CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers) 922224241	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Robert	мі EII	OFFICE USE ONLY
TV MVIL	NICKNAME	Blake, Jr	SUFFIX	DatReceivedCEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	c: APT / SUITE #: C neer Pkwy Arlingto	on, TX 76013	APR 0 5 2023 BY: Le Francie
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(972)	365-7010	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
TREASURER NAME	Mr	Corey	Non	Date Processed
	NICKNAME	Callaway	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	301 S Cente	er St, Suite 420 Ar	lington, TX 76010	
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(817)	274-4877		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	1	/ 1 / 23	THROUGH 3	/ 27 / 23
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	5 / 6	23 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	enthanta
	None		School Board I	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	■ GENERAL	COMMITTEE ADDRESS		
**	SPECIFIC	COMMITTEE CAMPAIGN TRE		
		Corey N Callav		
ė.		301 S Center S	Et, Suite 420 Arlingt	ton, TX 76010
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Robert E Blake , Jr.			Ethics Commission Filers) 24241		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	125.00		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	925.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$	5,402.05		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA- OF REPORTING PERIOD	ST DAY \$	1,070.00		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	13,011.11		
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/SEA		الحام			
20 2 , fo certify	which, witness my hand and sent of fifting Bergara Spann Printed name of officer administering oath OR		of April , of officer administering oath		
		ta national section and	W-0000		
My name is Robert E					
My address is 2103 La		X, 7601 state) (zip c			
Executed in TAMA		2 (, 20	0 7		
	Ciliatura at Casti	data/Officabald	or (Dodoront)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 C	riler NAME orey N Callaway	92224241	miss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	220.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	13,011.11
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	4,965.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	436.11
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicabl	e, DO NOT ir	nclude this page in the	report.		
The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1: 1		
2 FILER NAME Corey N (Callaway			3 Filer ID (Ethics Commission Filers) 922224241		
4 Date	5 Full name of contributor out-of-state PAC (ID# Roger DeFrang		C (ID#:)	7 Amount of contribution (\$)		
02/12/2023	6 Contributor address;	City; State; Zip Code Arlington, TX 76013		100.00		
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) N/A						
Date	Full name of contributor Linton Davis	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
02/14/2023	Contributor address;	city; Arling	State; Zip Code gton TX 76017	150.00		
Principal occup Retired	ation / Job title (See Instructions)		Employer (See Instructi N/A	ons)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
03/24/2023	Clay Kelley Contributor address;	Arling	State; Zip Code	100.00		
	ource Consultant		Employer (See Instruction ClayKelly.com	ions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
03/24/2023	Kelly Curnutt and Dou	City;	State: Zip Code	500.00		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIO	ONAL COPIES	OF THIS SCHEDULE AS NI	-EDED		
	If contributor is out-of-state PAC,					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)	
Robert I	E Blake Jr		92222424	· ·	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 20.00		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
02/07/2023	Dwayne Lee 7 Contributor address: City: State:		100.00	Photo Head Shot	
		Zip Code		[
	2550 Legacy Point Dr Arlington, TX	76006	Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ Photogra	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIA n Flair Photogra		
	principal occupation (FOR JUDICIAL)			DICIAL)(See Instructions)	
	,	13 00114100		DIOIAE/(OGO Maddadha)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			-	
Date	Full name of contributor)	Amount of	In-kind contribution	
	Ken Mattner		Contribution \$	description Name Badges	
03/14/2023	Contributor address; City; State;	Zip Code	100.00	engraved	
				l engraved	
	801 Station Dr Suite 109 Arlington, TX	70013	Check if travel outsi	de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA		
	/ Corporate Apparel	Digital	Corporate Co	ompanies	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule	^{A2:} 1
Robert E	≡ E Blake Jr		3 Filer ID (Ethics Commi 922224241	ission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 20.00	
5 Date 02/07/2023	6 Full name of contributor □ out-of-state PAC (ID#: Roger DeFrang 7 Contributor address; City; State; Arlington TX upation / Job title (FOR NON-JUDICIAL) (See Instructions)		20.00 2	In-kind contribution description Zip Ties of Texas. Complete Schedule T. (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDIC	CIAL) (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	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDIC	CIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (i	if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	
H	f contributor is out-of-state PAC, please see Instruction			quirements.

LOANS

SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 5
2 FILER NAME Corey N Ca	allaway		3 Filer ID (Ethics Commission Filers) 922224241
4 TOTAL OF UN	NITEMIZED LOANS		\$ 13,011.11
5 Date of loan 01/08/2023	7 Name of lender □ out-of-state in Robert E Blake,Jr	PAC (ID#:)	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? Y N	8 Lender address; City; 2103 Lakehill Ct Arlington, TX	State; Zip Code 76012	10 Interest rate 0.00 11 Maturity date
12 Principal occupation I.T. Marketin	on / Job title (See Instructions)	13 Employer (See Instructions) Bit by Bit	
14 Description of Coll none	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	L
Date of loan 02/12/2023	Name of lender □ out-of-state l	PAC (ID#:)	Loan Amount (\$) 50.00
Is lender a financial Institution?	Lender address; City; 2103 Lakehill Ct Arlington, TX	State; Ztp Code 76012	Interest rate 0.00 Maturity date
Principal occupation I.T. Marketin	on / Job title (See Instructions)	Employer (See Instructions) Bit by Bit	
Description of Colla	ateral	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	<u> </u>
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

LOANS

SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Corey N Ca	allaway		922224241
4 TOTAL OF UN	NITEMIZED LOANS		\$ 13,011.11
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
01/08/2023	Robert E Blake,Jr		23.00
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	2103 Lakehill Ct Arlington, TX	76012	0.00
YN			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
I.T. Marketir	ng	Bit by Bit	
14 Description of Coll	lateral	15 Check if personal fun account (See Instruc	ds were deposited into political
■ none		account (See instruc	uons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	1
not applicable	5.7,		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:	Loan Amount (\$)
02/12/2023	Robert E Blake,Jr	,	25.00
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial	2103 Lakehill Ct Arlington, TX	•	0.00
Y N	2 Too Editoriiii Ot 7 Willington, 170	70012	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
I.T. Marketin	ng	Bit by Bit	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
GUARANTOR	Name of guarantor		Amount Cuarrete ed (0)
INFORMATION	romo or guaranto		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	-DED
If le	nder is out-of-state PAC, please see Ins		

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Corey N Ca	allaway		922224241
4 TOTAL OF UN	IITEMIZED LOANS		\$ 13,011.11
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
02/19/2023	Robert E Blake,Jr		228.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	2103 Lakehill Ct Arlington, TX	76012	0.00
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	·
I.T. Marketin	g	Bit by Bit	
14 Description of Coll none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	To Cuarantor address, City,	State, Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	L
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
02/24/2023	Robert E Blake,Jr	,	185.11
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?	2103 Lakehill Ct Arlington, TX	76012	0.00
Y N	,		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
I.T. Marketir	ng	Bit by Bit	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)
	O		
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	:DED
If le	nder is out-of-state PAC, please see Ins	truction guide for additional re-	portina requirements.

LOANS SCHEDULE E

ii the requested	iniormation is not applicable, bo no	- include this page in the re	port.	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 5	
2 FILER NAME	2 FILER NAME			
Corey N Ca	allaway		922224241	
4 TOTAL OF UN	NITEMIZED LOANS		\$ 13,011.11	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
02/27/2023	Robert E Blake,Jr		2,500.00	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	2103 Lakehill Ct Arlington, TX	76012	0.00	
			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1	
I.T. Marketin	ng	Bit by Bit		
14 Description of Coli	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender Quit-of-state	PAC (ID#:)	Loan Amount (\$)	
03/15/2023	Robert E Blake,Jr	,	7,000.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?	2103 Lakehill Ct Arlington, TX	76012	0.00	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
I.T. Marketir	ng	Bit by Bit		
Description of Colla	ateral		d	
none		account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)	•	
16.1-		ES OF THIS SCHEDULE AS NEI		
it le	nder is out-of-state PAC, please see Ins	truction guide for additional re	porting requirements.	

LOANS SCHEDULE E

It the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Corey N Ca	allaway		922224241
4 TOTAL OF UN	NITEMIZED LOANS		\$ 13,011.11
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
03/22/2023	Robert E Blake,Jr		2,500.00
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00
Institution?	2103 Lakehill Ct Arlington, TX	76012	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
I.T. Marketin	· · · · · · · · · · · · · · · · · · ·	Bit by Bit	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State: 7in Code	
not applicable		State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Colla	ateral	Objects if account for	
none		Check if personal fundaccount (See Instruct	nds were deposited into political titions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	1
not applicable			
Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

