

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: 14															
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR Ms</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST Deborah</td> <td style="width:33%; border-bottom: 1px solid black;">MI N</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME Deb</td> <td style="border-bottom: 1px solid black;">LAST Armintor</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>			MS / MRS / MR Ms	FIRST Deborah	MI N	NICKNAME Deb	LAST Armintor	SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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NICKNAME Deb	LAST Armintor	SUFFIX																	
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Date Processed																			
Date Imaged																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td colspan="5">2003 Mistywood Ln Denton TX 76209</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2003 Mistywood Ln Denton TX 76209										
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5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE</td> <td style="width:33%;">PHONE NUMBER</td> <td style="width:33%;">EXTENSION</td> </tr> <tr> <td>(940)</td> <td>300-9857</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(940)	300-9857											
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR Mr</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST Marshall</td> <td style="width:33%; border-bottom: 1px solid black;">MI N</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST Armintor</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>			MS / MRS / MR Mr	FIRST Marshall	MI N	NICKNAME	LAST Armintor	SUFFIX										
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NICKNAME	LAST Armintor	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td colspan="5">2003 Mistywood Ln Denton TX 76209</td> </tr> </table>					STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2003 Mistywood Ln Denton TX 76209								
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" 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)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Month</td> <td style="width:15%;">Day</td> <td style="width:15%;">Year</td> <td style="width:15%;"></td> <td style="width:15%;">Month</td> <td style="width:15%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>4</td> <td>26</td> <td>18</td> <td style="text-align: center;">THROUGH</td> <td>6</td> <td>6</td> <td>18</td> </tr> </table>					Month	Day	Year		Month	Day	Year	4	26	18	THROUGH	6	6	18
Month	Day	Year		Month	Day	Year													
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11 ELECTION	ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td>6</td> <td>16</td> <td>18</td> </tr> </table>		Month	Day	Year	6	16	18	ELECTION TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>				<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special		
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6	16	18																	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																	
<input type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) City Council Place 5 Denton, Texas																

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

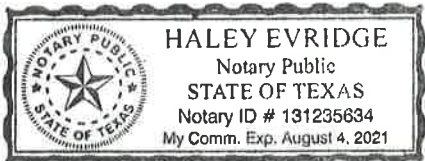
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Deborah Needleman Armintor	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 638.30
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3285.30
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 169.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 2928.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 260.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



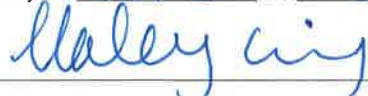
HALEY EVRIDGE
Notary Public
STATE OF TEXAS
Notary ID # 131235634
My Comm. Exp. August 4, 2021

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Deborah Armintor, this the 8th day of June, 2018, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Haley Evridge
 Printed name of officer administering oath

Personal Banker
 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Deborah Needleman Armintor

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1814.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 833.00
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	\$ 2378.04
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 381.13
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	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4**2** FILER NAME

Deborah Needleman Armintor

3 Filer ID (Ethics Commission Filers)**4** Date

4/28/18

5 Full name of contributor

Mike Cochran

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

610 W. Oak

City; State; Zip Code

Denton TX 76201

7 Amount of contribution (\$)

123.00

8 Principal occupation / Job title (See Instructions)

Real estate

9 Employer (See Instructions)

self-employed

Date

4/28/18

Full name of contributor

Tod King

☐ out-of-state PAC (ID#: _____)

Contributor address;

2222 Houston Pl

City; State; Zip Code

Denton TX 76201

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Business Manager

Employer (See Instructions)

IDEXX Laboratories

Date

5/5/18

Full name of contributor

Sujay Lama

☐ out-of-state PAC (ID#: _____)

Contributor address;

4 Oak Forrest Circle

City; State; Zip Code

Denton, TX 76210

Amount of contribution (\$)

55.00

Principal occupation / Job title (See Instructions)

Tennis Coach

Employer (See Instructions)

University of North Texas

Date

5/6/18

Full name of contributor

Dale Wilkerson

☐ out-of-state PAC (ID#: _____)

Contributor address;

2112 Cherrywood Lane Denton TX 76209

City; State; Zip Code

Amount of contribution (\$)

123.00

Principal occupation / Job title (See Instructions)

Lecturer

Employer (See Instructions)

UT Rio Grande

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Deborah Needleman Armintor		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anne Sullivan 6 Contributor address; City; State; Zip Code 2225 Pembroke Place Denton TX 76205	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 5/17/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Morgan Contributor address; City; State; Zip Code 1928 Parkside Dr Denton TX 76201	Amount of contribution (\$) 56.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A
Date 5/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rhonda Love Contributor address; City; State; Zip Code 1921 Hollyhill Lane Denton TX 76205	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 5/20/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elida Tamez & Theron Palmer Contributor address; City; State; Zip Code 1700 Willowood Denton TX 76205	Amount of contribution (\$) 216.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
<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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4**2** FILER NAME

Deborah Needleman Armintor

3 Filer ID (Ethics Commission Filers)**4** Date

5/23/18

5 Full name of contributor

Lucas Holl

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

815 Crestoak Place

Denton TX 76209

7 Amount of contribution (\$)

75.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Mellina & Larson, PC

Date

6/1/18

Full name of contributor

Howie Watt

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3404 Sundown Blvd

Denton, TX 76210

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self-employed

Date

6/3/18

Full name of contributor

Alan and Wanda Needleman

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1910 Emerson

Denton TX 76209

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Professor of Engineering/retired

Employer (See Instructions)

Texas A&M

Date

6/4/18

Full name of contributor

Diana Dunklau

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1104 Chapel Dr

Denton TX 76205

Amount of contribution (\$)

116.00

Principal occupation / Job title (See Instructions)

Director of Marketing Communications

Employer (See Instructions)

University of North Texas

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Deborah Needleman Armintor

3 Filer ID (Ethics Commission Filers)**4** Date

6/5/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Clay Thurmond

6 Contributor address;

City; State; Zip Code

1524 Snyder St.

Denton TX 76209

7 Amount of contribution (\$)

75.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2**2** FILER NAME

Deborah Needleman Armintor

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 550

5 Date

5/5/18

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Seyed Bagheri

7 Contributor address; City; State; Zip Code

3201 Westgate Dr Denton TX 76207

8 Amount of Contribution \$

200

9 In-kind contribution descriptionwatch party event
space & appetizers☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Restaurant owner**11** Employer (FOR NON-JUDICIAL) (See Instructions)
Self-employed**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

5/17/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Ed Steele

Contributor address; City; State; Zip Code

2225 Pembroke Place, Denton, TX 76205

Amount of Contribution \$

350

In-kind contribution description

Candidate photo
shoot☐ Check if travel outside of Texas. Complete Schedule T.Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
PhotographerEmployer (FOR NON-JUDICIAL) (See Instructions)
Self-employed

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Deborah Needleman Armintor		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 283	
5 Date 5/31/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Urbanek	8 Amount of Contribution \$ 283	9 In-kind contribution description 500 runoff reminder postcards and postage
7 Contributor address; City; State; Zip Code 714 W. Hickory #10 Denton TX 76201		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Public Relations Support		11 Employer (FOR NON-JUDICIAL) (See Instructions) self-employed	
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		<input type="checkbox"/> 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.

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.

1 Total pages Schedule F1: 3	2 FILER NAME Deborah Needleman Armintor	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/18	5 Payee name Hannah Bagheri	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 200 N. Locust Apt 5 Denton, TX 76201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 5/23/18	Payee name Orbit Press	
Amount (\$) 360.70	Payee address; City; State; Zip Code 1811 N. Elm Denton, TX 76209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	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		
Date 5/23/18	Payee name Eric Meisner	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1700 Cordero Ct Denton, TX 76210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Video production / Advertising expense	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 3		2 FILER NAME Deborah Needleman Armintor		3 Filer ID (Ethics Commission Filers)	
4 Date 5/30/18		5 Payee name Orbit Press			
6 Amount (\$) 360.70		7 Payee address; City; State; Zip Code 1811 N Elm Denton, TX 76209			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/2/18		Payee name CopyPro Copy Center			
Amount (\$) 129.90		Payee address; City; State; Zip Code 1300 W Hickory St, Denton, TX 76201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expense		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	
Date 6/5/18		Payee name DuoTone Printing			
Amount (\$) 427.59		Payee address; City; State; Zip Code 381 Casa Linda Plaza #245 Dallas, Texas 75228			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expense		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 3		2 FILER NAME Deborah Needleman Armintor		3 Filer ID (Ethics Commission Filers)	
4 Date 6/5/18		5 Payee name Pack N Mail			
6 Amount (\$) 524.88		7 Payee address; City; State; Zip Code 624 W. University Dr., Denton, Texas 76201			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Mailing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26-6/6/18		Payee name Raise the Money, Inc.			
Amount (\$) 74.27		Payee address; City; State; Zip Code P.O. Box 20466 Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Banking (Fundraising Processing Fees)		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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2		2 FILER NAME Deborah Needleman Armintor		3 Filer ID (Ethics Commission Filers)	
4 Date 5/14/18		5 Payee name Texas Democratic Party			
6 Amount (\$) 235.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1106 Lavaca St, #100. Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Canvassing Expense		(b) 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	
Date 5/25/18		Payee name CopyPro Copy Center			
Amount (\$) 86.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1300 W Hickory St, Denton, TX 76201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		(b) 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	
Date 4/30/18		Payee name Facebook, Inc.			
Amount (\$) 26.90 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) 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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Deborah Needleman Armintor		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/18	5 Payee name Facebook, Inc.		
6 Amount (\$) 33.23 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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