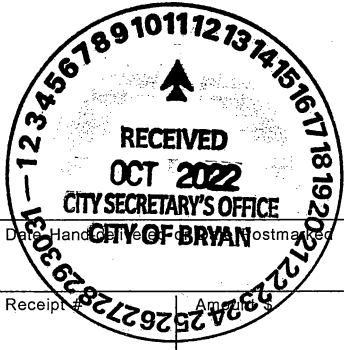


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) <u>MR</u> FIRST <u>Raymond</u> MI <u>L.</u> NICKNAME <u>RAY</u> LAST <u>ARRINGTON</u> SUFFIX _____	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <u>BRYAN, TEXAS 77803</u>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Received	
<b>6</b> CAMPAIGN TREASURER NAME	(MS) MRS / MR FIRST <u>Gloria</u> MI <u>J.</u> NICKNAME LAST SUFFIX <u>KENNARD</u>	Date Hand Carried / Postmarked	
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>302 W. 16TH STREET</u> <u>BRYAN</u> <u>TEXAS</u> <u>77803</u>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979) 823-8482</u>		
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <u>3 / 14 / 22</u> <u>THROUGH</u> <u>9 / 30 / 22</u>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <u>11 / 08 / 2022</u>	ELECTION TYPE Primary Runoff Other Description <u>General</u> Special _____	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <u>Council member SMD 2</u>	
<b>14</b> 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.		
Additional Pages	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

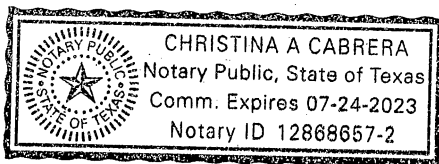
15 C/OH NAME <u>Ray Arrington</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>2200<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>560<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>3434<sup>00</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>312<sup>38</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1196<sup>00</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2500<sup>00</sup></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.

Ray Arrington  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ray Arrington this the 11th day of October,

2022, to certify which, witness my hand and seal of office.

Christina A. Cabrera Christina A. Cabrera Notary Public  
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

<b>19 FILER NAME</b> <i>Ray Arrington</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. SCHEDULE E: LOANS	\$ <i>2500<sup>00</sup></i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3434<sup>00</sup></i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>3898<sup>75</sup></i>
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: <b>4</b>
2 FILER NAME <b>RAY ARRINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/4/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JOHN WALTER HINKLE</b> 6 Contributor address; City; State; Zip Code <b>4104 Wimbledon Cr. College Station, TX 77845</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/25/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nancy + Ben Hardsman</b> Contributor address; City; State; Zip Code <b>1820 Gray Stone Dr Bryan, Tex 77807</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kevin Boriske</b> Contributor address; City; State; Zip Code <b>[REDACTED] Bryan, Tex 77802</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alfred / Cecil Coenshaw</b> Contributor address; City; State; Zip Code <b>3926 Parkhurst Dr Bryan, Tex 77802</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
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: <b>4</b>
2 FILER NAME <b>Ray Arrington</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/21/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mary Ann Childs</b>	7 Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>2530 Handcock Dr Bryan, Tex 77803</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Harold Eston</b>	Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2985 Eston Lane Bryan Tex 77807</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/19/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Betty Robinson</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>401 West 18<sup>th</sup> St. Bryan, Texas 77803</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/31/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Steen</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>309 Holleman Dr. College Station TX 77840</b>	
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: <b>4</b>
2 FILER NAME <b>RAY ARRINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/1/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JAMES CARTER</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>4502 RIVERSTONE #1203 MISSOURI CITY, TX 77459</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/3/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RONALD SCHEMMDT</b>	Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/3/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JASON BIENSKI</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>700 UNIVERSITY DR #108 COLLEGE STATION TEXAS</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>PAUL MADISON</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>1702 LOUIS ST. BRYAN, TEX 77803</b>	
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:

4

2 FILER NAME

Ray Acersington

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/2022

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Jody Rodriguez

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

6 Contributor address; City; State; Zip Code

308 E. 27<sup>th</sup> St Bryan Texas 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# 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:  1	
2 FILER NAME  Ray Arrington		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  4/20/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Buppy's Catering	8 Amount of Contribution \$  \$2500 <sup>00</sup>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code  506 Sulphur Springs Rd Bryan Texas 77801		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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: <b>1</b>
2 FILER NAME <i>Ray Arrington</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>8/1/2022</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Ray Arrington</i>	9 Loan Amount (\$) <i>\$2500<sup>00</sup></i>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>[REDACTED] Bryan, Texas 77803</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Retired USAF</i>		13 Employer (See Instructions)
14 Description of Collateral <i>none</i>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <i>not applicable</i>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <i>none</i>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <i>not applicable</i>	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>RAY ARRINGTON</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date <i>8/18/2022</i>	Payee name <i>Farrell Gjesdal Strategy Group</i>	
Amount (\$) <i>\$1500.00</i>	Payee address; City; State; Zip Code <i>College Station TEX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting / Advertising</i>	Description <i>Signs / Flyers / Decals</i>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date <i>9/7/2022</i>	Payee name <i>Twinn Designs</i>	
Amount (\$) <i>\$1934.00</i>	Payee address; City; State; Zip Code <i>8529 Silverbell Ln Ft. Worth TEXAS 76140</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>T-Shirts</i>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <b>Ray Arrington</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date <b>8/24/2022</b>	6 Payee name <b>Farrell Gjesdal Strategy Group</b>		
7 Amount (\$) <b>\$ 2493<sup>75</sup></b>	8 Payee address;	City;	State; Zip Code
	<b>College Station, TEXAS</b>		

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
-----------------------	--	--	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting + Advertising</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Ray Arrington</b>	Office sought <b>Councilmember SM02</b>	Office held <b>none</b>
---	---	--	----------------------------

Date	Payee name		
------	------------	--	--

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED