JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / MS/MRS/MR FIRST MI OFFICEHOLDER NA MARY TAIR	OFFICE USE ONLY
OFFICEHOLDER MYS. Mary Tom	Date Received
4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE OFFICEHOLDER MAILING ADDRESS	Date Hand-delivered or Postfiarked R F
change of address	Recently Amount
5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER PHONE	Date Processe = CM
6 CAMPAIGN TREASURER NAME  MS/MRS/MR FIRST  MI  MV0dY  NICKNAME  LAST  SUFFIX	Date Imaged TO NOT NOT NOT NOT NOT NOT NOT NOT NOT
Alexander	1
7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ADDRESS (residence or business)	ZIP CODE
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION 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 [imit	Final report (Attach C/OH - FR)
10 PERIOD Month Day Year THROUGH 12 /31	Year Ool Y
11 ELECTION    BLECTION DATE   Day Year   Primary   Runoff   Primary	General Special
12 OFFICE OFFICEHELD (if any)  Tarrant County  13 OFFICE SOUGHT (if known)	
Tarrant County Justice of the Peace, Par. 2 Sar	ne

**GOTO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

	- TOTALO		OOVER SHEET PG 2
14 C/OH NAME	aryTom	Curnutt	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DATE'S OR OF TOEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ARRAI IS JAN FRAN CTIONS
	GENERAL	COMMITTEE ADDRESS	NT CO
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	OUNT OUNT LLIPS INISTR
additional pages	e see	COMMITTEE CAMPAIGN TREASURER ADDRESS	ATOR 3
			*
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$ —
	4. TOTAL	POLITICAL EXPENDITURES	\$ 539 40
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$ 353 °1
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ -
18 AFFIDAVIT	NANCY GRIG NOTARY PUB STATE OF TEX My Comm. Exp. 02-22	true and correct and includes all in under Title 15, Election Code.  LIC (AS -2015	f perjury, that the accompanying report is information required to be reported by me
AFFIX NOTARY STAI		M	
Sworn to and subs	scribed before of Janus	me, by the said MARY Tom Cur Ary, 20 15 , to certify which, witness r	ny hand and seal of office.
Signature of officer admin	Drigg	Nancy Griggs Print name of officer administering oath	Notary Title of officer administering oath

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME	any Tom Curnut		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor   Dout-of-state PAC (ID#	. Women	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9-1-14	6 Contributor address; City; State; Zip Code PO BOX 161613, FW.TX	76185-1613	(If travel outside of	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job t	title	
11 Contributor's employer/law firm  NA  12 Law firm of contri		butor's spouse (if any)		
	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution  description(if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of	TARRANIES SCHOOL
Contributor's p	rincipal occupation	Contributor's job t	title	AN COU
Contributor's e	mployer/law firm	Law firm of contrib	outor's spouse (if any	YAIS Sal I:II
If contributor is	a child, law firm of parent(s) (if any)	1100		9
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		 	
				of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job t	title	
Contributor's e	Contributor's employer/law firm Law firm of contributor's spouse (if any)		)	
If contributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

(512) 463-5800

POLITICAL	EXPENDITURES		SCHEDULE F	
			R 20 J	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Solicitation/Fund Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/C Foolitation/Fund Travel In District Travel Out Of District Office Overhead/I	Contract Labor Loan Repayer Transportation Expense Contributions Candidate OTHER (enter	nent/Reparse that ARR ARR ARR & Mated ARR ARR ARR ARR ARR ARR ARR ARR ARR AR	
4 Tatal manage Cabadula Fu	The Instruction Guide explains how to o	complete this form.	<u> </u>	
1 Total pages Schedule F:	2 FILER NAME TOM CUMU	H 3 ACC	UNT # (Filers)	
4 Date 7-16-14	Constant Contact		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
6 Amount (\$)		<b>b. A. c. c. c.</b>		
*37些	7 Payee address; City; State; Zip Code 1601 Trapelo Rd, Waltha WNW. On STANT Contact.	e m		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertising Lipun Sc	(b) Description (If travel outside web Host	ins	
		Check if Austin, TX, officeh		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
8-18-14	Constant Contact			
Amount (\$)	Pavee address: City: State: Zin Code	4 4		
*37 <sup>24</sup>	1601 TrapeloRd, Waltha WWW.Constant Contac	n MA 0095 t.com		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside Web Hostin	e of Texas, complete Schedule T)	
EXPENDITURE	Adversing & ypense	Check if Austin, TX, officeh	older living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Pate 9-16-14	Payee name Constant Contact			
53724	Payee address; City; State; Zip Code 1601 Trapelo Rol, Walth www.constant Contact		71	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside the hosting	e of Texas, complete Schedule T)	
EXPENDITURE	Adversingexpense	Check if Austin, TX, officeh	•	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date 10-15-14	Payee name Cumutt + Hafir			
**************************************	Payee address; City: State; Zip Code    VU E. Park IWW  Arlmgton 17 76010	)		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Ad Legatis in a Expense	Description (If travel outside Add Check if Austin, TX, officeh	e of Texas, complete Schedule T)	
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Complete ONLY if direct expenditure to benefit C/	ОН		22 100	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to design to the control of	Contract Labor Loan Re raising Expense trict Canc Rental Expense	payment Reimbyrsement Related ions/Donatons Made Byrding attended and the control of the control
1 Total pages Schedule F:	2 FILER NAME Tom Curnutt	3 A	CCOUNT # (Ethics Commission Filers)
4 Date 16-14	5 Payee name Contact		Y 19 ATOR
# 425b	1601 Trapelated Walthan  WWW.Constant Contact	MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advents ma Expense	_ Webtus-	nutside of Texas, complete Schedule T)  The state of Texas, complete Schedule T)  The state of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 11-17-14	Payee name Constant Contact		
Amount (\$)  4252	Payee address; City; State: Zip Code 1601 Trape to Rd, Wal Www. Constact Cont	than MA act. 60m	02421
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advisors  Category (See categories listed at the top of this schedule)	_ Weblti	outside of Texas, complete Schedule T)  Sting  ficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 12-16-14	Constant Contact	-	
Amount (\$)	Payee address; City; State; Zip Code 1601 Trapelo Rd, Ud www. Constant Con	than m	121180 A
PURPOSE OF	Category (See categories listed at the top of this schedule)	_ Neb H	
Complete ONLY if direct expenditure to benefit C/O	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)		outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
experience to bottom of	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	<b>ĒD</b>