

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: <div style="text-align: center; font-size: 1.2em;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Jessica M <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Arnold	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-family: cursive;">1/16/2024</div> <div style="font-size: 1.2em; font-family: cursive;">2:40 P.M.</div> <div style="font-size: 1.5em; font-family: cursive;">Vicki Miller</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 251 Bonham TX 75418	Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; font-family: cursive;">1/16/2024</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 247-1328	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Ana M <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Weaver	Date Processed <div style="font-size: 1.5em; font-family: cursive;">1/16/2024</div>	Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 384 S Main Street Ravenna TX 75476	Receipt #	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 207-5330	Amount \$	
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 11 / 22 / 23 THROUGH 12 / 31 / 23		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE <input checked="" type="radio"/> Primary Runoff Other Description <input type="radio"/> General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Criminal District Attorney	
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 GENERAL SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	3,606.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,395.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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.

Jessica Arnold
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jessica Arnold this the 16th day of January 20 24, to certify which, witness my hand and seal of office.

Michele Hill 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 Jessica Arnold	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,004.11
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 203.90
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 398.40
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 Jessica Arnold		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/23	5 Full name of contributor out-of-state PAC (ID#: _____) Ana Weaver 6 Contributor address; City; State; Zip Code 384 S Main St. Ravenna TX 75476	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Business Analyst		9 Employer (See Instructions) AT&T
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: _____) Erik Premont Contributor address; City; State; Zip Code 418 S Main St. Ravenna TX 75476	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Business Coach		Employer (See Instructions)
Date 12/3/23	Full name of contributor out-of-state PAC (ID#: _____) Ana Weaver Contributor address; City; State; Zip Code 384 S Main St. Ravenna TX 75476	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) AT&T
Date 12/3/23	Full name of contributor out-of-state PAC (ID#: _____) Sheryl Nicholson Contributor address; City; State; Zip Code 9702 FM 274 Ravenna TX 75476	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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 Jessica Arnold		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) Cecilia Crawford	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 255 CR 1451 Bonham TX 75418		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/19/23	Full name of contributor out-of-state PAC (ID#: _____) Sandra Reynolds	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 10225 N SH 78 Ravenna TX 75476		
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions)
Date 12/19/23	Full name of contributor out-of-state PAC (ID#: _____) Richard Mashek	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 10759 N SH 78 Ravenna TX 75476		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/16/23	Full name of contributor out-of-state PAC (ID#: _____) Margaret Gist	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 10185 N SH 78 Ravenna TX 75476		
Principal occupation / Job title (See Instructions) Retired		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: 4
2 FILER NAME Jessica Arnold		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/23	5 Full name of contributor out-of-state PAC (ID#: _____) Lauren Glover 6 Contributor address; City; State; Zip Code 3737 N FM 274 Ravenna TX 75476	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions)
Date 12/8/23	Full name of contributor out-of-state PAC (ID#: _____) Elisabete Paixao Contributor address; City; State; Zip Code 102 Sea Oats Dr. #G Juno Beach FL 33408	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
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 occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/12/23	Full name of contributor out-of-state PAC (ID#: _____) Benjamin Arnold Contributor address; City; State; Zip Code 1231 SE Skyline Dr. Santa Ana CA 92705	Amount of contribution (\$) 1,150.00
Principal occupation / Job title (See Instructions) Electronics Broker		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 Jessica Arnold		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/23	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas Weaver	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 6436 N FM 273 Ivanhoe TX 75477		
8 Principal occupation / Job title (See Instructions) Retired		9 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)
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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 2	2 FILER NAME Jessica Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 12/9/23	5 Payee name Afton Burkard	
6 Amount (\$) 375.00	7 Payee address; 10406 E FM 273	City; State; Zip Code Ivanhoe TX 75447
8 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, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Arnold	Office sought Office held Criminal District Attorney
Date 12/6/23	Payee name 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	Description Filing Fee
	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 Jessica Arnold	Office sought Office held Criminal District Attorney
Date 12/8/23	Payee name Bonham Area Chamber of Commerce	
Amount (\$) 75.00	Payee address; 327 N Main St.	City; State; Zip Code Bonham TX 75418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Christmas Lollipop
	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 Jessica Arnold	Office sought Office held Criminal District Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME Jessica Arnold	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 12/23/23	6 Payee name Vistaprint	
7 Amount (\$) 203.90	8 Payee address; City; State; Zip Code Hudsonweg 8 5928 LW Netherlands	
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) Other	(b) Description Website Subscription and Domain
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Arnold	Office sought / Office held Criminal District Attorney
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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

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 | 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 G: 2	2 FILER NAME Jessica Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 11/22/23	5 Payee name BrandCrowd	
6 Amount (\$) 36.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code Level 4, 2 Hill Street, Surry Hills Australia 2010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Logo
	(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 Jessica Arnold	Office sought Criminal District Attorney
Date 11/22/23	Payee name Jessica Arnold Campaign	
Amount (\$) 100.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code PO Box 251 Bonham TX 75418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Initial Bank Deposit
	(c) 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 Jessica Arnold	Office sought Criminal District Attorney
Date 11/30/23	Payee name Vistaprint	
Amount (\$) 181.31 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code Hudsonweg 8 5928 LW Netherlands	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business Cards
	(c) 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 Jessica Arnold	Office sought Criminal District Attorney

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 | 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 G: 2	2 FILER NAME Jessica Arnold	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/23	5 Payee name Mo's Trophies	
6 Amount (\$) 71.44 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 711 14th Street Honey Grove TX 75446	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs and Badges
	(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 Jessica Arnold	Office sought Criminal District Attorney
		Office held
Date 12/15/23	Payee name USPS	
Amount (\$) 9.65 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 300 N Center Street Bonham TX 75418	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Shipping for Check to TexasGOP Store
	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 Jessica Arnold	Office sought Criminal District Attorney
		Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
8 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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