4

**CANDIDATE / OFFICEHOLDER** 

FORM C/OH

CAMPAIG	N FINANCE REPORT		COVER SHEET PG 1
The C/OH Instruction (	Guide explains how to complete this for	m. 1 ACCOUNT # (Ethics Commission Filers)	<sup>2</sup> Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs. Mary 7 NICKNAME LAST Curnut	OM	Date Received
	NICKNAME LÄST	SUFFIX	FEB FEB
	Current	F	B AS B 2 FE
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
MAILING			Date Hand-delivered or Postmarked
ADDRESS		r	
change of address	-	<u>,</u>	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER		INSION	Date Processed
PHONE	_		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
	Dr. Moodi		
NAME	NICKNAME LAST	SUFFIX	• <b>1</b>
	Dr. Moody NICKNAME LAST Hexand	er	
	······································		ZIP CODE
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE#; CITY; STATE;	
ADDRESS			
(residence or business)			
		·	
8 CAMPAIGN			
TREASURER			
PHONE			
9 REPORT TYPE			
	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment
		ection Exceeded \$500	(officeholder only)
	July 15 X 8th day before ele	limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month Day	Year
0012112	1/24/14	ough 2/22	14
11 ELECTION	ELECTION DATE ELECTION TY	PE	
	Month Day Year 🗙 Primary	Runoff	General Special
	3/4/14		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known	1)
	larvant County		
	Justice of the Peace,	0 0	ame
· ·	Justice of the leace.	Pet. 2	

JIOPAGEZ S.

. Texas Ethics Commission

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME M	ary Tel		S ACCOUNT #	Ethics Comm	ission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFIC	EHOLDER'S KNON	LEDGE
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME DFW CONSENATIONE VDERS COMMITTEE ADDRESS PO BUX 173065	PAC	27 P	
additional pages		Arlington, TR. 76003 committee campaign TREASURER NAME StWart Lane (Nonce record 2-22-14 Hatadirect T committee campaign TREASURER ADDRESS OF Man PO BOX 173065 VOLONS	(spendin 1 Tun Cu PPZ-)		DEWCONSENCEN
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	307	1.25
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	zed \$	12,248	7.49
	4. TOTAL	POLITICAL EXPENDITURES	\$	12,248	.49
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	×Y \$ /	0,83	4.05
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	<sup>HE</sup> \$	•	

#### 18 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

administeri

Sworn to and subscribed before me, by the said <u>Mary Tom Curnutt</u> <u>2414</u> day of <u>February</u>, 20 <u>14</u>, to certify which, witness my hand and , this the NANCY GRIGGS Nancy Griggs Printed name of officer administering oath JBLIC

Sig

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	Mary Tom Curnutt		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Dr. Mark R. Hanson	<u>_</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-13-14	6 Contributor address; City; State; Zip Code 2705 Bufler Pr.	7	50-	
9 Principal occup	Arlington, TR 76017 Dation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (10#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-11-14	2704 Shelter Woud Angton TX 76014		9680	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (10#	Nilson	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-27-14	Contributor address; City; State; Zip Code P.O. BUX Z82 AFOTH WOYTH, TX 74101		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	<b>~</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-11-19	3305 Cambridge pr. Arlington, T2 76013		(If travel outside	of Texas, complete Schedule
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	FEB 2
Date 5-10-14	Full name of contributor out-of-state PAC (ID#_ Dim & CA\$OLYN CASS Contributor address; City; State; Zip Code TUZ FIND (AYD)	elberry	Amount of contribution (\$)	In-Kind contribution description (if applicable)
Principal occu	Anington TP 7601	Employer (See I		of Texas, complete Schedule T)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	Mary Ton Curnus	4	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Din + Cristy Duke	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-19-14	6 Contributor address; City; State; Zip Code 2RUG MUSTle to CCt	••••	310000	
9 Principal occup	Arlington TZ 760 ation / Job title (See Instructions)	3		of Texas, complete Schedule T)
		10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-1-14	Contributor address; City; State; Zip Code 327 Whirlaway SA, Cladenater, R 7564		\$ 50°2	
7	Oledenator, R. 7504-	7		of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ TANS + Nine Cope	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-28-14	Contributor address; City; State; Zip Code 3818 Plum Vista Pla	ce	<sup>eg</sup> 150 <sup>cr_</sup>	
Dringing! occur	AM. TO T6005 ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor $\text{out-of-state PAC (ID#)}$ Hun. Steve $M \stackrel{<}{=} C_0$	llum	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-20-14	PO. BOX 172202	2	242 <sup>45</sup>	- -
	Arlington, TV 7600			of Texas, complete Schedule T)
Principal occup	ation / Job title (Se <del>é I</del> nstructions)	Employer (See I	instructions)	B E 2
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution >
2-9-14	Contributor address; City; State; Zip Code 1212 Old Oak Ct.		9 485-20	IB 24 IB 24 INS ADM
	Misco, TR 75034		(If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
		č.		a c

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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(512) 463-5800

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	Many Tom Curnut	t	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
1-27-¥	6 Contributor address; City; State; Zip Code P.O.BUL J244	675	stable	description (if applicable)
	AUSHN, TR 78768		(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
	Contributor address; City; State; Zip Code	N Fon Forcen	contribution (\$)	description (if applicable)
1-5-14	guy Collier St.		500	· · · · ·
	Fortwork, TX 76107	2	(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
2-18-14	Hun. Roy + Gayle Engl Contributor address: City; State: Zip Code 514 Oak Forest	BL	500 contribution (\$)	description (if applicable)
	Lange Torest		(If travel outside a	of Texas, complete Schedule T)
Principal occup	Detion / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	TAN 2014 2014
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In kind contribution description (if applicable)
	Contributor add ress; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		108 O3

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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 Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Event Expense Polling Expense Travel Out Of District 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: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) urnutt 4 Date 5 Payee nam 12 S 6 Amount 7 Payee address: 201 Road to Six Hags (a) Category (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE 8 OF EXPENDITURE HISING Office sough Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1-29-14 Amount (\$) City; State: Payee address; Irwing Blud 21.34 1,565.30 75207 Dallas TX Category (S Description (If travel outside of Texas, complete Schedule T) PURPOSE ries listed at the top of this schedule OF EXPENDITURE 'nting Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code Booker City; State; Amount (\$ Payee address; 2344 Farnwston 628.10 75207 Dallas, TX Description (If travel outside of Texas, complete Schedule T) Category (See PURPOSE OF ailers & Postage EXPENDITURE SIMS Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 2-3-14 Zip Code Amount (\$ ern Mradow Category (Se Description (If travel outside of Texas, complete Schedule T) ategories listed at the top of this schedu PURPOSE OF Internet EXPENDITURE Onsultin Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES

#### SCHEDULE F

	EXPENDITU	RE CATEGORIES F	OR BOX 8(a)	30	m	2
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con	tract Labor Loa	n Repayment R	eimbursemen	2 2
Accounting/Banking	Legal Services	Solicitation/Fundrais		sportation Equi		
Consulting Expense	Food/Beverage Expense	Travel In District	Cor	tributions/Dona	tions Made By	$m \leq$
Event Expense	Polling Expense	Travel Out Of Distri		Candidate/Office	Sec. 10	
Fees	Printing Expense	Office Overhead/Re	ntal Expense OTI	IER (enter a ca	tegory not list	et above)
	The Instruction Gu	ide explains how to c	omplete this form.		27	
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Con	mission File
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Date /	5 Pavee name				100	1.0
	5 Fayee mainle	Graphic	• · · ·		50	0
2-6-14	20 X	Craphic	<u> </u>		ž.	ω.
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1565.30	Pallas	TX 7520	7			
PURPOSE	(a) Category (See categories listed at the		(b) Description (If tra	vel outside of Texa	s, complete Sche	edule T)
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EXPENDITURE	Printing		7ard	Sign	5	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder na OH	me	Office sought		Office	neld
Date	Payee name	1 11	1			
2-7-14	Whee	State; Zip Code	rtising			
Amount (\$)	Payee address; City; 600 Si'x Flo	State; Zip Code	Cuite 226			
3288.36		X 76011				
PURPOSE	Category (See categories listed at th		Description (If tra	vel outside of Texas	, complete Sche	dule T)
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Bato		Desot				
2-7-14						
2-7-14 Amount (S)	Pavee address: City:	State: Zio Code				
2-7-14 Amount (\$)	Pavee address: City:	State; Zip Code	Tacs			
	Pavee address: City:	State: Zip Code d to Six P TX 760				
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Amount (\$) 202.63 PURPOSE OF	Payee address; City; 20/ Loo Arris	d to Six F TX 760	9//	ivel outside of Texa	s, complete Sche	idule T)
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Amount (\$) 202.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date	Payee address; City; 20/ 20/ Category (See categories listed at the Adverted String Candidate / Officeholder na	the top of this schedule)	Description (if tra Office sought	veloutside of Texa	-	
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(512) 463-5800

