# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### FORM ACTA PG 1

1			2 FILER ID#	3 Total pages filed:			
	NAME KA	THI AROCHA	86996	1			
	See ACTA Instruction Guide for detailed instructions.  Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed.						
4	CANDIDATE NAME	NEW MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
	NAIVIE	KATHI AROCHA  NICKNAME LAST	SUFFIX DATE R	CEIVE ORIVE OR 0 3 2025			
5	CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; C  3215 GREENBROOK DR ARLINGTO	Receip				
6	CANDIDATE PHONE	NEW AREA CODE PHONE NUMBER  ( 817 ) 456-5288	EXTENSION	rocessed			
7	OFFICE HELD (if any)	NEW N/A					
8	OFFICE SOUGHT (ifknown)	N/A					
9	CAMPAIGN TREASURER NAME	MS. LIZA PENA	II NICKNAME LAST	SUFFIX			
	CAMPAIGN TREASURER STREET ADDRESS esidence or business)	NEW STREET ADDRESS:  224 MOUNTAINVIEW DR HURST TX	APT/SUITE#; CITY; X, 76054	STATE; ZIP CODE			
11	CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER  ( 817 ) 659-9087	EXTENSION				
12	CANDIDATE SIGNATURE	I am aware of the Nepotism La I am aware of my responsibility the Election Code.  I am aware of the restrictions in from corporations and labor org	y to file timely reports as requal title 15 of the Election Code ganizations.	uired by title 15 of			
		Signature of Candidate	D	ate Signed			
		GO ТО	PAGE 2				

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 86996 MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MS **KATHI** NAME Date Received LAST SHEEK NICKNAME **AROCHA** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 3215 GREENBROOK DR ARLINGTON TX 76016 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ or Date Postmarked **OFFICEHOLDER** (817)456-5288 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** LIZA MS Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **PENA** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE ZIP CODE CAMPAIGN **TREASURER** 224 MOUNTAINVIEW DR. HURST TX. 76054 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (817 659-9087 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 25 1 1 25 4 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Other Day Description General Special 3 25 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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: 78

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMPAIGN	V FIN	IANCE REPORT	COV	ER SHE	ET PG 2
15 C/OH NAME KATHI AROCHA		1		(Ethics Comr	mission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		<b>.</b>	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	5	0.00
	4.	TOTAL POLITICAL EXPENDITURES	4	8	81.91
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	· 2	68.09
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	S	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.					

Please complete either option below:

Signature of candidate or Officeholder

(1) Affidavit



NOTARY STAMP/SE		co cla a		26	ما	$\Lambda$	1
Sworn to and subscribe	d before me by <u>Kathi A</u>	royna.	this	the	day of	Apri	<u>l</u> .,
	y which, witpess my hand and seal of offi		Jez	Fle	ections (	Coordinat	by
Signature of officer adminis	tering oath OPrinted name	of officer administering	ng oath		Title of office	er administering	oath
		OR					
(2) Unsworn Declarat	ion						
(-,							
My name is		, an	d my date of bir	th is			
My address is				_,,	,		
	(street)		(city)	(state)	(zip code)	(country)	
Executed in	County, State of	, on the	day of		, 20	<b>_</b>	
			(n	nonth)	(year)		
			Signature of C	andidate/Of	ficeholder (Dec	arant)	

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 K	19 FILER NAME KATH AROCHA 20 Filer ID (Ethics Cor			lers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			TOTAL DUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8	381.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	<b>\$</b>	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	<b>\$</b>	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KATHI AROCHA 86996 5 Payee name 4 Date 02/03/2025 APRIL MOORE CAMPAIGN 6 Amount (\$) 7 Payee address; City: State Zip Code 806.91 2131 N. COLLINS ST ARLINGTON 76006 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** CAMPAIGN T-SHIRTS OTHER OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH **APRIL MOORE** AISD TRUSTEE PL 4 Date Payee name ARLINGTON ISD DREAM MAKER BANQUET 02/24/2025 Amount (\$) Payee address; City; State: Zip Code 75.00 1601 N DAVIS ARLINGRON TX 76012 Category (See Categories listed at the top of this schedule) Description **EVENT EXPENSE** TICKET PURCHASE I CAMPAIGN EXPOSURE **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH APRIL MOORE AISD TRUSTEE PL 4 Date Payee name Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED