# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Hunter	MI	OFFICE USE ONLY					
NAME	NICKNAME	Crow	SUFFIX	RECEIVED					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE 6700 Paces Trail APT 914 Arlington Texas 76017 APR 0 6 2023								
Change of Address			BY: A. Boals						
5 CANDIDATE/ OFFICEHOLDER PHONE	(817 )	230 9402	EXTENSION	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER	MS / MRS / MR	MS / MRS / MR FIRST MI Hunter		Receipt #   Amount \$					
NAME	NICKNAME	LAST	SUFFIX	Date Processed					
	NOW WILL	Crow	Date Imaged						
7 CAMPAIGN TREASURER ADDRESS		no po box please): apt / s Trail APT 914 Arlir	ngton Texas 76017	STATE; ZIP CODE					
(Residence or Business)									
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION						
PHONE	(817 ) 230 9402								
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					
OOVERLED	1 1	<b>1</b> 5 / 23	THROUGH 4	/ 6 / 23					
11 ELECTION ELECTION DATE ELECTION TYPE									
	Month Day	Year Primary							
	5 / 6	/ 23 ■ General	Description Special						
			***************************************						
12 OFFICE	OFFICE HELD (if any)		Arlington ISD B	oard Trustee Place 7					
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME   COMMITTEE NAME								
	05115011	COMMITTEE ADDRESS							
Additional Pages	GENERAL								
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS						
GO TO PAGE 2									

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Hunter Crow		16 Filer	ID (Ethics Co	mmission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	١	\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	0.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	e and co	rrect and inclu	des all information			
	Hunter crow						
	Signature of Candidate or Officeholder						
	Please complete either option below	v:					
(1) Affidavit	AMY SPIGELMYER  Notary Public, State of Texas  Comm. Expires 09-16-2026  Notary ID 13396663-5						
NOTARY STAMP/SEA		11.		۸., ۱			
Sworn to and subscribed	before me by Hunter Crow this the	4	day of	April.			
20 <u>23</u> , to certify	which, witness my hand and seal of office.						
any S	sigelmyre Any Spigelmyer						
Signature of officer administe	Thinse name of officer daministering cath	by the first the	Title of officer	administering oath			
(2) Unsworn Declaration	on						
My name is	, and my date of birth is			*			
My address is				·			
Executed in	(street) (city) (: County, State of , on the day of (month	state)	(zip code) , 20 .	(country)			
	(month	١)	, 20 (year)				
	Signature of Candid	date/Offic	eholder (Decla	urant)			

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	19 FILER NAME  Hunter Crow  20 Filer ID (Ethics Co			sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	0.00	