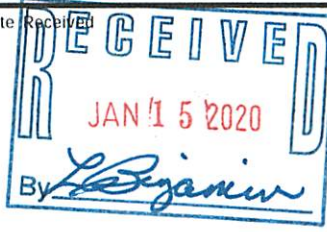


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) N/A	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. NICKNAME: MR. FIRST: BOWIE LAST: HGG MI: J. SUFFIX:	OFFICE USE ONLY Date Received:  Date Hand-delivered or Date Postmarked:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: 1507 CROWLEY RD CITY: ARLINGTON TX 76012 STATE: TX ZIP CODE: 76012	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 565-2636 EXTENSION:	Date Hand-delivered or Date Postmarked:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. NICKNAME: MR. FIRST: KYLE LAST: CARBICH MI: SUFFIX:	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 3001 CAMBRIDGE DR. CITY: ARLINGTON TX 76012 STATE: TX ZIP CODE: 76012	STATE: TX ZIP CODE: 76012	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 319 1682 EXTENSION:	STATE: TX ZIP CODE: 76012	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 7 / 1 / 19    THROUGH    12 / 31 / 19		
11 ELECTION	ELECTION DATE Month Day Year 5 / 2 / 20	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special    MUNICIPAL ELECTION	
12 OFFICE	OFFICE HELD (if any) ARLINGTON ISD TRUSTEE - PLACE 6	13 OFFICE SOUGHT (if known) ARLINGTON ISD TRUSTEE - PLACE 6	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME BOWIE HOGG 15 Filer ID (Ethics Commission Filers)

16 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"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u>          </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>          </u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>131.39</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>631.39</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>515.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Bowie Hogg  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bowie Hogg, this the 15<sup>th</sup> day of January, 20 20, to certify which, witness my hand and seal of office.

Lisa Ann Benjamin  
Signature of officer administering oath

Lisa Ann Benjamin  
Printed name of officer administering oath

Adm Asst.  
Title of officer administering oath

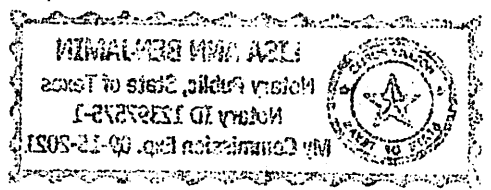
THIS REPORT IS TO BE FILED IN THE OFFICE OF THE COMMISSIONERS OF REVENUE, STATE OF TEXAS, AT THE CAPITAL CITY, AUSTIN, TEXAS.

THE REPORT IS TO BE FILED IN THE OFFICE OF THE COMMISSIONERS OF REVENUE, STATE OF TEXAS, AT THE CAPITAL CITY, AUSTIN, TEXAS.

1	TOTAL POLITICAL CONTRIBUTIONS	
2	TOTAL POLITICAL CONTRIBUTIONS FROM STATE AND FEDERAL GOVERNMENTS	
3	TOTAL POLITICAL CONTRIBUTIONS FROM POLITICAL PARTIES	
4	TOTAL POLITICAL CONTRIBUTIONS FROM INDIVIDUALS	
5	TOTAL POLITICAL CONTRIBUTIONS FROM CORPORATIONS	
6	TOTAL POLITICAL CONTRIBUTIONS FROM LABOR UNIONS	
7	TOTAL POLITICAL CONTRIBUTIONS FROM OTHER SOURCES	
8	TOTAL POLITICAL CONTRIBUTIONS	

9	TOTAL POLITICAL CONTRIBUTIONS FROM STATE AND FEDERAL GOVERNMENTS	
10	TOTAL POLITICAL CONTRIBUTIONS FROM POLITICAL PARTIES	
11	TOTAL POLITICAL CONTRIBUTIONS FROM INDIVIDUALS	
12	TOTAL POLITICAL CONTRIBUTIONS FROM CORPORATIONS	
13	TOTAL POLITICAL CONTRIBUTIONS FROM LABOR UNIONS	
14	TOTAL POLITICAL CONTRIBUTIONS FROM OTHER SOURCES	
15	TOTAL POLITICAL CONTRIBUTIONS	

STATE OF TEXAS  
COMMISSIONERS OF REVENUE



*[Handwritten signatures and text]*

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>BOWIE HOGG</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ —
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>500<sup>00</sup></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	\$ —

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Bonnie Hogg	<b>3</b> Filer ID (Ethics Commission Filers) 1/A
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<b>4</b> Date 10/2/19	<b>5</b> Payee name FOR THE KIDS PAC
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER -	<b>(b)</b> Description CAMPAIGN DONATION
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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