

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.

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MARVIN
NICKNAME LAST SUFFIX
SUTTON

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged
RECEIVED - CSO
11 MAY - 4 PM 12:03

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 change of address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 182258
ARLINGTON, TX 76096

6 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 602-0644

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
BETTY
NICKNAME LAST SUFFIX
FISCHER

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
1507 BLUEBONNET TRAIL
ARLINGTON, TX 76013

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 275-5379

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 \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
4 / 5 / 2011 **5 / 4 / 2011**

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
5 / 14 / 2011 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
ARLINGTON CITY COUNCIL DISTRICT 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME MARVIN SUTTON	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. 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 <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	\$910.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,160.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$366.29
	4. TOTAL POLITICAL EXPENDITURES	\$4,309.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,021.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.



Marvin Sutton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marvin Sutton, this the 4th day of May, 20 11, to certify which, witness my hand and seal of office.

Tina Stewart Tina Stewart notary
Signature of officer administering oath 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: 2	
2 FILER NAME MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/7/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DWIGHT McKISSIC	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2409 N. PLEASANT CIRCLE ARLINGTON, TX 76015		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/8/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACK CAFFEY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3610 N. VERSAILLES DALLAS, TX 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID McKAMIE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 205 PLANTATION DRIVE COPPELL, TX 75019		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) N. L. ROBINSON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4109 FLOWER GARDEN DRIVE ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BETTY FISCHER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1507 BLUEBONNET TRAIL ARLINGTON, TX 76013		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME MARVIN SLITON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ART + LYNDA BRENDER	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4121 HAMPSHIRE BLVD FORT WORTH, TX 76103		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MPAC ARLINGTON INC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 174474 ARLINGTON, TX 76003		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KAREN HENRY	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2415 BENNINGTON DRIVE ARLINGTON, TX 76018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ANTHONY SAMPSON	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 649 OAK TREE CV CEDAR HILL, TX 75104		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/5/2011		5 Payee name KENNETH LAWSON			
6 Amount (\$) 105.00		7 Payee address; City; State; Zip Code 2210 BASSETT DRIVE ARLINGTON, TX 76018			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN T-SHIRTS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/8/2011		Payee name TOM THUMB			
Amount (\$) 181.14		Payee address; City; State; Zip Code 2425 S. COOPER ARLINGTON, TX 76017			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) FOOD TRAYS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/12/2011		Payee name KSOC FM RADIO			
Amount (\$) 330.00		Payee address; City; State; Zip Code 13331 PRESTON ROAD STE 1180 DALLAS, TX 75240			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) RADIO AD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/12/2011		Payee name SHAWN BREAUX			
Amount (\$) 60.00		Payee address; City; State; Zip Code 2015 MAYFIELD VILLA #7201 ARLINGTON, TX 76014			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) SIGNS MAINTAINENCE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME MARVIN SLITTON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/15/2011	5 Payee name OFFICE DEPOT
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6 Amount (\$) 54.50	7 Payee address; City; State; Zip Code 2503 WEST I-20 GRAND PRAIRIE, TX 75052
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/2011	Payee name SONJIAH DAVIS
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Amount (\$) 100.00	Payee address; City; State; Zip Code 6724 OREGON ARLINGTON, TX 76002
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) FIELD OPERATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/2011	Payee name HOTCARDS.COM
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Amount (\$) 167.02	Payee address; City; State; Zip Code 1600 EAST 23RD STREET CLEVELAND, OH 44114
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/2011	Payee name ARLINGTON CHAMBER OF COMMERCE
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Amount (\$) 150.00	Payee address; City; State; Zip Code 505 EAST BORDER ARLINGTON, TX 76010
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MEMBERSHIP	Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/23/2011		5 Payee name ROBODALL.ORG			
6 Amount (\$) 124.73		7 Payee address; City; State; Zip Code 312 WOODLAND AVE MEDIA, PA 19063			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (if travel outside of Texas, complete Schedule T) AUTOMATED CALLS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/24/2011		Payee name DALLAS VIETNAMESE RADIO			
Amount (\$) 300.00		Payee address; City; State; Zip Code 2202 NEW YORK AVE ARLINGTON, TX 76010			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (if travel outside of Texas, complete Schedule T) RADIO AD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/27/2011		Payee name HOTCARDS.COM			
Amount (\$) 330.00		Payee address; City; State; Zip Code 1600 EAST 23RD STREET CLEVELAND, OH 44114			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (if travel outside of Texas, complete Schedule T) MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/29/2011		Payee name HOTCARDS.COM			
Amount (\$) 1,405.71		Payee address; City; State; Zip Code 1600 EAST 23RD STREET CLEVELAND, OH 44114			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (if travel outside of Texas, complete Schedule T) SORTING AND POSTAGE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule F: <p style="text-align:center;">4</p>	2 FILER NAME <p style="text-align:center;">MARVIN SUTTON</p>	3 ACCOUNT # (Ethics Commission Filers)		
4 Date <p style="text-align:center;">5/1/2011</p>	5 Payee name <p style="text-align:center;">RON'S FLYER SERVICE</p>			
6 Amount (\$) <p style="text-align:center;">375.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center;">214 S. MAIN ST STE 214 DUNCANVILLE, TX 75114</p>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center;">CONTRACT LABOR</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">FLYERS DISTRIBUTION</p>		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date <p style="text-align:center;">5/1/2011</p>	Payee name <p style="text-align:center;">HOTCARDS.COM</p>			
Amount (\$) <p style="text-align:center;">260.49</p>	Payee address; City; State; Zip Code <p style="text-align:center;">1600 EAST 23RD STREET CLEVELAND, OH 44114</p>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">PRINTING EXPENSE</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">FLYERS</p>		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
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Candidate / Officeholder name	Office sought	Office held		

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