

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) 86996	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) / MR FIRST Kathi LAST Arocha	MI SUFFIX	OFFICE USE ONLY RECEIVED APR 04 2024 BY: M. Vasquez
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3215 Greenbrook Dr. Arlington TX 76016	APT / SUITE #. CITY: STATE: ZIP CODE	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 456.5288	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / (MR) FIRST Darrell LAST Montgomery	MI L. SUFFIX	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 5111 Kee Brook Dr. Arlington TX 76017		APT / SUITE #. CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (682)	PHONE NUMBER 386.0114	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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"/> 6th 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 THROUGH Month Day Year 1 / 1 / 2024 4 / 1 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) School Board of Trustees PL 3	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME NA	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Arocha, Kathi		16 Filer ID (Ethics Commission Filers) 86 996
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,490. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,778. ²²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,208. ¹⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

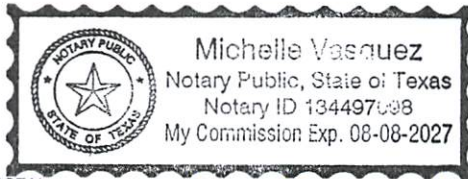
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kathi Arocha

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kathi Arocha this the 4 day of April, 2024, to certify which, witness my hand and seal of office.

Michelle Vasquez Michelle Vasquez Coordinator
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 <i>Arocha, Kathi</i>	20 Filer ID (Ethics Commission Filers) <i>86996</i>
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,490.00</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>573.60</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>281.90</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>3,496.32</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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.

1 of 3

2 FILER NAME

Arocha, Kathi

3 Filer ID (Ethics Commission Filers)

86996

4 Date

3/18/2024

5 Full name of contributor

Ted Jessup

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 2,000.00

6 Contributor address:

City: State: Zip Code

Arlington TX 76016

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

3/5/2024

Full name of contributor

Takey Saunders

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 5,000.00

Contributor address:

City: State: Zip Code

Arlington TX 76012

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

1/28/2024

Full name of contributor

Jabranica Stroba

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 25.00

Contributor address:

City: State: Zip Code

Arlington TX 76001

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

3/4/2024

Full name of contributor

Designed For Life LLC

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 700.00

Contributor address:

City: State: Zip Code

Arlington TX 76016

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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 2 of 3
2 FILER NAME Arocha, Kathi		3 Filer ID (Ethics Commission Filers) 86996
4 Date 3/7/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arlington AC & Heating	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City: State: Zip Code [Redacted] Arlington TX 76016	
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Graham	Amount of contribution (\$) \$25.00
	Contributor address; City: State: Zip Code [Redacted] Arlington TX 76016	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake and Ashley Schweigler	Amount of contribution (\$) \$500.00
	Contributor address; City: State: Zip Code [Redacted] Arlington TX 76016	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jo Nell Pegues	Amount of contribution (\$) \$15.00
	Contributor address; City: State: Zip Code [Redacted] Arlington TX 76016	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
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: 3 of 3
2 FILER NAME Arocha, Kathi		3 Filer ID (Ethics Commission Filers) 86996
4 Date 3/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay & Ingrid Cooley	7 Amount of contribution (\$) \$200. ⁰⁰
6 Contributor address: City: State: Zip Code [Redacted] Arlington TX 76016		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Brand	Amount of contribution (\$) \$ 25. ⁰⁰
Contributor address: City: State: Zip Code [Redacted] Arlington TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1 of 1	
2 FILER NAME Aracha, Kathi		3 Filer ID (Ethics Commission Filers) 86996	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 573.60	
5 Date 1/17/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seri, Lucila	8 Amount of Contribution \$ 573.60	9 In-kind contribution description Graphic Design and Website
7 Contributor address; City; State; Zip Code [Redacted] Arlington TX 76012		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Solution Architect		11 Employer (FOR NON-JUDICIAL)(See Instructions) Boeing	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional 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 | 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: 1	2 FILER NAME Arocha, Kathi	3 Filer ID (Ethics Commission Filers) 86996
4 Date 2/20/24 - 3/21/24	5 Payee name Anedot Inc	
6 Amount (\$) 281.90	7 Payee address; City; State; Zip Code 1340 Poydras St.; Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Contributions Service Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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 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)
The Instruction Guide explains how to complete this form.		USE A NEW PAGE FOR EACH CREDIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4: 1 of 3	2 FILER NAME Arocha, Kathi	3 FILER ID (Ethics Commission Filers) 36996	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ NA
5 CREDIT CARD ISSUER	Name of financial institution Discover		
6 PAYMENT	(a) Amount Charged \$ 400	(b) Date Expenditure Charged 2/2/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Precision Press	(b) Payee address; City, State, Zip Code 900 W. Main St Arlington TX 76013	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Cards / Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held NA		
PAYMENT	(a) Amount Charged \$ 471.67	(b) Date Expenditure Charged 2/6/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Precision Press	(b) Payee address; City, State, Zip Code 900 W. Main St. Arlington TX 76013	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Cards / Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held NA		
PAYMENT	(a) Amount Charged \$ 99.00	(b) Date Expenditure Charged 3/18/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Ecanvasser	(b) Payee address; City, State, Zip Code Suite 10569 26/27 Upper Pembroke St. Dublin Ireland	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Canvassing Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held NA		
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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2 of 3	2 FILER NAME: Arocha, Kathi	3 FILER ID (Ethics Commission Filers): 86996
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ NA
5 CREDIT CARD ISSUER	Name of financial institution Discover	
6 PAYMENT	(a) Amount Charged \$ 538.44	(b) Date Expenditure Charged 2/2/2024
7 PAYEE	(a) Payee name Vista Print	(b) Payee address; City, State, Zip Code 95 Hayden Ave Lexington MA 02421-7942
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 10.26	(b) Date Expenditure Charged 2/19/2024
PAYEE	(a) Payee name Grounds And Gold	(b) Payee address; City, State, Zip Code 4130 S. Bowen Rd Arlington TX 76016
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description strategy meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 169.88	(b) Date Expenditure Charged Various
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1601 Willow Rd Menlo Park CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Online - Marketing Boost
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3 of 3		2 FILER NAME: Arocha, Kathi		3 FILER ID (Ethics Commission Filers): 86996	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				s NA	
5 CREDIT CARD ISSUER		Name of financial institution Discover			
6 PAYMENT		(a) Amount Charged s 1,440.80	(b) Date Expenditure Charged 3/5/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Precision Press	(b) Payee address; City, State, Zip Code 900 W. Main St. Arlington TX 76013		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Road Signs	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NA		Office Sought Office Held	
PAYMENT		(a) Amount Charged s 319.64	(b) Date Expenditure Charged 3/5/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Home Depot	(b) Payee address; City, State, Zip Code 4611 S. Cooper Arlington TX 76017		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Metal poles for road signs	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NA		Office Sought Office Held	
PAYMENT		(a) Amount Charged s 46.63	(b) Date Expenditure Charged 3/3/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Office Depot #596	(b) Payee address; City, State, Zip Code 401 SW Plaza, Ste 107 Arlington, TX 76016		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Expenses		(b) Description Flyer Supplies	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NA		Office Sought Office Held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					