

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: <div style="text-align: center; font-size: 1.2em;">11</div> | | | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">Mr.</td> <td style="width:20%; font-size: 0.8em;">FIRST</td> <td style="width:20%; text-align: center;">Corbin</td> <td style="width:10%; font-size: 0.8em;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td></td> <td style="font-size: 0.8em;">LAST</td> <td style="text-align: center;">Van Arsdale</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> </table> | MS / MRS / MR | Mr. | FIRST | Corbin | MI | | NICKNAME | | LAST | Van Arsdale | SUFFIX | | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <div style="text-align: right; font-size: 0.8em; margin: 5px 0;"> 18 JAN 16 PM 1:01 </div> <p style="margin: 5px 0;"><i>LMQ</i></p> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width:50%; font-size: 0.8em;">Receipt #</td> <td style="width:50%; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Imaged</td> </tr> </table> </div> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | |
| MS / MRS / MR | Mr. | FIRST | Corbin | MI | | | | | | | | | | | | | | | | | | | |
| NICKNAME | | LAST | Van Arsdale | SUFFIX | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | | | |
| 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:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:20%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>PO Box 40</td> <td></td> <td>Cedar Park, TX</td> <td></td> <td>78630</td> </tr> </table> | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | PO Box 40 | | Cedar Park, TX | | 78630 | | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| PO Box 40 | | Cedar Park, TX | | 78630 | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:30%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:50%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>964-1633</td> <td></td> </tr> </table> | AREA CODE | PHONE NUMBER | EXTENSION | (512) | 964-1633 | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | |
| (512) | 964-1633 | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">Mr.</td> <td style="width:20%; font-size: 0.8em;">FIRST</td> <td style="width:20%; text-align: center;">Carl</td> <td style="width:10%; font-size: 0.8em;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td></td> <td style="font-size: 0.8em;">LAST</td> <td style="text-align: center;">Abseck</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> </table> | MS / MRS / MR | Mr. | FIRST | Carl | MI | | NICKNAME | | LAST | Abseck | SUFFIX | | | | | | | | | | | |
| MS / MRS / MR | Mr. | FIRST | Carl | MI | | | | | | | | | | | | | | | | | | | |
| NICKNAME | | LAST | Abseck | SUFFIX | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>512 Clover Flat</td> <td></td> <td>Cedar Park, TX</td> <td></td> <td>78613</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 512 Clover Flat | | Cedar Park, TX | | 78613 | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| 512 Clover Flat | | Cedar Park, TX | | 78613 | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:30%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:50%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>639-0529</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (512) | 639-0529 | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | |
| (512) | 639-0529 | | | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input 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 checked="" type="checkbox"/> January 15 | <input 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 \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> January 15 | <input 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 \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">Month</td> <td style="width:5%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: 0.8em;">THROUGH</td> <td style="width:5%;"></td> <td style="width:10%; font-size: 0.8em;">Month</td> <td style="width:5%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td>7</td> <td>/</td> <td>1</td> <td>/</td> <td>2017</td> <td></td> <td>12</td> <td>/</td> <td>31</td> <td>/</td> <td>2017</td> </tr> </table> | | | Month | Day | Year | | THROUGH | | Month | Day | Year | 7 | / | 1 | / | 2017 | | 12 | / | 31 | / | 2017 |
| Month | Day | Year | | THROUGH | | Month | Day | Year | | | | | | | | | | | | | | | |
| 7 | / | 1 | / | 2017 | | 12 | / | 31 | / | 2017 | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">ELECTION DATE</td> <td style="width:60%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>5</td> <td>/</td> <td>5</td> <td>/</td> <td>2018</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table> | | | ELECTION DATE | ELECTION TYPE | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | 5 | / | 5 | / | 2018 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | | | |
| 5 | / | 5 | / | 2018 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Councilmember, Place 2 | 13 OFFICE SOUGHT (if known) Mayor | | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Corbin Van Arsdale 15 Filer ID (Ethics Commission Filers)

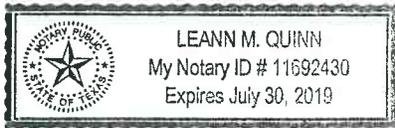
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | 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 | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 11,800.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,054.23 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 60,489.67 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 20,833.90 |

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.

Corbin Van Arsdale
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Corbin Van Arsdale this the 16th day of January 2018, to certify which, witness my hand and seal of office.

LeAnn M. Quinn LeAnn M. Quinn City Sec
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Corbin Van Arsdale

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|--------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 11,800.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 4,054.23 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 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: 6 |
| 2 FILER NAME Corbin Van Arsdale | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/30/2017 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Boyer 6 Contributor address; City; State; Zip Code 9310 Reid Lake Houston, TX 77064 | 7 Amount of contribution (\$) 1,000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/28/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Glace Contributor address; City; State; Zip Code 2801 East Old Settlers Blvd Round Rock, TX 78665 | Amount of contribution (\$) 250 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/29/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Oates Contributor address; City; State; Zip Code 5608 Shady Oak Ct Austin, TX 78756 | Amount of contribution (\$) 1,000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/28/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Rose Contributor address; City; State; Zip Code 730 Belvin St San Marcos, TX 78666 | Amount of contribution (\$) 250 |
| 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

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 |
| 2 FILER NAME Corbin Van Arsdale | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/30/2017 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Tesch 6 Contributor address; City; State; Zip Code 921 W. New Hope Dr. #502 Cedar Park, TX 78613 | 7 Amount of contribution (\$) 250 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/28/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Cesaro Contributor address; City; State; Zip Code 54 Rainey St., #713 Austin, TX 78701 | Amount of contribution (\$) 100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/28/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Sims Contributor address; City; State; Zip Code 2206 First View Leander, TX 78641 | Amount of contribution (\$) 200 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/27/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rod Madden Contributor address; City; State; Zip Code PO Box 203066 Austin, TX 78720 | Amount of contribution (\$) 250 |
| 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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 |
| 2 FILER NAME Corbin Van Arsdale | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/6/2017 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade Long 6 Contributor address; City; State; Zip Code 2004 Stamford Ln Austin, TX 78703 | 7 Amount of contribution (\$) 200 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/18/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Kaatz Contributor address; City; State; Zip Code 347 Esperanza Trail Johnson City, TX 78636 | Amount of contribution (\$) 200 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/18/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashed Islam Contributor address; City; State; Zip Code 11901 Palisades Pkwy Austin, TX 78732 | Amount of contribution (\$) 200 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/16/2017 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00103903</u>) HDR, Inc. PAC Contributor address; City; State; Zip Code 8404 Indian Hills Dr Omaha, NE 68114 | Amount of contribution (\$) 500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 |
| 2 FILER NAME Corbin Van Arsdale | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/15/2017 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shyrell Anne Van Arsdale 6 Contributor address; City; State; Zip Code 4314 Greatview Dr Round Rock, TX 78665 | 7 Amount of contribution (\$) 1,000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/28/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gattis Law Firm Contributor address; City; State; Zip Code 213-B West 8th St Georgetown, TX 78626 | Amount of contribution (\$) 250 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/20/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Caudle Contributor address; City; State; Zip Code 4454 Trinity Mills Rd Dallas, TX 75287 | Amount of contribution (\$) 250 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/20/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Pohl Contributor address; City; State; Zip Code 10800 Pecan Park Blvd Austin, TX 78750 | Amount of contribution (\$) 1,000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 6 |
| 2 FILER NAME Corbin Van Arsdale | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/27/2017 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Gross 6 Contributor address; City; State; Zip Code 11701 Sparks Davis Rd Keithville, LA 71047 | 7 Amount of contribution (\$) 100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Ancira Contributor address; City; State; Zip Code 823 Congress Ave., #1005 Austin, TX 78701 | Amount of contribution (\$) 200 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/29/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Tingley Contributor address; City; State; Zip Code 10800 Pecan Park Blvd Austin, TX 78750 | Amount of contribution (\$) 1,000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/22/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Webb Contributor address; City; State; Zip Code 523 Westbury Ln Georgetown, TX 78633 | Amount of contribution (\$) 100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Corbin Van Arsdale | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/15/2017 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benette Satterwhite <hr/> 6 Contributor address; City; State; Zip Code 10709 Seven Oaks Cove Austin, TX 78759 | 7 Amount of contribution (\$) 1,000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/30/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg Reyes <hr/> Contributor address; City; State; Zip Code 1901 Hollister St Houston, TX 77080 | Amount of contribution (\$) 500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/22/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Kisner <hr/> Contributor address; City; State; Zip Code 2808 Creeks Edge Pkwy Austin, TX 78733 | Amount of contribution (\$) 1,000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/23/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Gallagher <hr/> Contributor address; City; State; Zip Code 10800 Pecan Park Blvd Austin, TX 78750 | Amount of contribution (\$) 1,000 |
| 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. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Corbin Van Arsdale | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/27/2017 | 5 Payee name Holly Reed | |
| 6 Amount (\$) 270.62 | 7 Payee address; City; State; Zip Code 2315 Enfield Rd Austin, TX 78703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense (photography) | (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 12/7/2017 | Payee name USPS | |
| Amount (\$) 120.00 | Payee address; City; State; Zip Code 500 E. Whitestone Blvd Cedar Park, TX 78613 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Campaign mailbox | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name Office sought Office held | |
| Date 10/5/2017 | Payee name Community Impact Newspaper | |
| Amount (\$) 2,527.29 | Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd, Box #3 Round Rock, TX 78665 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 |
| | 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 | 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Corbin Van Arsdale | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/11/2017 | 5 Payee name Community Impact Newspaper | |
| 6 Amount (\$) 825.00 | 7 Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd, Box #3 Round Rock, TX 78665 | |
| 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 Candidate / Officeholder name Office sought Office held | |
| Date 12/26/2017 | Payee name Facebook, Inc. | |
| Amount (\$) 311.32 | Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 | |
| 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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