


# 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: <b>MR.</b> FIRST: <b>BOWIE</b> MI: <b>J</b><br>NICKNAME: _____      LAST: <b>HOGG</b> SUFFIX: _____  | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand-delivered or Date Postmarked<br>Receipt #      Amount \$<br>Date Processed<br>Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><b>1507 CROWLEY RD.</b><br><b>ARLINGTON TX 76012</b>  |   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(807)</b> <b>565 2636</b>  |   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: <b>MR.</b> FIRST: <b>KYLE</b> MI: _____<br>NICKNAME: _____      LAST: <b>CARLECK</b> SUFFIX: _____   | Date Hand-delivered or Date Postmarked<br>Receipt #      Amount \$<br>Date Processed<br>Date Imaged   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><b>3001 CAMBRIDGE DR.</b><br><b>ARLINGTON TX 76013</b>   |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(817)</b> <b>319 1682</b>  |   |                      |
| 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                      |
| 10 PERIOD COVERED  | Month      Day      Year      THROUGH      Month      Day      Year<br><b>7 / 1 / 18</b> THROUGH <b>12 / 31 / 18</b>  |   |                      |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br><b>N/A</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special <b>SAV Report</b>        |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>ARLINGTON ISD TRUSTEE, PLACE 6</b>   | 13 OFFICE SOUGHT (if known)<br><b>N/A</b>   |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **BOWIE HOGG** 15 Filer ID (Ethics Commission Filers)

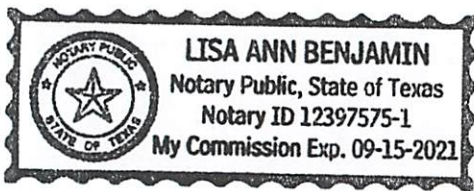
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|                                      |                |
|--------------------------------------|----------------|
| COMMITTEE TYPE                       | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL     |                |
| <input type="checkbox"/> SPECIFIC    |                |
| COMMITTEE ADDRESS                    |                |
| COMMITTEE CAMPAIGN TREASURER NAME    |                |
| COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

Additional Pages

|                         |   |    |          |
|-------------------------|---|----|----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | —        |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ | —        |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ | —        |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ | —        |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ | 1,146.67 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ | —        |

18 AFFIDAVIT



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.

*Bowie Hogg*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bowie Hogg, this the 17<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

Lisa Ann Benjamin      Lisa Ann Benjamin      Admin Asst to Supt.  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath