

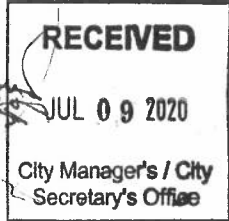
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Deborah	MI N	OFFICE USE ONLY			
	NICKNAME Deb	LAST Armintor	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2003 Mistywood Ln	CITY; Denton	STATE; TX	ZIP CODE 76209			
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 300-9857	EXTENSION		Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Marshall	MI N	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST Armintor	SUFFIX	Receipt #	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 2003 Mistywood Ln		CITY; Denton	STATE; TX	ZIP CODE 76209		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 300-8129	EXTENSION	Date Processed		
9 REPORT TYPE	<input 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 checked="" 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 1	Day 1	Year 2020	THROUGH	Month 6	Day 30	Year 2020
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month 11	Day 3	Year 20	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	Denton City Council At Large Place 5						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

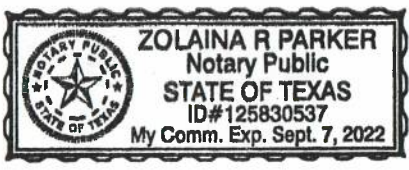
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Deb Armintor	15 Filer ID (Ethics Commission Filers)
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16 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	


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 537.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,712.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 33.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 33.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,729.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



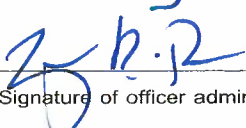
AFFIX NOTARY STAMP / SEAL ABOVE

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 Deborah N. Armintor, this the 9th day of July, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Zolaina R. Parker

 Printed name of officer administering oath

Deputy City Sec. / Notary

 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Deb Armintor		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,712.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Deb Armintor		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Gutierrez	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 10786 FM 2153 Sanger TX 76266		
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) MHMR Denton
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Swan	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1413 Cambridge Ln Denton TX 76209		
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) IFM
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark and Jennifer Gale	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3513 Ocean Drive Denton TX 76210		
Principal occupation / Job title (See Instructions) Puppeteer / teacher		Employer (See Instructions) self-employed / Denton ISD
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Zoltner	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2501 Timber Trail Denton TX 76209		
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) self-employed

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Deb Armintor

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/20

5 Full name of contributor

out-of-state PAC (ID#: _____)

Alan and Wanda Needleman

6 Contributor address;

City;

State; Zip Code

1910 Emerson Ln Denton TX 76209

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Professor / retired

9 Employer (See Instructions)

Texas A&M University

Date

2/29/20

Full name of contributor

out-of-state PAC (ID#: _____)

Jim Cinnater

Contributor address;

City;

State; Zip Code

2725 Claydon Drive Denton TX 76207

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

3/25/2020

Full name of contributor

out-of-state PAC (ID#: _____)

Jim Owen

Contributor address;

City;

State; Zip Code

2007 Teasley Ln, Apt 109 Denton TX 76205

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Bus Operator

Employer (See Instructions)

NTMC

Date

6/03/20

Full name of contributor

out-of-state PAC (ID#: _____)

Sandy Swan

Contributor address;

City;

State; Zip Code

1413 Cambridge Ln Denton TX 76209

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Admin Assistant

Employer (See Instructions)

IFM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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