

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEXAS**

**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: **17**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Arthur

E

NICKNAME

LAST

SUFFIX

McCoy

Jr

**OFFICE USE ONLY**

Date Received

**CSO REC'D**  
**APR 24 '25 PM3:28**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1208 Stella Street, Fort Worth, TX 76104

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 817 )

637-3011

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Dulani

NICKNAME

LAST

SUFFIX

Masismini

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6904 Stonewall Road, Forest Hill, TX 76134

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 817 )

692-9653

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 Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

03

26

25

THROUGH

Month

Day

Year

04

23

25

11 ELECTION

ELECTION DATE

Month

Day

Year

05

03

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

City Council District 8

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

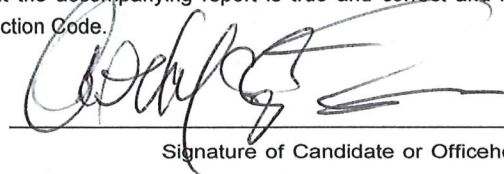
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

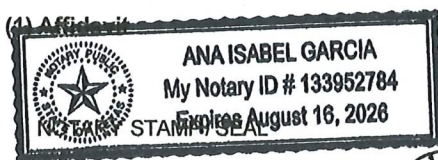
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Arthur McCoy		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,085.17
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,851.21
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,803.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,434.85
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 416.36
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Texas Drivers License this the 24th day of April.

2025 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Arthur McCoy

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,851.21
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,434.85
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **7****2** FILER NAME

Arthur McCoy

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

3/25/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bryant Quinney

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City;

State;

Zip Code

15112 Lone Spring Drive, Little Elm, TX 75068

**8** Principal occupation / Job title (See Instructions)

Sr. Applications Expert

**9** Employer (See Instructions)

IMAGINiT Technologies

Date

3/29/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Howard Robinson

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

712 Green River Trail, Fort Worth, TX 76103

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

IDEA Public Schools

Date

3/29/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Brent Jenkins

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

8815 Stanwood Dr, Dallas, TX 75228

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3/31/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tamika Johnson

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

7690 W Highland Rd, Ovilla, TX 75154

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker

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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **7****2** FILER NAME**Arthur McCoy****3** Filer ID (Ethics Commission Filers)**4** Date**3/31/2025****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Donovan Duke****6** Contributor address;

City;

State;

Zip Code

**1135 Wainscott Dr, Waxhaw, NC 28173****7** Amount of contribution (\$)**50.00****8** Principal occupation / Job title (See Instructions)**Metering Implementation, Systems and Service Director****9** Employer (See Instructions)**Consolidated Pipe and Supply**

## Date

**3/31/2025**

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Johnny Wimbrey**

## Contributor address;

City;

State;

Zip Code

**7223 Sycamore Trail, LA, CA 90067**

## Amount of contribution (\$)

**100.00**

## Principal occupation / Job title (See Instructions)

**N/A**

## Employer (See Instructions)

**N/A**

## Date

**4/1/2025**

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Michael January**

## Contributor address;

City;

State;

Zip Code

**945 Belclaire Cir, Cedar Hill, TX 75104**

## Amount of contribution (\$)

**25.00**

## Principal occupation / Job title (See Instructions)

**N/A**

## Employer (See Instructions)

**Ben E. Keith**

## Date

**4/1/2025**

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Kelly Allen Grey**

## Contributor address;

City;

State;

Zip Code

**2820 Galvez Ave, Fort Worth, TX 76111**

## Amount of contribution (\$)

**100.00**

## Principal occupation / Job title (See Instructions)

**Consultant**

## Employer (See Instructions)

**KAG Consulting, LLC****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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **7****2** FILER NAME**Arthur McCoy****3** Filer ID (Ethics Commission Filers)**4** Date**4/3/2025****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Leah Gilliam****7** Amount of contribution (\$)**50.00****6** Contributor address;

City;

State;

Zip Code

**812 Highwoods Trl, Fort Worth, TX 76112****8** Principal occupation / Job title (See Instructions)**Athletic Coordinator****9** Employer (See Instructions)**Leah Matthews Gilliam**

Date

**4/3/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Paula Matthews**

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

**6921 Gary Ln, Fort Worth, TX 76112**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

Date

**4/4/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**William Matthews**

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

**7217 Hightower Street, Fort Worth, TX 76112**

Principal occupation / Job title (See Instructions)

**LO Coater**

Employer (See Instructions)

**Lockheed Martin**

Date

**4/4/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Jerry McDowell**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**10023 Boxelder Drive, Crowley, TX 76036**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A****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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **7****2** FILER NAME

Arthur McCoy

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

4/5/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bill McIntyre

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City;

State;

Zip Code

4849 Frankford Road, Dallas, TX 75287

**8** Principal occupation / Job title (See Instructions)

President/CEO

**9** Employer (See Instructions)

TWBM HOLDING COMPANY, INC.

Date

4/7/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Billy Rosenthal

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

600 E Exchange Ave, Ft Worth, TX 76164

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Penrose

Date

4/9/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Aaron Newman

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

2931 La Roda, Grand Prairie, TX 75054

Principal occupation / Job title (See Instructions)

Financial Professional

Employer (See Instructions)

New York Life Insurance

Date

4/9/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dante' Williams

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1804 Colima Ct, Arlington, TX 76006

Principal occupation / Job title (See Instructions)

Business Analyst

Employer (See Instructions)

Citigroup

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

**Arthur McCoy**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/9/2025**

5 Full name of contributor

**A.J. Jerry**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**25.00**

6 Contributor address; City; State; Zip Code

**6401 Sage Creek Dr., Godley, TX 76044**

8 Principal occupation / Job title (See Instructions)

**Rail Operations Manager**

9 Employer (See Instructions)

**Dallas Area Rapid Transit**

Date

**4/10/2025**

Full name of contributor

**David Acton**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**1902 Fall Creek Trail, Keller, TX 76248**

Principal occupation / Job title (See Instructions)

**Baseball Consultant**

Employer (See Instructions)

**Arlington A's**

Date

**4/12/2025**

Full name of contributor

**Benjamin Ward**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**6223 62nd way, West Palm beach, FL 33477**

Principal occupation / Job title (See Instructions)

**IR**

Employer (See Instructions)

**CS**

Date

**4/13/2025**

Full name of contributor

**Eric Tippens**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code

**92 Misty Mesa Trail, Mansfield, TX 76063**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Arthur McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 4/14, 4/15	5 Full name of contributor out-of-state PAC (ID#: _____) Nicole Watson 6 Contributor address; City; State; Zip Code 2136 Sara Jane Pkwy, Grand Prairie, TX 75052	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Owner/Therapist		9 Employer (See Instructions) NLW Counseling Services PLLC
Date 4/14/2025	Full name of contributor out-of-state PAC (ID#: _____) JMT Entertainment, LLC Contributor address; City; State; Zip Code 6208 Forest River Dr., Fort Worth, TX 76112	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Owner/Therapist		Employer (See Instructions) NLW Counseling Services PLLC
Date 4/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Gyna Bivens Contributor address; City; State; Zip Code 5913 McKaskle Dr, Fort Worth, TX 76119	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) North Texas Leaders and Executives Advocating Diversity
Date 4/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Emily Fancher Mobley Contributor address; City; State; Zip Code 4937 Rickee Dr, Fort Worth, TX 76115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Withdrawal Coordinator		Employer (See Instructions) Northwest Retirement Plan Consultants
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Arthur McCoy

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/2025

5 Full name of contributor

Nicole Watson

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

2136 Sara Jane Pkwy, Grand Prairie, TX 75052

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Owner/Therapist

9 Employer (See Instructions)

NLW Counseling Services PLLC

Date

4/17/2025

Full name of contributor

Frank Hamilton

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

7333 Cottonwood Ct, North Richland Hills, TX 76182

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Self

Date

3/28/2025

Full name of contributor

Calvin Harris

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1100 Bridgewood Street, Fort Worth, TX 76112

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

State Farm

Date

4/15/2025

Full name of contributor

Gyna Bivens

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

5913 McKaskle Dr, Fort Worth, TX 76119

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

North Texas Leaders and Executives Advocating Diversity

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Arthur McCoy

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/2025

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Emily Fancher Mobley

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

4937 Rickee Dr, Fort Worth, TX 76115

8 Principal occupation / Job title (See Instructions)

Withdrawal Coordinator

9 Employer (See Instructions)

Northwest Retirement Plan Consultants

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Arthur McCoy

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Arthur McCoy		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/26-4/23/25	<b>5</b> Payee name Anedot		
<b>6</b> Amount (\$) 112.03	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Transaction Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Arthur McCoy		Office sought City Council
			Office held N/A
Date 3/28/2025	Payee name 1926 Prints		
Amount (\$) 2,100.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Operations		Description Marketing, Administration
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Arthur McCoy		Office sought City Council
			Office held N/A
Date 4/1/2025	Payee name 1926 Prints		
Amount (\$) 500.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Operations		Description Marketing, Administration
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Arthur Mc		Office sought City Council
			Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME Arthur McCoy	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/28-4/21	<b>5</b> Business name 1926 Prints	
<b>6</b> Amount (\$) 5,500.00	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A
Date 3/9, 4/1	Business name Home Depot	
Amount (\$) 95.00	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Materials
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A
Date 4/1/2025	Business name Google Workspace	
Amount (\$) 5.48	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Office Overhead
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME Arthur McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2025	5 Business name Website Builder	
6 Amount (\$) 50.00	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead Expense	(b) Description Website Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A
Date 4/14/2025	Business name Mailchimp	
Amount (\$) 21.32	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Email Marketing
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A
Date 4/14, 4/18	Business name 7-Eleven	
Amount (\$) 80.00	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description Gas
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME Arthur McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Business name Luby's	
6 Amount (\$) 31.55	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meal
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Arthur McCoy	Office sought City Council
		Office held N/A
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

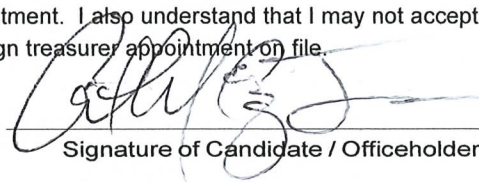
1 C/OH NAME

Arthur McCoy

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

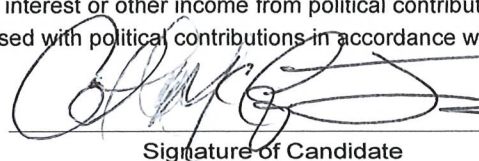
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder