FORM SPAC SPECIFIC-PURPOSE COMMITTEE **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Pay Our Teachers OCT 02 2020 ZIP CODE 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; **ADDRESS** 1201 Canterbury Ct. Hand-delivered or ate Postmarked Change of Address Arlington, TX 76013 Receipt # Amount Date Processed Date Imaged MS/MRS/MR FIRST MI CAMPAIGN **TREASURER** Carl Mr. NAME NICKNAME LAST SUFFIX Cravens APT / SUITE #; CITY; STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN **TREASURER** STREET 1201 Canterbury Ct., Arlington, TX 76013 **ADDRESS** (Residence or Business) 7 CAMPAIGN STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** 1201 Canterbury Ct., Arlington, TX 76013 Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 800-0019 PHONE REPORT X 30th day before election Exceeded \$500 Limit January 15 TYPE 8th day before election Dissolution (Attach PAC-DR) July 15 10th day after campaign treasurer Runoff termination 10 PERIOD Month Year Month Day Year Day COVERED **THROUGH** 09/24/2020 09/09/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 X General Special **GO TO PAGE 2** www.ethics.state.tx.us Version V1.1.0d3681a8 Forms provided by Texas Ethics Commission

SPECIFIC-PURPOSE COMMITTEE REPORT:

FORM SPAC COVER SHEET PG 2

1 OIG OOL AIG	D TO TALE						
12 COMMITTEE NAME		1	3 Filer ID				
Pay Our Teachers							
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this	Candidate	CANDIDATE / OFFICEHOLDER NAME					
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)				
X SUPPORT (Candidate or Measure) OPPOSE (Candidate or Measure)	X Measure	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 11/03/2020					
ASSIST (Officeholder)	[X]	DESCRIPTION Arlington ISD Proposition A					
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAN ES OF LOANS), UNLESS ITEMIZED	PLEDGES,	\$	\$0.00		
	2. TOTAL POLITICAL COUNTY (OTHER THAN PLEDGE:	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS)		\$	\$12,150.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPE	ENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED	\$	\$0.00		
	4. TOTAL POLITICAL EX	XPENDITURES		\$	\$2,000.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST D	AY OF THE	\$	\$10,150.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF TI IG PERIOD	HE LAST	\$	\$0.00		
My Star My	, 20 10 , to certify which	I swear, or affirm, under penalty of perju and correct and includes all-information Title 15, Election Code. Signature of Cam ALL LAVENS , thin, witness my hand and seal of office. Led name of officer administering oath	required to be	er STATE	me underday		
Signature of officer au	ministering oad Filli	ted hame of officer duffillistering oddi	THE OF OTHER	c. dariii iiste	g outi		

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

		VER S	HEET PG 3 3 of 7		
	MMITTE / Our T				
19 SC	HEDULI		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,650.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	,	\$	
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	7,500.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,000.00
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/7	
2	FILER NAME			3	Filer ID	
	Pay Our Tea	chers				
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)		
	09/21/2020	Beasley, Ruth				\$100.00
		6 Contributor address; City; State; Zip Code 3602 Blossom Park Ct.				
		Arlington, TX 76016				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/09/2020	Chapa, Anna and Justin				\$1,000.00
		Contributor address; City; State; Zip Code	••••••	1		
		2212 Racquet Club Ct.				
		Arlington, TX 76017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Data	Full name of contributor		_	Amount of Contribution (\$)	-
	Date 09/24/2020	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	3312412020	Contributor address; City; State; Zip Code	ł			
		101 E. Park Row Dr.				
		Arlington, TX 76010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		_
_	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	09/24/2020	Deakyne, Jeannie				\$250.00
		Contributor address; City; State; Zip Code		1		
		1102 Greenbriar Ln.				
	Data da et es	Arlington, TX 76013	Employer (See Instructions	<u></u>		
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	> <i>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Ī	Amount of Contribution (\$)	
	09/09/2020	Dipert, Dan				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		1512 Killian Dr.				
		Arlington, TX 76013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
_	<u>.</u>		<u></u>			

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7	
2	FILER NAME Pay Our Tea	chers		3 Filer ID	
4	Date 09/21/2020	 Full name of contributor		7 Amount of Contribution (\$)	\$50.00
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	
	Date 09/09/2020	Full name of contributor out-of-state PAC (ID#: Hill, Gara and Brandon Contributor address; City; State; Zip Code 4111 Vista Creek Ct. Arlington, TX 76016		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/09/2020	Full name of contributor out-of-state PAC (ID#: Walton, Polly Contributor address; City; State; Zip Code 2216 Green Gate Dr. Arlington, TX 76012		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/09/2020	Full name of contributor out-of-state PAC (ID#: Wilbanks, David Contributor address; City; State; Zip Code 3711 Astoria Dr. Arlington, TX 76013		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 6/7		
2	FILER NAME			3 Filer ID			
	Pay Our Tea	ch	ers				
4	Date	5	Corporation / Labor Organization name		Amount of contribution (\$)		
	09/21/2020		United Educators Association, Inc.		\$7,500.00		
		6	Corporation / Labor Organization address; City; State; Zip Code 4900 SE Loop 820 Suite 200 Fort Worth, TX 76140				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Food/Beverage Expense Pollir
Gitt/Awards/Memorials Expense Printi

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ri Cou	nmittee	Legal Services		Printing E SalariesA Dlains how to co	Wages	/Contract Labor	OTHER (enter a category r	not listed above)
1	Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	2	FILER NAME Pay Our Te		.,				3 Filer ID		
4	Date 09/23/2020		Payee name Arlington To	oday	_						
6	Amount (\$) \$2,000.00	7	Payee address P.O. Box 17		;	State; Zip Co	ode				
			Arlington, T	X 76003							
8	PURPOSE OF EXPENDITURE	(a)	Category (Se Advertising		sted at the top of t	his schedule)			, TX, officehold	as. Complete Sche ler living expense on Today Ma	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Ή (Candidate/Offi	iceholder na	ame	Office sou	ught		Off	fice held	