

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Bruce	MI G.	<b>RECEIVED</b>  JAN 11 2024  CITY SECRETARY ADDISON, TX		
	NICKNAME	LAST Arfsten	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	[REDACTED] Addison TX 75001					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 214 )	PHONE NUMBER [REDACTED]	EXTENSION	Date Hand-delivered or Date Postmarked 1-11-2024		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Harriet	MI	Receipt #	Amount \$	
	NICKNAME	LAST Mellow	SUFFIX	Date Processed 1-11-2024	Date Imaged 1-11-2024	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY:	STATE; ZIP CODE	
	14840 Lochinvar Dr, Dallas TX 75254					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 972 )	PHONE NUMBER 387-5785	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	23	THROUGH	12	31 / 23
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
	5	6	23	<input checked="" type="checkbox"/> General	Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Mayor, Addison					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Bruce G. Arfsten	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/24/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) 148.80	<b>7</b> Payee address; City; State; Zip Code Online	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Lederhosen for Oktoberfest event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

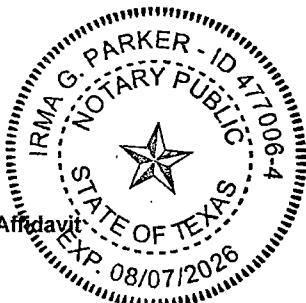
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Bruce G. Arfsten		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 148.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,600.25
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

Bruce Arfsten  
Signature of Candidate or Officeholder

**Please complete either option below:**



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bruce Arfsten this the 11<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.  
Irma G. Parker Irma G. Parker 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 Bruce G. Arfsten		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 148.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$