

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: **13**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Corbin
NICKNAME LAST SUFFIX

Van Arsdale

OFFICE USE ONLY

Date Received

18 APR 27 PM 2:34

LMQ

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**PO Box 40 Cedar Park, TX
78630**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 964-1633

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Carl
NICKNAME LAST SUFFIX

Abseck

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

512 Clover Flat Cedar Park, TX 78613

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 639-0529

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 27 / 2018 THROUGH **4 / 25 / 2018**

11 ELECTION

ELECTION DATE

Month Day Year

5 / 5 / 2018

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

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)

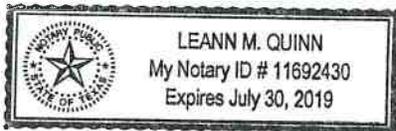
16 NOTICE FROM POLITICAL COMMITTEE(S)

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)	\$ <u>6,200.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,392.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>50,133.99</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>20,833.90</u>

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 27th day of April, 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	\$ <i>6,200.-</i>
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	\$ <i>7,392.28</i>
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: 5
2 FILER NAME Corbin VAN ARSDALE		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Weibel 6 Contributor address; City; State; Zip Code 1807 Zach Russell Dr. Cedar Park, TX 78613	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions) self/business owner		9 Employer (See Instructions)
Date 4/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Mathis Contributor address; City; State; Zip Code 1630 Moonlight Cedar Park, TX 78613	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) self/consultant		Employer (See Instructions)
Date 4/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Schlemback Contributor address; City; State; Zip Code 1307 Petrove Pass Cedar Park, TX 78613	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Liverman Contributor address; City; State; Zip Code 2717 Bartons Bluff Ln. Austin, TX 78746	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:

5

2 FILER NAME

Corbin VAN ARSDALE

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/2018

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

Sandee Phillips

6 Contributor address; City; State; Zip Code

8326 Cross Park Dr.

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/2018

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

John Schlembach

Contributor address; City; State; Zip Code

1307 Petrace Pass Cedar Park, TX 78613

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/2018

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

Chester Davis

Contributor address; City; State; Zip Code

12708 Azalea Circle Buda, TX 78610

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2018

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

Wade Long

Contributor address; City; State; Zip Code

2004 Stamford Ln. Austin, TX 78703

Amount of contribution (\$)

100

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:

5

2 FILER NAME

Corbin VAN ARSDALE

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/2018

5 Full name of contributor

Kirby Baird

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500

6 Contributor address;

156 White Rock Ct. Dripping Springs, TX 78620

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Chairman / CEO

9 Employer (See Instructions)

Spaw Glass

Date

4/12/2018

Full name of contributor

Willis Conner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000

Contributor address;

1717 W. 6th St. #375 Austin, TX 78703

City; State; Zip Code

Principal occupation / Job title (See Instructions)

President / COO / Owner

Employer (See Instructions)

American Structurepoint

Date

4/12/2018

Full name of contributor

Michele Haussmann

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

5612 Parade Ridge Austin, TX 78731

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Land Use Solutions

Date

4/10/2018

Full name of contributor

Longbow Consulting Partners

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

502 W. 13th St. Austin, TX 78701

City; State; Zip Code

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:

5

2 FILER NAME

Corbin VAN ARSDALE

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/2018

5 Full name of contributor

Danny Bell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500

6 Contributor address;

City; State; Zip Code

PO Box 126 Cedar Park, TX 78630

8 Principal occupation / Job title (See Instructions)

self/investor

9 Employer (See Instructions)

Date

4/9/2018

Full name of contributor

David G. Johnson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

3977 Fall Creek Rd. Spicewood, TX 78669

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Cypress Properties

Date

4/9/2018

Full name of contributor

Patrick Shelton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

10019 Silver Mountain Dr. Austin, TX 78737

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Duncan & Shelton Commercial

Date

4/5/2018

Full name of contributor

Henry B. Mayes, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

PO Box 200339 Austin, TX 78720

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Henry Mayes Company

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:

5

2 FILER NAME

Corbin VAN ARSDALE

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/2018

5 Full name of contributor

Monique Norman

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

313 E. 12th St. #210 Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/2018

Full name of contributor

Sharon Wolfe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

309 S. Mustang Ave. Cedar Park, TX 78613

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.

