71		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$	0			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	0			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0		

#### 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 fo	rm.	1 Total pages Schedule A1:
2 FILER NAME Jessica Arr	nold	3	3 Filer ID (Ethics Commission Filers)
4 Date 1/27/24	5 Full name of contributor out-of-state PAC (ID: Benjamin Arnold	#:	7 Amount of contribution (\$) 1,000.00
77277	6 Contributor address; City; 1231 SE Skyline Drive Santa Ana, CA	State; Zip Code 92705	
8 Principal occu Business Ov	pation / Job title (See Instructions)  9  /ner	Employer (See Instruction	ns)
Date 1/27/24	Full name of contributor out-of-state PAC (IDI	#:)	Amount of contribution (\$)
	Contributor address; City; 404 Bluff Point Bend Cedar Park, TX 7	State; Zip Code 78613	
Principal occup Accounts Pa	yable (See Instructions)	Employer (See Instruction	ns)
Date 2/1/24	Full name of contributor out-of-state PAC (ID#:)  Richard Glaser		Amount of contribution (\$)
	Contributor address; City; S 383 County Road 1452 Bonham, TX 7	State; Zip Code	
Principal occup District Attor	nation / Job title (See Instructions)	Employer (See Instruction	ns)
Date		#)	Amount of contribution (\$)
2/1/24	Walter Goodwater  Contributor address; City;	State; Zip Code	100.00
	700 County Road 1410 Bonham, TX 7	'5418	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)

### SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Jessica Ari	nold			3 Filer ID (Ethics Commission Filers)
4 Date 2/15/24	5 Full name of contributor out-of-state PAC (ID#:)  Michael Beers			7 Amount of contribution (\$) 50.00
_, , , , _ ,	6 Contributor address; 785 County Road 2			
8 Principal occu Ran	pation / Job title (See Instructions) Cher		<b>9</b> Employer (See Instruc	tions)
Date	Philip Ricker		C (ID#:)	Amount of contribution (\$) 100.00
2/15/24	Contributor address;	City;	State; Zip Code	100.00
	805 Ave H Levellar	nd, TX 7933	36	
,	oation / Job title (See Instructions)  ttorney		Employer (See Instruc	tions)
Date			C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAI	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
		ALL CONTROL OF THE CO		
	ATTACH ADDITI		OF THIS SCHEDULE AS N	

### SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this forn	1 Total pages Schedule A2:			
2 FILER NAM	E	3 Filer ID (Ethics	Commission Filers)		
Jessica Ar	nold				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 100.00		
5 Date	Date  6 Full name of contributor  out-of-state PAC (ID#:)  Benjamin Arnold			9 In-kind contribution description	
1/27/24			41.02	WinRed	
1/2//24	7 Contributor address; City; State;	Zip Code		Processing Fee	
	1231 SE Skyline Drive Santa Ana, CA 92	705	Check if travel or	utside of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) S Owner	<b>11</b> Employ	er (FOR NON-JUDI	CIAL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR	JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution \$	1	
1/27/24	Contributor address; City; State;	Zip Code	4.10	│WinRed │Processing Fee	
	404 Bluff Point Bend Cedar Park, TX 786	13	Check if travel outside of Texas. Complete Sche		
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S Payable	Employ	er (FOR NON-JUDI	CIAL)(See Instructions)	
			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 contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)		
Jessica Arr	nold					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	ate 6 Full name of contributor			9 In-kind contribution description		
0/45/04			2.05	WinRed		
2/15/24	7 Contributor address; City; State;	Zip Code		Processing Fee		
	785 County Road 2999 Windom, TX 7549	2	Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(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 out-of-state PAC (ID#:	)	Amount of	In-kind contribution		
Date	Philip Ricker		Contribution \$	description		
2/15/24			4.10	WinRed		
2/13/24	Contributor address; City; State;	Zip Code	1.10	Processing Fee		
	805 Ave H Levelland, TX 79336		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAM	Ē		3 Filer ID (Ethics Co	ommission Filers)		
Jessica Arı	nold					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	\$				
5 Date 2/4/24	6 Full name of contributor  uut-of-state PAC (ID#:  Ana Weaver  7 Contributor address; City; State;	8 Amount of Contribution \$ 83.64	9 In-kind contribution   description   Stationary for   letter campaign			
	384 S Main Street Ravenna, TX 75476		Check if travel outs	ide of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description		
2/16/24	Contributor address; City; State;	Zip Code	142.80	l		
	384 S Main Street Ravenna, TX 75476		Check if travel outs	ide of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	mployer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	use (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				

### **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
Condidate/Officebolder/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

Contributions/Donations Made By Candidate/Officeholder/Politica	,	ift/Awards/Memorials Expense egal Services	Printing Exp Salaries/Wa	bense ages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
		The Instruction Guide expl	ains how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER NA Jessica A				3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPEN	IDITURES CHARGE	DTOACR	EDIT CARD	\$	
5 Date 2/10/24	6 Payee nar	me				
7 Amount (\$) 680.00	8 Payee ad 2021 Card	<sub>dress;</sub> inal Lane Bonham	, TX 7541	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Pol	itical	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category (s Other	See Categories listed at the top of t	his schedule)	(b) Description Stamps		
	( <b>c</b> ) C	heck if travel outside of Texas. Comple	ete Schedule T.	Check if Au	ıstin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candid Jessica A	late / Officeholder name		ffice sought nal District A	Office h	eld
Date	Payee na	me				
2/16/24	Fannin Co	ounty Leader				
Amount (\$) 1,476.00	Payee ad 224 N Ma	<sup>ldress;</sup> in Street Bonham,	TX 7541	City;	State;	Zip Code
TYPE OF EXPENDITURE	Pol	litical	Non-Po	olitical		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of ng Expense	this schedule)	Description Newspaper /	Ads	
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if A	ustin, TX, officeholder ∄vin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid Jessica A	date / Officeholder name		office sought nal District A	Office h	eld
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

	EXPENDITURE CATE	GORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Fees Office Overhead/Rental Expense Polling Expense Printing Expense		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			3 Filer ID (Ethics	Commission Filers)	
2	Jessica Arnold			STREET ID (ERROS SSRIIIISSISTITION)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$		
5 Date 1/29/24	6 Payee name Walmart	-				
7 Amount (\$) 53.22	8 Payee address; 2021 Cardinal Lane Bonham	, TX 754	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Po	itical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Paper and			Labels		
	(c) Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Arnold		ffice sought nal District A	Office h	eld	
Date 2/7/24	Payee name Brookshires					
Amount (\$) 110.26	Payee address; 2228 Island Bayou Rd Bonh	am, TX	City; <b>75418</b>	State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Po	olitical			
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Event Expense  Category (See Categories listed at the top of this schedule)  Event Expense  Food and Beverage for Meet and an analysis of the schedule of this					eet and Greet	
	Check if travel outside of Texas. Complete	e Schedule T.	Check if A	Austin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Arnold		ffice sought nal District A	Office I Attorney	neld	
	ATTACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS N	EEDED		