

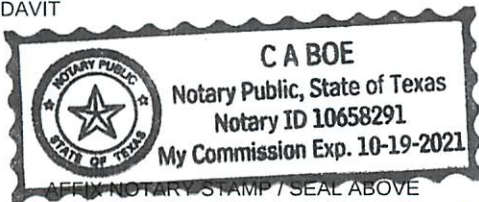


**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Pay Our Teachers		<b>13 Filer ID</b>	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b>  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b>  ELECTION DATE Month Day Year 11/03/2020	
		<b>DESCRIPTION</b> Arlington ISD Proposition A	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>		\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>		\$ 12,150.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b>		\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 2,000.00
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 10,150.00
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 0.00

**16 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.

*Carl Craven*

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said CARL CRAVENS, this the 2nd day of October, 20 20, to certify which, witness my hand and seal of office.

*C A BOE*

Signature of officer administering oath

C A BOE

Printed name of officer administering oath

TEXAS STATE NOTARY

Title of officer administering oath

# SUBTOTALS - SPAC

**FORM SPAC**  
**COVER SHEET PG 3**  
3 of 7

<b>17 COMMITTEE NAME</b> Pay Our Teachers		<b>18 Filer ID</b>
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	<b>NAME OF SCHEDULE</b>	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,650.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 7,500.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Pay Our Teachers		3 Filer ID
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Ruth	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3602 Blossom Park Ct.  Arlington, TX 76016	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Anna and Justin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 2212 Racquet Club Ct.  Arlington, TX 76017	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curnutt & Hafer, LLP	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 101 E. Park Row Dr.  Arlington, TX 76010	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakyne, Jeannie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1102 Greenbriar Ln.  Arlington, TX 76013	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipert, Dan	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1512 Killian Dr.  Arlington, TX 76013	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Pay Our Teachers		3 Filer ID
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engebretson, Kathryn	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2212 Racquet Club Ct.  Arlington, TX 76017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Gara and Brandon	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4111 Vista Creek Ct.  Arlington, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Polly	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2216 Green Gate Dr.  Arlington, TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, David	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3711 Astoria Dr.  Arlington, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 6/7
<b>2</b> FILER NAME Pay Our Teachers		<b>3</b> Filer ID
<b>4</b> Date 09/21/2020	<b>5</b> Corporation / Labor Organization name United Educators Association, Inc. <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code 4900 SE Loop 820 Suite 200 Fort Worth, TX 76140	<b>7</b> Amount of contribution (\$) \$7,500.00

# POLITICAL EXPENDITURES 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: Sch: 1/1 Rpt: 7/7	<b>2</b> FILER NAME Pay Our Teachers	<b>3</b> Filer ID				
<b>4</b> Date 09/23/2020	<b>5</b> Payee name Arlington Today					
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 170539  Arlington, TX 76003					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insert cards for Arlington Today Magazine				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Candidate/Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>				Candidate/Officeholder name	Office sought	Office held
	Candidate/Officeholder name	Office sought	Office held			