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: 5	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 4/12/2018	5 Payee name ABC Voter Contact LLC
----------------------------	--

6 Amount (\$) 1,566.—	7 Payee address; City; State; Zip Code 7941 Katy Frwy. #300 Houston, TX 77024
---------------------------------	---

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 blockwalk program, lists
------------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/2018	Payee name Facebook, Inc.
--------------------------	-------------------------------------

Amount (\$) 151.25	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 social media ads
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/5/2018	Payee name Community Impact Newspaper
-------------------------	---

Amount (\$) 1,630.—	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 ad
-------------------------------	--	--

Complete ONLY 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	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: 5	2 FILER NAME: Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---	---------------------------------------

4 Date: 4/7/2018	5 Payee name: Walmart
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6 Amount (\$): 97.28	7 Payee address; City; State; Zip Code: 2801 E. Whitestone Cedar Park, TX 78613
-----------------------------	--

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 supplies for Cedar Fest
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date: 3/27/2018	Payee name: Party - N-Jump
------------------------	-----------------------------------

Amount (\$): 225.15	Payee address; City; State; Zip Code: 23094 Nameless Rd. Leander, TX 78641
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense helium tank for Cedar Fest
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date: 3/30/2018	Payee name: Minuteman Press
------------------------	------------------------------------

Amount (\$): 259.12	Payee address; City; State; Zip Code: 715 Discovery Blvd. #401 Cedar Park, TX 78613
----------------------------	--

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 postcards
-------------------------------	---	---

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	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: <i>5</i>	2 FILER NAME <i>Corbin VAN ARSDALE</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>4/7/2018</i>	5 Payee name <i>Cedar Park Chamber of Commerce</i>				
6 Amount (\$) <i>1,000.—</i>	7 Payee address; City; State; Zip Code <i>1460 E. Whitestone Blvd. Cedar Park, TX 78613</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Cedar Fest sponsorship</i>			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/25/2018</i>	Payee name <i>Facebook, Inc.</i>				
Amount (\$) <i>750.—</i>	Payee address; City; State; Zip Code <i>1601 Willow Road Menlo Park, CA 94025</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>social media ads</i>			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>3/30/2018</i>	Payee name <i>USPS</i>				
Amount (\$) <i>250.—</i>	Payee address; City; State; Zip Code <i>506 E. Whitestone Blvd. Cedar Park, TX 78613</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>postage</i>			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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	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: <i>5</i>	2 FILER NAME <i>Corbin VAN ARSDALE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/21/2018</i>	5 Payee name <i>Pieology</i>	
6 Amount (\$) <i>63.69</i>	7 Payee address; City; State; Zip Code <i>905 E. Whitestone Blvd. Cedar Park, TX 78613</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>food/beverage</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>meal for volunteers</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>3/28/2018</i>	Payee name <i>United Way of Williamson County</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>PO Box 708 Round Rock, TX 78680</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>80's Prom - sponsorship</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4/14/2018</i>	Payee name <i>Serranos</i>	
Amount (\$) <i>174.79</i>	Payee address; City; State; Zip Code <i>1900 E. Whitestone Blvd. Cedar Park, TX 78613</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food/beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>meal for volunteers</i>
	9 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 | 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: <i>5</i>	2 FILER NAME <i>Carbin VAN ARSDALE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/2018</i>	5 Payee name <i>Hill Country News</i>	
6 Amount (\$) <i>725.-</i>	7 Payee address; City; State; Zip Code <i>103 Woods Ln. Cedar Park, TX 78613</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>ad</i>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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