

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. FIRST: Guadalupe MI: NICKNAME: "Lupe" LAST: Arriola SUFFIX:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 6731 Bridge St #224 CITY: Fort Worth, TX STATE: TX ZIP CODE: 76112 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 451-1070 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Christopher MI: NICKNAME: "Chris" LAST: Sanchez SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5925 Forest Lane Fort Worth, TX CITY: Fort Worth, TX STATE: TX ZIP CODE: 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 451-1070 EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 07 / 01 / 2010 THROUGH Month Day Year: 12 / 31 / 2010		
11 ELECTION	ELECTION DATE: / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Dist # 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,815.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 948.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,293.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT

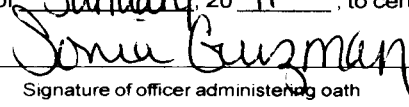


AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Guadalupe Arriola, this the 18th day of January, 2011, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

SONIA GUZMAN

 Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME
Guadalupe "Lupe" Arriola

3 ACCOUNT # (Ethics Commission filers)

4 Date: **8/16**
5 Full name of contributor out-of-state PAC (ID#: _____)
Perdue, Brackett, Flores, UH + Burns

7 Amount of contribution (\$) **\$500.00**
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8/13**
Full name of contributor out-of-state PAC (ID#: _____)
Carol J. Stanford
Contributor address; City; State; Zip Code

Amount of contribution (\$) **\$100.00**
In-kind contribution description (if applicable)

**2043 Ward PKWY
Fort Worth, TX 76110**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/10**
Full name of contributor out-of-state PAC (ID#: _____)
C. Sanders
Contributor address; City; State; Zip Code

Amount of contribution (\$) **\$100.00**
In-kind contribution description (if applicable)

**6737 Lanto St
Los Angeles, CA 90040**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/13**
Full name of contributor out-of-state PAC (ID#: _____)
Jake Schrum
Contributor address; City; State; Zip Code

Amount of contribution (\$) **\$50.00**
In-kind contribution description (if applicable)

**Po Box 770
Georgetown, TX 78627**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/22**
Full name of contributor out-of-state PAC (ID#: _____)
Anita Lucev
Contributor address; City; State; Zip Code

Amount of contribution (\$) **\$100.00**
In-kind contribution description (if applicable)

**1003 Via La Pez
San Pedro, CA 90732**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Guadalupe "Lupe" Arriola		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Neasbitt	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 617 Cook Ln. Fort Worth, TX 76120		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Yanes	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3109 Jane Ln Fort Worth, TX 76117		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio Rothschild	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5901 E. Lancaster Ave. Suite A. FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Suarez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6000 Forest Lane FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Crockett	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 409 Shade Tree Cir. Hurst, TX 76054		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME

Guadalupe "Lupe" Arriola

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/15

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

Juan B. Garcia

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*21026 Summer Trace Ln.
Spring, TX 77379*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/10

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

Mike + Barbara Shropshire

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*805 Shady Glen Ct.
FW, TX 76120*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2

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

Allison Korn

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6550 Carlinda Ave.
Columbia, MD 21046*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11

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

Barbara Sparks

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7605 Acapulco Rd.
FW, TX 76112*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8

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

Gloria Cabrera

Amount of contribution (\$)

\$35.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2793 Homestead Dr.
San Marcos, CA 92069*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME

Guadalupe "Lupe" Arrida

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/8

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

Maria B. Lemus

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*2793 Homestead Dr.
San Marcos, CA 92069*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/8

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

Christina Hernandez

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*230 Bayne Rd.
Haslet, TX 76052*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

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

Sandra Gonzales

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3701 Bellaire Cir.
FW, TX 76109*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

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

Amado Flores

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3345 Western Cntr. Blvd Suite 160
FW, TX 76137*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28

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

Valerie Martinez-Ebers

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*121 Copperwood Dr.
Lakeside, TX 76108*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UNT

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Guadalupe "Lupe" Arriola		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tere Banda	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Fort Worth, TX 76108		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Escamilla	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13100 Trail Driver St. Austin, TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camille Rodriguez	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2005 Clinton Ave Fort Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marianne Leal	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1220 N. Main St. Suite 115 FW, TX 76106		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cissy Hernandez	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Fort Worth, TX 76108		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Guadalupe "Lupé" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date **7/16**

5 Payee name **Pack n' Mail**
 6 Payee address; City; State; Zip Code

7 Amount (\$) **\$ 132.00**

6731 Bridge St. FW, TX 76107

8 Purpose of payment (See instructions regarding type of information required.) **Fees, Po Box**
 (If travel outside of Texas, complete Schedule T)

9 **** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

Date **7/20**

Payee name **Wells Fargo**
 Payee address; City; State; Zip Code

Amount (\$) **\$ 2.50**

PO Box 266000 Dallas, TX 75326

Purpose of payment (See instructions regarding type of information required.) **Banking Fee**
 (If travel outside of Texas, complete Schedule T)

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

Date **8/18**

Payee name **Wells Fargo**
 Payee address; City; State; Zip Code

Amount (\$) **\$ 2.50**

PO Box 266000 Dallas, TX 75326

Purpose of payment (See instructions regarding type of information required.) **Banking Fee**
 (If travel outside of Texas, complete Schedule T)

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

Date **9/20**

Payee name **Wells Fargo**
 Payee address; City; State; Zip Code

Amount (\$) **\$ 2.50**

PO Box 266000 Dallas, TX 75326

Purpose of payment (See instructions regarding type of information required.) **Banking Fee**
 (If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Guadalupe "Lupé" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/20

5 Payee name
Wells Fargo
6 Payee address; City; State; Zip Code
P.O. Box 266000 Dallas, TX 75326

7 Amount (\$)
\$2.50

8 Purpose of payment (See instructions regarding type of information required.)
Banking fee
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/18

Payee name
Wells Fargo
Payee address; City; State; Zip Code
P.O. Box 266000 Dallas, TX 75326

Amount (\$)
\$2.50

Purpose of payment (See instructions regarding type of information required.)
Banking Fee
(If travel outside of Texas, complete Schedule T)

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

Date
12/17

Payee name
Wells Fargo
Payee address; City; State; Zip Code
P.O. Box 266000 Dallas, TX 75326

Amount (\$)
\$2.50

Purpose of payment (See instructions regarding type of information required.)
Banking Fee
(If travel outside of Texas, complete Schedule T)

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

Date
9/23

Payee name
Graphics 2
Payee address; City; State; Zip Code
507 S. Main St. Fort Worth, TX 76109

Amount (\$)
\$289.03

Purpose of payment (See instructions regarding type of information required.)
Printing Expense
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Guadalupe "Lupe" Arriola**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/26

5 Payee name
Z's Cafe
6 Payee address; City; State; Zip Code
1300 Bendy St. Fort Worth, TX 76107

7 Amount (\$)
\$437.47

8 Purpose of payment (See instructions regarding type of information required.)
Event Expense
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/22

Payee name
Texas Democratic Party
Payee address; City; State; Zip Code
**505 W. 12th St. Suite 200
Austin, TX 78701**

Amount (\$)
\$75.00

Purpose of payment (See instructions regarding type of information required.)
Voter File Access
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED