

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) NA	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Polly	MI
	NICKNAME	LAST Walton	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2216 Green Gate Drive 817, Arlington, TX 76012		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 637-6415	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dick	MI
	NICKNAME	LAST Powell	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5728 Sterling Green Trail, Arlington, TX 76017		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 468-1517	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 16 / 21 THROUGH 3 / 31 / 21		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special	
12 OFFICE	OFFICE HELD (if any) AISD Board of Trustees, Pl. 1		
	13 OFFICE SOUGHT (if known) AISD Board of Trustees, Pl. 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

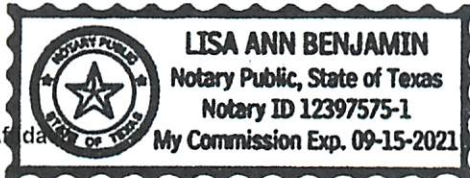
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Polly Walton</u>		16 Filer ID (Ethics Commission Filers) <u>NA</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>2080.10</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,128.55</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>16.17</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4582.93</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5545.62</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3000.00</u>

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.

Polly Walton
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Polly Walton this the 1st day of April, 2021, to certify which, witness my hand and seal of office.
Lisa Ann Benjamin Lisa Ann Benjamin Admin Asst. to Supt.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____ (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 <i>Polly Watton</i>		20 Filer ID (Ethics Commission Filers) <i>NA</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$10,128.55
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$3000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,582.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

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: 7
2 FILER NAME Polly Walton		3 Filer ID (Ethics Commission Filers) NA
4 Date 1/27/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna & Justin Chapa	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [Redacted] Arlington, Tx 76017		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 1/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Dipert	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code [Redacted] Arlington, Tx 76013		
Principal occupation / Job title (See Instructions) Retired businessman		Employer (See Instructions)
Date 1/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda & Rick Underwood	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] Argyle, Tx 76226		
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) IBM
Date 1/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick Powell	Amount of contribution (\$) \$500.05
Contributor address; City; State; Zip Code [Redacted] Arlington, Tx 76017		
Principal occupation / Job title (See Instructions) Retired Teacher		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:
2 FILER NAME <i>Polly Walton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brandon & Gara Hill</i> 6 Contributor address: City: State: Zip Code <i>[Redacted] Arlington, TX 76016</i>	7 Amount of contribution (\$) <i>\$150.00</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)
Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stuart Rose</i> Contributor address: City: State: Zip Code <i>[Redacted] Fayetteville, NC 28301</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>Retired businessman</i>		Employer (See Instructions)
Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan & Susan Stage</i> Contributor address: City: State: Zip Code <i>[Redacted] Denton, TX 76207</i>	Amount of contribution (\$) <i>\$98.40</i>
Principal occupation / Job title (See Instructions) <i>Retired teacher</i>		Employer (See Instructions)
Date <i>2/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Candace Richter</i> Contributor address: City: State: Zip Code <i>[Redacted] Arlington, TX 76006</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired actuarial</i>		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:
2 FILER NAME <i>Polly Walton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Katrina & Steve Lindley</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76001</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired economist</i>		9 Employer (See Instructions)
Date <i>2/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Campbell</i> Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76012</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions) <i>Retired teacher</i>		Employer (See Instructions)
Date <i>2/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yoko Matsumoto</i> Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76012</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions) <i>City of Arlington</i>
Date <i>3/1/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margie Earl</i> Contributor address; City; State; Zip Code [Redacted] <i>Fayetteville, NC 28301</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions) <i>Retired executive</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>Polly Walton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ella Jo M. Govern</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76017</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired teacher</i>		9 Employer (See Instructions)
Date <i>3/2/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Geoffrey Harris</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Dallas, TX 75230</i>		
Principal occupation / Job title (See Instructions) <i>Organizer</i>		Employer (See Instructions) <i>UEA</i>
Date <i>3/8/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathie & Russ Crider</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>IT Resource manager</i>		Employer (See Instructions)
Date <i>3/8/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elouis Perry</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>Retired teacher</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>Polly Walton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura & Bill Lacey</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Arlington, TX 76013</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired teacher & author</i>		9 Employer (See Instructions)
Date <i>3/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy & Howard Luttrell</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Mansfield, TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>Retired Teacher</i>		Employer (See Instructions)
Date <i>3/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Giana & Daniel Ortiz</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Arlington, TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Ortiz Firm</i>
Date <i>3/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Calvo</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Waxahachie, TX 75167</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Perdue Brandon Fielder Collins & Mott</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>Polly Walton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie & Michael Jarzabski</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76012</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired teacher</i>		9 Employer (See Instructions)
Date <i>3/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Poole</i> Contributor address; City; State; Zip Code [Redacted] <i>Ft. Worth, TX 76107</i>	Amount of contribution (\$) <i>\$2000.00</i>
Principal occupation / Job title (See Instructions) <i>Executive Director</i>		Employer (See Instructions) <i>UEA</i>
Date <i>3/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paula Pierson</i> Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76006</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>Retired realtor</i>		Employer (See Instructions)
Date <i>3/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Maibach</i> Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76001</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions) <i>Executive</i>		Employer (See Instructions) <i>Peyco Southwest Realty</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>Polly Walton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric & Tara Bjelland</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code: <i>Fort Mill, SC 29715</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Computer Security Specialist</i>		9 Employer (See Instructions) <i>Spectrum</i>
Date <i>3/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esteban Blanco</i> Contributor address: _____ City: _____ State: _____ Zip Code: <i>Arlington, TX 76016</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>IT Specialist</i>		Employer (See Instructions) <i>Grinkle Enterprises</i>
Date <i>3/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Patterson</i> Contributor address: _____ City: _____ State: _____ Zip Code: <i>Arlington, TX 76017</i>	Amount of contribution (\$) <i>\$150.00</i>
Principal occupation / Job title (See Instructions) <i>Organizer</i>		Employer (See Instructions) <i>UEA</i>
Date <i>3/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jannette Workman</i> Contributor address: _____ City: _____ State: _____ Zip Code: <i>Arlington, TX 76013</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired teacher</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Polly Walton</u>		3 Filer ID (Ethics Commission Filers) <u>NA</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/9/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lana Proctor</u>	8 Amount of Contribution \$ <u>\$ 350.00</u>	9 In-kind contribution description <u>125 Treat bags & Bottled water for Event</u>
7 Contributor address; City; State; Zip Code <u>506 Alaska, Arlington, TX 76011</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired Teacher / Event Planner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (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 <u>3/24/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dan Fernandez</u>	Amount of Contribution \$ <u>\$ 250.00</u>	In-kind contribution description <u>50 Large Campaign Signs Placement & Recovery</u>
Contributor address; City; State; Zip Code <u>2823 Quail Lane, Arlington, TX 76016</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Campaign Sign Placement & Recovery</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (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.

LOANS**SCHEDULE E**

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 E: <div style="text-align: center;">1</div>
2 FILER NAME <div style="font-size: 1.2em;">Polly Walton</div>		3 Filer ID (Ethics Commission Filers) <div style="text-align: center;">NA</div>
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <div style="font-size: 1.2em;">2/1/21</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">Polly Walton</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">\$ 3,000.00</div>
6 Is lender a financial institution? <div style="text-align: center;">Y N</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">2216 GreenGate Dr. Arlington, TX 76012</div>	10 Interest rate <div style="text-align: center;">0%</div>
		11 Maturity date <div style="text-align: center;">—</div>
12 Principal occupation / Job title (See Instructions) <div style="text-align: center;">NA</div>		13 Employer (See Instructions) <div style="text-align: center;">NA</div>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <div style="text-align: center;">NA</div> <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <div style="text-align: center;">NA</div> 18 Guarantor address; City; State; Zip Code <div style="text-align: center;">NA</div>	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) <div style="text-align: center;">NA</div>		21 Employer (See Instructions) <div style="text-align: center;">NA</div>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <div style="text-align: center;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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	3 Filer ID (Ethics Commission Filers)
	Polly Walton	NA
4 Date	5 Payee name	
2/4/21	DANWAL Inc.	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$2,065.02	12404 Hwy 155 South, Tyler, TX	75703
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	500 Yard Signs & Stakes
	(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
	Polly Walton	AlSD Board of Trustees, Pl. 1
Date	Payee name	
2/19/21	Zazzle Inc.	
Amount (\$)	Payee address;	City; State; Zip Code
\$313.44	https://www.zazzle.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	2 dozen Face masks with logo
	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
	Polly Walton	AlSD Board of Trustees, Pl. 1
Date	Payee name	
2/26/21	Home Depot	
Amount (\$)	Payee address;	City; State; Zip Code
\$39.64	201 W. Road to Six Flags St., Arlington, TX	76011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	12 boxes 3/8" grommets & tool for large 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
	Polly Walton	AlSD Board of Trustees, Pl. 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <u>Polly Walton</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/7/21</u>		5 Payee name <u>Quick Sign</u>			
6 Amount (\$) <u>\$148.66</u>		7 Payee address; <u>400 Bowen Road, Arlington, TX 76012</u>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>48 Re-Elect stickers 1 Frame Sign</u>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <u>Polly Walton</u> Office sought <u>AISD Board of Trustees, Pl. 1</u> Office held					
Date <u>3/26/21</u>		Payee name <u>Dan Fernandez</u>			
Amount (\$) <u>\$2000.00</u>		Payee address; <u>2823 Quail Lane, Arlington, TX 76016</u>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>50 campaign large signs placement & recovery</u>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <u>Polly Walton</u> Office sought <u>AISD Board of Trustees, Pl. 1</u> Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
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