

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: 8																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr</td> <td>Bruce</td> <td>G</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Arfsten</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Bruce	G	NICKNAME	LAST	SUFFIX		Arfsten		OFFICE USE ONLY	Date Received APRIL 28, 2023 Office of the City Secretary - I Parker								
MS / MRS / MR	FIRST	MI																					
Mr	Bruce	G																					
NICKNAME	LAST	SUFFIX																					
	Arfsten																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX,</td> <td style="width:15%; font-size: small;">APT / SUITE #,</td> <td style="width:15%; font-size: small;">CITY,</td> <td style="width:15%; font-size: small;">STATE,</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>[REDACTED]</td> <td>Ln, Addison TX</td> <td>75001</td> <td></td> <td></td> </tr> </table>			ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE	[REDACTED]	Ln, Addison TX	75001												
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5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:35%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>[REDACTED]</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(214)	[REDACTED]		Date Hand-delivered or Date Postmarked 4/28/2023													
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Ms</td> <td>Harriet</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Mellow</td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI	Ms	Harriet		NICKNAME	LAST	SUFFIX		Mellow		Receipt # Amount \$							
MS / MRS / MR	FIRST	MI																					
Ms	Harriet																						
NICKNAME	LAST	SUFFIX																					
	Mellow																						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY,</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:5%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">14840 Lochinvar Dr, Dallas TX 75254</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY,	STATE;	ZIP CODE	14840 Lochinvar Dr, Dallas TX 75254														
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)												
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:5%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">THROUGH</td> <td style="width:5%;"></td> <td style="width:10%; font-size: small;">Month</td> <td style="width:5%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td>4</td> <td>/</td> <td>6</td> <td>/</td> <td></td> <td></td> <td>4</td> <td>/</td> <td>28</td> <td>/</td> <td>23</td> </tr> </table>			Month	Day	Year		THROUGH		Month	Day	Year	4	/	6	/			4	/	28	/	23
Month	Day	Year		THROUGH		Month	Day	Year															
4	/	6	/			4	/	28	/	23													
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month Day Year</td> <td style="font-size: small;">Primary Runoff Other Description</td> </tr> <tr> <td>5 / 6 / 23</td> <td><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	Primary Runoff Other Description	5 / 6 / 23	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
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5 / 6 / 23	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special																						
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor, Addison																					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:15%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS												
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Additional Pages																							

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Bruce Arfsten		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,583.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,235.75
OUTSTANDING LOAN TOTALS	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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bruce Arfsten, and my date of birth is [REDACTED]

My address is [REDACTED], Addison TX 75001 USA
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 28th day of April, 2023
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Bruce Arfsten

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,725.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,583.99
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	\$

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: **4****2** FILER NAME
Bruce Arfsten**3** Filer ID (Ethics Commission Filers)**4** Date
04/10/2023**5** Full name of contributor out-of-state PAC (ID#: _____)
Christopher Defrancisco**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code
3917 Bobbin Ln, Addison TX 75001**150.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
04/06/2023Full name of contributor out-of-state PAC (ID#: _____)
Robert Moran

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6523 Del Norte Ln, Dallas TX 75225**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2023Full name of contributor out-of-state PAC (ID#: _____)
Brenda Mancil

Amount of contribution (\$)

Contributor address; City; State; Zip Code
17102 Club Hill Dr, Dallas TX 75248**150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2023Full name of contributor out-of-state PAC (ID#: _____)
Lars Staberg

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2704 Tulip Dr, Richardson TX 75082**100.00**

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**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: 4
2 FILER NAME Bruce Arfsten		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ellen Gomez 6 Contributor address; City; State; Zip Code 18111 Preston Rd #150, Dallas TX 75252	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Ivy Boland Contributor address; City; State; Zip Code 5936 Burgandy St, Plano TX 75093	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Berthold Contributor address; City; State; Zip Code 4011 Rive Ln, Addison TX 75001	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Stanley Herrin Contributor address; City; State; Zip Code 15611 Trails End Dr, Dallas TX 75248	Amount of contribution (\$) 100.00
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

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: **4**

2 FILER NAME
Bruce Arfsten **3** Filer ID (Ethics Commission Filers)

4 Date **5** Full name of contributor out-of-state PAC (ID#: _____)
04/06/2023 **Van Neinast**
6 Contributor address; City; State; Zip Code **7** Amount of contribution (\$)
1223 Chippewa Dr, Richardson TX 75080 **100.00**

8 Principal occupation / Job title (See Instructions) **9** Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of contribution (\$)
04/06/2023 **David Dickson**
Contributor address; City; State; Zip Code **500.00**
6206 Tulip Ln, Dallas TX 75230

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of contribution (\$)
04/06/2023 **Kimberly Myrick**
Contributor address; City; State; Zip Code **25.00**
3049 Maumelle Dr, Plano TX 75023

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of contribution (\$)
04/15/2023 **Joan Lombar**
Contributor address; City; State; Zip Code **200.00**
1880 Quail Ln, Richardson TX 75080

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **4**

2 FILER NAME
Bruce Arfsten

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelvin Roquemore

6 Contributor address; City; State; Zip Code
7017 Dogwood Creek Ln, Dallas TX 75252

7 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/24/2023

Full name of contributor out-of-state PAC (ID#: _____)
Roy Davis

Contributor address; City; State; Zip Code
16950 Dallas Pkwy #125, Dallas TX 75248

Amount of contribution (\$)
1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/25/2023

Full name of contributor out-of-state PAC (ID#: _____)
Benjamin Wolber

Contributor address; City; State; Zip Code
5316 Paladium Dr, Dallas TX 75254

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (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 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:	2 FILER NAME Bruce Arfsten	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Payee name Expresscopy.com	
6 Amount (\$) 1,609.74	7 Payee address; City; State; Zip Code 6623 NE 59th Pl, Portland, OR 97218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Post card mailout
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Valentine Direct Marketing LLC	
Amount (\$) 974.25	Payee address; City; State; Zip Code 14243 Proton Rd, Farmers Branch TX 75244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design and produce push cards
	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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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