

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Corbin MI: NICKNAME: _____ LAST: Van Arsdale SUFFIX: _____	OFFICE USE ONLY Date Received <div style="text-align: right; color: blue; font-weight: bold;">JUL 15 2020 AM 11:55</div> <div style="text-align: right; color: blue; font-weight: bold; font-size: 1.5em;">LMQ</div> Date Hand-delivered or Date Postmarked Hand-delivered	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 40 Cedar Park, TX 78630	Receipt # Amount \$ Date Processed 7.15.20 Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 964-1633	6 CAMPAIGN TREASURER NAME MS / MRS / MR: Mr. FIRST: Carl MI: NICKNAME: _____ LAST: Abseck SUFFIX: _____	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 512 Clover Flat Cedar Park, TX 78613		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 639-0529		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2020 THROUGH 6 / 30 / 2020		
11 ELECTION	* ELECTION DATE: moved to Nov 2020 Month Day Year ELECTION TYPE 5 / 2 / 2020 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Mayor	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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,085</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>21,823.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>61,314.68</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 15th day of July, 2020, to certify which, witness my hand and seal of office.

Leann M. Quinn
Signature of officer administering oath

LeAnn Quinn
Printed name of officer administering oath

City Sec
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Corbin VAN ARSDALE</i>		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>7,085</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>21,823.91</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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>6,000</i>
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
3-12-2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Ms. Lynn Antle

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
905 Lone Star Dr. Cedar Park TX 78613

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2-24-2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1604 Parke Bluff Bend Cedar Park TX 78613

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-22-2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2415 Sparrow Dr Round Rock TX 78681

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-15-2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
8970 CR 133 Celina TX 75009

500

Principal occupation / Job title (See Instructions)
real estate investor

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

2-24-2020

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

Christina Cavalli

7 Amount of contribution (\$)

50

6 Contributor address; City; State; Zip Code

3300 Mossy Grove Ct. Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23-2020

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

Robert O'Farrell

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

808 Norwalk Ln. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-2020

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

Peggy Stagliano

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

5501 St. Andrews Ct. Plano TX 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-2020

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

John Schlembach

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

1307 Petrove Pass Cedar Park, TX 78613

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
2-23-2020

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

7 Amount of contribution (\$)
200

6 Contributor address; City; State; Zip Code
2706 Quiet Moon Trl Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2-3-2020

Full name of contributor out-of-state PAC (ID#: _____)
Group 1 Automotive PAC

Amount of contribution (\$)
250

Contributor address; City; State; Zip Code
800 Gessner, #500 Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1-24-2020

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

Amount of contribution (\$)
300

Contributor address; City; State; Zip Code
823 Congress Ave. #900 Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-13-2020

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

Amount of contribution (\$)
50

Contributor address; City; State; Zip Code
303 Mansfield Lane Cedar Park, TX 78613

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

2-26-2020

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

James Freeman

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

808 Canyon Springs Dr Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23-2020

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

Cobb Fendley PAC

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

13430 NW Frwy, #1100 Houston, TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-2020

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

Mark Boyer

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

9326 Reid Lake Houston, TX 77064

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-29-2020

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

Catherine Clein

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

1702 Sharon Pl Cedar Park TX 78613

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 5-2-2020

5 Full name of contributor Becky Villarreal

6 Contributor address; City; State; Zip Code 1880 Nelson Ranch Loop Cedar Park TX 78613

7 Amount of contribution (\$) 10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 1-16-2020

Full name of contributor Joe Fowler

Contributor address; City; State; Zip Code 2409 Quarry Rd. Austin, TX 78703

Amount of contribution (\$) 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5-2-2020

Full name of contributor Shellie Hayes-McMahon

Contributor address; City; State; Zip Code 816 Bogart Rd. Cedar Park, TX 78613

Amount of contribution (\$) 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-19-2020

Full name of contributor James Heath

Contributor address; City; State; Zip Code 107 Settlers Valley Dr. Pflugerville, TX 78660

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

2-23-2020

5 Full name of contributor

John Sullivan

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

7 Amount of contribution (\$)

50

6 Contributor address;

1207 Cedar Hills

City;

Cedar Park TX 78613

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-28-2020

Full name of contributor

Houcompac

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

Amount of contribution (\$)

1,000

Contributor address;

PO Box 920843

City;

Houston TX 77292

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-2020

Full name of contributor

Levi Murray III

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

Amount of contribution (\$)

100

Contributor address;

14028 US-183 #120

City;

Austin TX 78717

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-2020

Full name of contributor

Mark Aytte

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

Amount of contribution (\$)

50

Contributor address;