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
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 shows)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Robert E Blake Jr 922224241 4 Date 5 Pavee name 03/22/2023 ACP International 7 Pavee address: 6 Amount (\$) City: State: Zip Code 521 N Great SW Pkwy, Arlington, TX 76011 2,465.94 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Signs **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 02/27/2023 Paige Payne Amount (\$) Pavee address: City: State: Zip Code 6110 May Hill Dr Arlington, TX 76018 2,500.00 Category (See Categories listed at the top of this schedule) Description Consulting Expense Political Consulting **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Food/Bev erage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 922224241 Robert E Blake Jr 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 511.11 5 Date 6 Payee name 01/08/2023 City of Arlington 7 Amount (\$) 8 Payee address; City; State; Zip Code 700 E Abram St Arlington, TX 76010 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) 10 (b) Description **Fees** Assumed Name Certificate **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Motioin Al 02/19/2023 Amount (\$) Pavee address: City; State: Zip Code 2135 City Gate Lane, Suite 300 Naperville, Illinois 60563 228.00 TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Fees Motion Scheduler **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Robert E Blake, Jr 3 Filer ID (Ethics Commission Filers 922224241	5)
4 TOTAL OF UNITEM	zed expenditures charged to a credit card \$ 2,902.05	
5 Date	6 Payee name	
02/24/2023	Digital Corporate Companies	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
185.11	801 Station Dr, Suite 109 Arlington, TX 76015	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE	Advertising Expense Flyers	
OF Expenditure		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
02/27/2023	Arlington Education Foundation - Dream Makers Banquet	
Amount (\$)	Payee address; City; State; Zip Code	
75.00	1141 W Pioneer Pkwy, Suite 103 Arlington TX 76013	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE	Event Expense Fundraiser Event	
OF Expenditure		
	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	
	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	Fees Food/Beverage Expense		head/Rental Expense ense	Tra	nsportation Equipmed In District	nent & Related Expense
Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Ex		Tra	vel Out Of District	
	The instruction Guide expla		_	Oun	er (enter a categor	y not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Fil	er ID (Ethics C	ommission Filers)
3	Robert E Blake Jr				22224241	
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	DTOACR	EDITCARD	\$	511.1	
5 Date	6 Payee name			.		· ·
01/08/2023	Anedot					
7 Amount (\$)	8 Payee address;		City;		State;	Zip Code
25.00	1920 McKinney Ave 7th floor	r, Dallas,	TX 75201			
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical			
10	(a) Category (See Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE	Fees		Software for	acco	untina	
OF						
EXPENDITURE	(C) Check if travel outside of Texas. Complete	te Schedule T.	Check if Au	etin TY	, officeholder living	avnonca
44			Ollock II Au	Suii, 17,		expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought		Office he	ld
Date	Payee name					
Amount (\$)	Payee address;		City;		State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Pol	itical			
	Category (See Categories listed at the top of th	nis schedule)	Description			
PURPOSE						
OF						
EXPENDITURE						
	Check if travel outside of Texas. Complet	te Schedule T.	Check if Au	stin, TX	, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought		Office he	ld
			· · · · · · · · · · · · · · · · · · ·			
	ATTACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED)	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	² FILER NAME Robert E Blake Jr		3 Filer ID (Ethics Commission Filers) 922224241
4 Date 03/22/2023	5 Payee name ACP International		
6 Amount (\$) 2,465.94 Reimbursement from political contributions intended	7 Payee address; 521 Great SW Pkwy Arlington	City; a, TX 76011	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Advertising	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/27/2023	Paige Payne		
Amount (\$) 2,500.00 Reimbursement from political contributions intended	Payee address; 6110 Bay Hill Dr Arlington, TX	City: 76018	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Consulting Expense	Political Consu	ulting
	Check if travel outside of Texas. Complete Sched	Jule T. Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	edule) Description	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEED	ED ED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K: 1
		3 Filer ID (Ethics 92222424	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Robert Blake		(4)
03/15/2023	6 Address of person from whom amount is received; City; Sta 1158 W Pioneer Pkwy Arlington, TX 76013	ate; Zip Code	5,486.11
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Reimburse for expenses \$486.11 and repayment o	f loan \$5,000.	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution r	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution r	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains	how to complete this form.		
	•• Complete only if "Report Type" on p	page 1 is marked "Final Report" ••		
1 C/OH NAME 2 Filer ID (Ethics Commission I				
Rob	oert E Blake Jr	922224241		
3 SIG	NATURE			
	not expect any further political contributions or political expendi			
	ignating a report as a final report terminates my campaign treas apaign contributions or make any campaign expenditures withou	surer appointment. I also understand that I may not accept any		
oam	pargit continuation of make any campaign experiences without	it a campaign treasurer appointment on line.		
		1600		
		Signature of Candidate / Officeholder		
4 FII 6	ER WHO IS NOT AN OFFICEHOLDER			
	Complete A & B below <i>only</i> if you are not an officeholder.	••		
A.	CAMPAIGN FUNDS			
	heck only one:	to and a standard from the sta		
l	I do not have unexpended contributions or unexpended int	erest or income earned from political contributions.		
V		or income earned from political contributions. I understand that I		
•		expended interest or income earned on political contributions to all report of unexpended contributions and that I may not retain		
	unexpended contributions or unexpended interest or incom-	ne earned on political contributions longer than six years after		
		pose of unexpended political contributions and unexpended		
	interest or income earned on political contributions in according	rdance with the requirements of Election Code, § 254.204.		
В.	ASSETS			
_	neck only one:			
•	I do not retain assets purchased with political contributions	or interest or other income from political contributions.		
	I do retain assets purchased with political contributions or i	interest or other income from political contributions. I understand		
LJ	that I may not convert assets purchased with political contr	ributions or interest or other income from political contributions to		
	requirements of Election Code, § 254.204.	ets purchased with political contributions in accordance with the		
	•			
		Signature of Candidate		
	ICEHOLDER omplete this section <i>only</i> if you are an officeholder ••			
	• •			
	I am aware that I remain subject to filing requirements applicate file. Lam also aware that I will be required to file reports of ur	ble to an officeholder who does not have a campaign treasurer on nexpended contributions if, after filing the last required report as		
	an officeholder, I retain political contributions, interest or othe	er income from political contributions, or assets purchased with		
	political contributions or interest or other income from politic	cal contributions.		
		Signature of Officeholder		