

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)
922224241

2 Total pages filed: 8

OFFICE USE ONLY

Date Received

RECEIVED

APR 27 2023

BY: A Boals

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

E

NICKNAME

LAST

SUFFIX

Blake, Jr.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1158 W Pioneer Pkwy Arlington, TX 76013

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

City of Arlington

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Corey

N

NICKNAME

LAST

SUFFIX

Callaway

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

301 S Center St, Suite 420 Arlington, TX 76010

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

274-4877

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

3

28

23

THROUGH

Month

Day

Year

4

26

23

11 ELECTION

ELECTION DATE

Month

Day

Year

5

6

23

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

School Board Place 6

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

☒ GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Corey N Callaway

COMMITTEE CAMPAIGN TREASURER ADDRESS

301 S Center St, Suite 420 Arlington, TX 76010

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Robert E Blake, Jr.

16 Filer ID (Ethics Commission Filers)
922224241

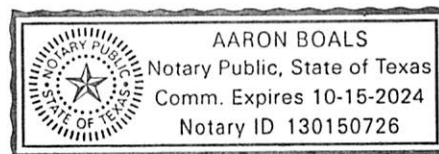
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,509.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,550.00

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/SEAL

Sworn to and subscribed before me by Robert Blake this the 27 day of April, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Aaron Boals Printed name of officer administering oath: Aaron Boals Title of officer administering oath: Paralegal

OR

(2) Unsworn Declaration

My name is Robert E Blake, Jr, and my date of birth is 12/07/1970.
My address is 2103 Lakehill Ct, Arlington, TX, 76012, U.S.A..
(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 Corey N Callaway		20 Filer ID (Ethics Commission Filers) 922224241
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,875.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,509.62
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: **3**

2 FILER NAME

Corey N Callaway

3 Filer ID (Ethics Commission Filers)

922224241

4 Date

03/28/2023

5 Full name of contributor

Kathleen Roark

out-of-state PAC (ID#:

6 Contributor address;

City;

State;

Zip Code

Arlington, TX 76017

7 Amount of contribution (\$)

2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/31/2023

Full name of contributor

Roger DeFang

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Arlington TX 76013

Amount of contribution (\$)

195.00Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
N/A

Date

04/04/2023

Full name of contributor

Lauren Carter

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Arlington, TX 76001

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2023

Full name of contributor

Becky Gerro

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Arlington, TX 76012

Amount of contribution (\$)

2,500.00Principal occupation / Job title (See Instructions)
Fund DevelopmentEmployer (See Instructions)
River Legacy Science Center**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**

2 FILER NAME

Corey N Callaway

3 Filer ID (Ethics Commission Filers)

922224241

4 Date

04/11/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

LeeAnne Chenoweth Lawson

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

Concert Violinist / President

9 Employer (See Instructions)

Timeless Concerts

Date

04/20/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Kimberly Fitzpatrick

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/21/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Don Duke

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Arlington, TX 76094

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Coble and Cravens Investments and Insurance

Date

04/23/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Cortland Morgan

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Arlington, TX 76012

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.

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
2 FILER NAME Corey N Callaway		3 Filer ID (Ethics Commission Filers) 922224241
4 Date 03/30/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lucille Siri 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule F1:	2 FILER NAME Corey N Callaway	3 Filer ID (Ethics Commission Filers) 922224241
4 Date 04/14/2023	5 Payee name Digital Corporate Companies	
6 Amount (\$) 692.80	7 Payee address; City; State; Zip Code 801 Station Dr, Suite 109 Arlington, TX 76015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Brochures
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/18/2023	Payee name Patriot Printing	
Amount (\$) 676.02	Payee address; City; State; Zip Code 106 A.E. Petsche Ct, Suite 120 Arlington, TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/22/2023	Payee name Anedote	
Amount (\$) 140.87	Payee address; City; State; Zip Code 1340 Poydras St, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Software Reporting Service
	Check if travel outside of Texas. Complete Schedule T. 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