CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Arati	OFFICE USE ONLY				
NAME	NICKNAME LAST	Date Received				
	Singh					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 8101 Cobblestone Dr. Aust	CITY; STATE; ZIP CODE RÎN TX 78735				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)387-1782	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS MRE / MR FIRST	МІ	Receipt # Amount \$			
TREASURER NAME	Bethlyn Thornton NICKNAME LAST	SUFFIX	Date Processed			
			Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 6012 Kelsing Cove	UITE #; CITY; Austin TX 78735	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 626-5324	EXTENSION				
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
COVERED	07 / 01 /2019	THROUGH 12/	31 /2019			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary 12 / 11 / 18 General	Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) Austin ISD Trustee - Position 9	13 OFFICE SOUGHT (if known)			
	Augun IOD Trusice - Position 9					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)			
Arat						
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS	* * * * * * * * * * * * * * * * * * *			
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
	×	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	^{AN} \$ 0			
	The second secon	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 317.73			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1,742.96			
OUTSTANDING LOAN TOTALS	6. TOTAL I	* \$ 44,000.37				
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MARIE TREYES-KITCH Under Title 15, Election Code. ID# 131470585 State of Texas Comm. Exp. 02-28-2022 NOTARY WITHOUT BOND Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said <u>Avati Singh</u> , this the <u>13</u> day of <u>Sanuary</u> , 20 <u>30</u> , to certify which, witness my hand and seal of office.						
Marchen III Market Reyes-Kitch Execusion - Title of officer administering oath Signature of officer administering oath - Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Arati Singh 20 Filer ID (Ethic	Filer ID (Ethics Commission Filers)			
21	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 317.73			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s			
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	s			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s			

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

Event Expense Fees Food/Beverage Expense Glft/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Arati Singh	1970	3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
07/11/19	Y Strategy				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$317.00	3110 Manor Rd., Suite H	Austin	TX	78723	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other - web hosting			ý.	
i de la companya de	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	SACT.		94 61332.5.5	
08/28/19	Donateway				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$0.73	P.O. Box 301267	Austin	TX	78703	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Refund-related fees Check if Austin, TX, officeholder living expense			
	Check if travel outside of Texas, Complete Schedule T.				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		Office held	
expenditure to benefit C/OI	1	Tie.			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		4.4	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder (Iving expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		