# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MYS. Mary Tom	MI	OFFICE USE ONLY  Date Received
: :	Mrs. Mary Tom  NICKNAME LAST  CHYPUTH	SUFFIX	
	Curnutt		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE#: CITY:	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE		EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Dr. Moody	MI	Date/Imaged
	Dr. Moody NICKNAME Alexander	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE			
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 0 / 30 /	701Y
11 ELECTION	Month Day Year Primary  BLECTION TYPE  Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  Tarrant County Justi	13 OFFICE SOUGHT (if known)	
	Tarrant County Justi Justice of the Reace for 2	2 Same	·
	GO TO PAC	GE 2	

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	My Tom	Curnutt 15 AC	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY P HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	<b>—</b>	Arlington Police Assoc PA		
	GENERAL	COMMITTEE ADDRESS	<b>3 5 5 7</b>	
	SPECIFIC	PO BOX 856		
		Arlington 12 1 Louy		
		JOHN ETT C, BUTTON		
additional pages		( MAKE received 38-14 that advicer	wenditure was ma	
·		(NATION PECEINA 38-14 HATALITECT COMMITTEE CAMPAIGN TREASURER ADDRESS ON BEHAVE OF PO BOX 8514 DM PM. POLICE AND MANAGEMENTS. TO COUY	Maniton Cumulte c. Assoc. DAC)	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	,	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,531-	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 27,847.60			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 797,79	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
18 AFFIDAVIT				
	YVETTE M. HARP otary Public, State My Commission E. January 31, 20	of Texas me under Title 15, Election Code.	wation required to be reported by	
AFFIX NOTARY STAM	P / SEAL ABOVE			
Sworn to and subs	of July	me, by the said Mary Ton Curnut, 20 14, to certify which, witness my ha	, this the	
Signature of officer admi	1- Darper	Yvette M. Harper	Notary	

	CAL CONTRIBUTIONS	·
OTHER	THAN PLEDGES OR LOANS	SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	T. C. 11-	3 ACCOUNT # (Ethios Commission Filers)
Mar	y Tom Curnutt	
4 Date	Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)   8 In-kind contribution (\$)   2 description (if applicable)
2-28-14	6 Contributor address; City; State; Zip Code 3603 Par Ker Trail	\$500
	Dalworkington Gardens, TS	(If travel outside of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer	(See Instructions)
Date	Full name of contributor . □ out-of-state PAC (ID#	Amount of In-kind contribution
	Arlington Police Association Pl	contribution (\$) description (if applicable)
3-8-14	Contributor address; City; State; Zip Code	¥356
	Arlmgton. TO 76004	519115
		(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of In-kind contribution
	Marianne Petrolli	contribution (\$) description (if applicable)
21-14	Contributor address; City; State; Zip Code  133 Sundance	5/00-
	Arlington. The 76006	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor  ut-of-state PAC (ID#:	Amount of In-kind contribution
	Giv + Susan Matingly	contribution (\$) description (if applicable)
2-28-14	Contributor address; City; State; Zip Code  15 N Larmer # 30	6100-
	Denver CO SUZOZ	
Principal occup		(If travel outside of Texas, complete Schedule T) (See Instructions)
- Tilleipai occup	ation / 300 title (Gee manactions)	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$); description (if applicable)
	Mike + Valence Mundelle	contribution (a) description (ii applicable)
2-24-14	Contributor address; City; State; Zip Code  [ West Wieward.	100-
	Atlanta, GA 30342	
Principal occup		(If travel outside of Texas, complete Schedule T) (See Instructions)
-		

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

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		99 Y	TARENTE A FILE
The	Instruction Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAME	Tom Curnutt		3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 神-kind contribution description (if applicable)
34-14	6 Contributor address; City; State; Zip Code 1723 Parkings Terr.		¥ 100-	
	Arlington, TI 76012		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 E	mployer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-24-14	Contributor address: City; State; Zip Code	, <sub>p</sub> + 6.	\$350-	•
	Arlington, Th 76012		(If travel outside o	of Texas, complete Schedule T)
Principal occup		Employer (See Ir		
Date	Full name of contributor  uut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
21.11	Contributor address; City; State; Zip Code	<b>*</b>	An	
31-14	2609 Lus Olivos Lane		25	
	MA WWAL ,TX 76131		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	ut	Amount of contribution (\$)	In-kind contribution description (if applicable)
31744	KULY + Mary Tom Curnu Contributor address; City; State; Zip Code 505 S. FICILLY Rd.		3,000	
	Arlington ite 76013		(If travel outside o	of Texas, complete Schedule T)
Principal occup		Employer (See Ir		Tribado, comprete de la casa in 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
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If c	ATTACH ADDITIONAL COPIES OF THIS contributor is out-of-state PAC, please see instruction			requirements.

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX	B(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimb	ursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipme	nt & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations	
Event Expense	Polling Expense	Travel Out Of District		er/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	· ~ 🗀	ry nor-listed above)
	The Instruction Guide	e explains how to complete this		James Jacob Marie
1 Total pages Schedule F:	2 FILER NAME			hics Commission Filers)
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4 Date	5 Payee name		True i	graduate graduate
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	7/1/1/05/10/			
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Descrip	tion (If travel outside of Texas, con	nplete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	e Office so	ought	Office held
expenditure to benefit C/C	vn 			
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J-1-17	Prilizena	heta Faterni	19	
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<b>4500</b>	No 114. Hottes	7		
	Arimann, 14	16013		
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expenditure to benefit C/C	iH .			
Date	Payee name			
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, Amount (\$)	Payee address; City; St	ate; Zip Code		
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PURPOSE	Category (See categories listed at the to		tion (If travel outside of Texas, cor	mplete Schedule T)
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expenditure to benefit C/	<b>ОП</b>			
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	AS NEEDED	

### **POLITICAL EXPENDITURES**

### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME Curnutt	
13-17-14	Booker Industries	
\$89739b	2344 Frying Blvd. Dallas, R. 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertsing	(b) Description (If travel outside of Texas, complete Schedule T)  Marlers / Postage
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
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Amount (\$)	Payee address; City; State; Zip Code  ILII TYAPELÜRA, WALSHA  WWW-Constant Cont	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Adversising Expense	Description (If travel outside of Texas, complete Schedule T)  Web Hostine
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
5-16-14	Constant Contact	
Amount (\$) 83724	Payee address: City: State: Zip Code 1601 Trapely Rol., Wal. WWW.Corrsportantantact.C	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 2-18-14	Payee name  Constant Contact	
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	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

(512) 463-5800

(TDD 1-800-735-2989)

## **POLITICAL EXPENDITURES**

SCHEDULE F

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	Y: E
1 Total pages Schedule F:	2 FILER NAME CUMPUTT		3 ACCOUNT # (Ethics Commission Filers)
3-13-14	5 Payee name Hayland Clarke		
6 Amount (\$) <b>5</b>   6   17	7 Payee address; City; State; Zip Code  1031 Laurete 7: 782  San Antonio, 17 782	49	STRATE OF STRATE
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	A1	rel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
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PURPOSE OF	Category (See categories listed at the top of this schedule)	10.	el outside of Texas, complete Schedule T)
EXPENDITURE	Candidate / Office Holder name	(Nat)	Office held
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3ny	Booker Indusing		
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Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

## SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete th	Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 ACGOUNT# (Ethica Commission Filers)
4 Date	5 Payee name	a of	10 E 2T
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	7 P 000
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8 PURPOSE OF EXPENDITURE	(a) Category (Sol categories listed at the to		ption (If travel outside of Texas, complete Schedule T)  Fr fun Poll STKS
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PURPOSE OF EXPENDITURE	Consulting Ex	pense Vic	1my Binus
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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Accounting/Banking		ion/Fundraising Expense	Transportation Equipment & Related Expense
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rees		Overhead/Rental Expense	OTHER (enter a category not listed above)
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4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State; Zip	Code	The state of the s
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Reimbursement from	313 2.000 101 3.		
political contributions intended	Arlangton, 17. 760	12	
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