

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Kathi

NICKNAME

LAST

SUFFIX

Arocha

OFFICE USE ONLY

RECEIVED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

3215 Greenbrook Dr. Arlington TX 76016

Change of Address

APR 26 2024

BY: A. Bouds

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 456.5288

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Darrell

NICKNAME

LAST

SUFFIX

Montgomery

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

5111 Kee Brook Dr. Arlington TX 76017

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682) 386.0114

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

Month Day Year

4 / 2 / 2024 THROUGH 4 / 22 / 2024

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other Description

5 / 4 / 2024

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

None

School Board of Trustees

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.

COMMITTEE TYPE

COMMITTEE NAME

NA

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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 <i>Arocha, Kathi</i>		16 Filer ID (Ethics Commission Filers) <i>86996</i>
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)	\$ <i>1,277.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,351.73</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>6,133.37</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

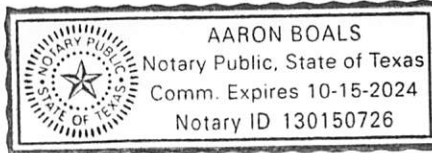
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 *26th* day of *April*, 20 *2024*, to certify which, witness my hand and seal of office.

Aaron Boals *Aaron Boals* *Paralegal*
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>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,277.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>4,351.73</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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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 2
2 FILER NAME Kathi Arocha		3 Filer ID (Ethics Commission Filers) 86996
4 Date 4-15-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Coker	7 Amount of contribution (\$) \$ 200.⁰⁰
6 Contributor address: City: State: Zip Code [Redacted] Arlington TX 76012		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith Temporaries Inc	Amount of contribution (\$) \$182.⁰⁰
Contributor address: City: State: Zip Code [Redacted] Grapevine TX 76099		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Bobinger	Amount of contribution (\$) \$100.⁰⁰
Contributor address: City: State: Zip Code [Redacted] Arlo, TX 76017		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ted Jessup	Amount of contribution (\$) \$500.⁰⁰
Contributor address: City: State: Zip Code [Redacted] Arlington TX 76016		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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
2 FILER NAME Kathi Arocha		3 Filer ID (Ethics Commission Filers) 86996
4 Date 4/3/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom & Sue Welch	7 Amount of contribution (\$) \$250.⁰⁰
6 Contributor address: City: State: Zip Code [Redacted] Arlington TX 76017		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pamela Grayson	Amount of contribution (\$) \$20.⁰⁰
Contributor address: City: State: Zip Code [Redacted] Arlington TX 76017		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denise Lunski	Amount of contribution (\$) \$25.⁰⁰
Contributor address: City: State: Zip Code [Redacted] Arl.; TX 76001		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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)

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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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>Arocha, Kathi</i>	3 Filer ID (Ethics Commission Filers) <i>86996</i>
4 Date <i>4/8-4/10/2024</i>	5 Payee name <i>Anedot Inc</i>	
6 Amount (\$) <i>\$30.60</i>	7 Payee address: <i>1340 Poydras St.; Suite 1770</i>	City: <i>New Orleans</i> State: <i>LA</i> Zip Code: <i>70112</i>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Online Contributions Service Fees</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>NA</i>	Office sought: Office held:
Date <i>4/15/2024</i>	Payee name <i>Ellis Beck</i>	
Amount (\$) <i>\$300.00</i>	Payee address: <i>912 Shady Creek Dr.</i>	City: <i>Kennedale</i> State: <i>TX</i> Zip Code: <i>76060</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Road sign placement</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>NA</i>	Office sought: Office held:
Date <i>4/16/2024</i>	Payee name <i>Discover Credit Card</i>	
Amount (\$) <i>\$3,496.32</i>	Payee address:	City: State: Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	Description <i>Payment of Discover bill for items incurred 2/2/24 - 3/25/24</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>NA</i>	Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <i>2</i>	2 FILER NAME <i>Arocha, Kathi</i>	3 Filer ID (Ethics Commission Filers) <i>86996</i>
4 Date <i>4/22/2024</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>\$524.81</i>	7 Payee address: <i>401 SW Plaza, Ste 107</i>	City: <i>Arlington</i> State: <i>TX</i> Zip Code: <i>76016</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Supplies</i>	(b) Description <i>Printing materials</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>NA</i>	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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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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