1401 Little Elm Trail #300 Cedar Park TX 78613

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: 9	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 3-10-2020	5 Payee name Buy Cable Tics	
6 Amount (\$) 22.33	7 Payee address; buycabletics.com Fitchburg, MA 01420	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description Zip ties
	(c) <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 2-28-2020	Payee name Minuteman Press	
Amount (\$) 519.60	Payee address; 715 Discovery Blvd., #401	City; State; Zip Code Cedar Park TX 78613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description lapel stickers
	<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 3-15-2020	Payee name Charles Carter	
Amount (\$) 1,360	Payee address; 234 Olde Oaks Dr.	City; State; Zip Code Georgetown TX 78633
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description erecting 4x8 signs
	<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 | 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: 9	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 4-13-2020	5 Payee name Cedar Park Chamber of Commerce	
6 Amount (\$) 750	7 Payee address; City; State; Zip Code 1460^{E.} Whitestone Blvd., #150 Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description gala table
	(c) <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 3-25-2020	Payee name Facebook	
Amount (\$) 750	Payee address; City; State; Zip Code 1601 willow Rd. Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media ads
	<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 3-19-2020	Payee name Facebook	
Amount (\$) 750	Payee address; City; State; Zip Code 1601 willow Rd. Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media ads
	<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	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>9</i>	2 FILER NAME <i>Corbin VAN ARSDALE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-28-2020</i>	5 Payee name <i>Office Max</i>	
6 Amount (\$) <i>68.45</i>	7 Payee address; City; State; Zip Code <i>1105 C-bar Ranch Trl #C 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 <i>office supplies</i>
	(c) <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 <i>3-1-2020</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>150</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>social media ads</i>
	<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 <i>2-18-2020</i>	Payee name <i>Gino's</i>	
Amount (\$) <i>159.76</i>	Payee address; City; State; Zip Code <i>1525 Cypress Creek Rd. Cedar Park TX 78613</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food expense</i>	Description <i>meal for volunteers</i>
	<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	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: 9	2 FILER NAME Corbin VAN ARSOALE	3 Filer ID (Ethics Commission Filers)
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4 Date 2-23-2020	5 Payee name Rock & Roll Sushi Lounge
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6 Amount (\$) 2,169.80	7 Payee address; City; State; Zip Code 1850 S. Lakeline Blvd. Cedar Park TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage expense	(b) Description kickoff party
	(c) <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
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Date 1-21-2020	Payee name Axiom Strategies
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Amount (\$) 1,662	Payee address; City; State; Zip Code 800 W. 47th St. #200 Kansas City MO 64112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description mailer
	<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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Date 2-17-2020	Payee name Cheap Door Hangers
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Amount (\$) 683.73	Payee address; City; State; Zip Code 9193 Winkler Dr., Ste G Houston TX 77017
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description doorhangers
	<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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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: 9	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
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4 Date 3-31-2020	5 Payee name Facebook
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6 Amount (\$) 106.81	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description social media ads
	(c) <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
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Date 2-5-2020	Payee name Super Cheap Signs
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Amount (\$) 3,859.48	Payee address; City; State; Zip Code 9200 Waterford Centre #100 Austin TX 78758
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description yard signs, 4x8 signs
	<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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Date 2-18-2020	Payee name Minuteman Press
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Amount (\$) 385.05	Payee address; City; State; Zip Code 715 Discovery Blvd. #401 Cedar Park, TX 78613
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description bumper stickers
	<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 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: 9	2 FILER NAME Combin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 3-13-2020	5 Payee name Super Cheap Signs	
6 Amount (\$) 287.50	7 Payee address; City; State; Zip Code 9200 Waterford Centre #100 Austin TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description Yard signs
	(c) <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 2-28-2020	Payee name Erin Preston	
Amount (\$) 250	Payee address; City; State; Zip Code 700 Mandarin Flyway #1904 Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description photography
	<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 1-31-2020	Payee name Facebook	
Amount (\$) 500	Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description Social media ads
	<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 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: 9	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 1-30-2020	5 Payee name Samaritan Health Ministries	
6 Amount (\$) 625	7 Payee address; City; State; Zip Code 700 W. Whitestone Blvd. Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description gala table
	<input type="checkbox"/> (c) 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 2-29-2020	Payee name Facebook	
Amount (\$) 150	Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media ads
	<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 2-11-2020	Payee name Jeremy Geist	
Amount (\$) 192	Payee address; City; State; Zip Code 1809 Laminar Creek Rd. Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description website management
	<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 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: 9	2 FILER NAME Combie VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
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4 Date 2-28-2020	5 Payee name Vanguard Field Strategies
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6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code 1001 Congress Ave #100 Austin TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description blockwalking app/data
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-31-2020	Payee name Facebook
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Amount (\$) 699.99	Payee address; City; State; Zip Code 1601 Willow Rd. Cedar Park TX 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description Social media ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-3-2020	Payee name Axiom Strategies
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Amount (\$) 1,662	Payee address; City; State; Zip Code 800 W. 47th St. #200 Kansas City MO 64112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 9	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 3-9-2020	5 Payee name Axiom Strategies	
6 Amount (\$) 2,327.66	7 Payee address; City; State; Zip Code 800 W. 47th St. #200 Kansas City MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description mailer
	(c) <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		
Date 6-30-2020	Candidate / Officeholder name Facebook	
Amount (\$) 642.75	Office sought Mano Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media ads
	<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		
Date 1-15-2020	Candidate / Officeholder name City of Cedar Park	
Amount (\$) 50	Office sought Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description filing fee
	<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		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 1-22-2020	5 Payee name Julie Herrera	
6 Amount (\$) 1,000	7 Payee address; 5600 183A	City State Zip Code Cedar Park TX 78641
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) returned contribution	(b) Description (See instructions regarding type of information required.)
Date 1-22-2020	Payee name Stephen Cavander	
Amount (\$) 2,500	Payee address; PO Box 681237	City State Zip Code San Antonio TX 78268
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) returned contribution	Description (See instructions regarding type of information required.)
Date 1-22-2020	Payee name Richard Cavander	
Amount (\$) 2,500	Payee address; PO Box 681237	City State Zip Code San Antonio TX 78268
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) returned contribution	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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