# POLITICAL EXPENDITURES

### SCHEDULE F

Advertising Evenne		RE CATEGORIES FO		BY	Ē	20	1
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense	Salaries/Wages/Contr		an Repayment/R		ent	3
	Legal Services	Solicitation/Fundraisin	• • •	ansportation Equi			ēlīše
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Dona	tions Made	BYT	20
Event Expense	Polling Expense	Travel Out Of District		Candidate/Office	eholdigi/Poli	itioaPCom	mittee
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		de explains how to co	mplete this form.			-0-	$r_{2}r$
Total pages Schedule F:	2 FILER NAME Mary	Tom Co	mutt	3 ACCOUNT	# (Ethics C	ommission	Filen
Date	5 Pavee name				ALC	- <u></u>	
2-9-14	Hom	e Depot		arran er förstade som	ŝ	ω. 	· · · ·
Amount (\$)	7 Payee address; City;	State; Zip Cöde	-lana				
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PURPOSE	(a) Category (See categories listed at the	top of this schedule) (I	b) Description (If t	ravel outside of Texas	s, complete S	chedule T)	
OF EXPENDITURE	Adventi's	49	T-Pa	2575			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder nan OH	ne	Office sought		Offic	e held	
Date 2-13-14	Payee name	House				· · · · · · · · · · · · · · · · · · ·	
Amount (\$)		State; Zip Code					
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EXPENDITURE	Event		1a	od .			
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder nan OH	ne	Office sought	· · ·	Office	e held	
Date	Payee name						
2-13-14	TC-TGM(	2rp.					
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	1700 Chip-						
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OF	At1. 7	TX 76012	Description (If t	ravel outside of Texas	s, complete So	chedule T)	
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OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the Advantistication Candidate / Officeholder name	e top of this schedule)	Description (If t				
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C// Date 2-/3-/4	Category (See categories listed at the Adwardships) Candidate / Officeholder nam OH Payee name Saigen Rad Payee address; City;	e top of this schedule)	Description (If t				
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C// Date 2-/3-/4	Category (See categories listed at the Admosfice of the Admosfice of the A	TX 760/2 a top of this schedule) M me HIO State; Zip Code Me LA.	Description (If t				
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C// Date 2-/3-/4 Amount (\$)	Category (See categories listed at the Admosfice of the Admosfice of the A	TX 760/2 a top of this schedule) State: Zip Code State: Zip Code State: 7X 752	Description (If the sought of		Office	e held	
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/U Date 2-/3-/4 Amount (\$) //000	Category (See categories listed at the Admotist / Candidate / Officeholder nar OH Payee name Saigen Rad Payee address; City; 10935 Estau Dallas,	TX 760/2 a top of this schedule) State: Zip Code State: Zip Code State: 7X 752	Description (If the sought of	`e ≥+ 'he	Office	e held	

# POLITICAL EXPENDITURES

### SCHEDULE F

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EXPENDITU	RE CATEGORIES F	OR BOX 8(a)			
		tract Labor	Loan Repayment		• .
Legal Services	-				
Food/Beverage Expense	Travel In District		Contributions/De	onations Marine B	, 20
Polling Expense	Travel Out Of Distr		Candidate/O	fficeholder/Politic	al Committee
Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a	a category not lis	ed above)
The Instruction Gu	ide explains how to c			2 m	
2 FILER NAME	A		3 4000	INT # /Ethics Con	
	Taile	4	3 10000	42 14	imission Fliers)
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Payee address; City;	State; Zip Code				
-		-			
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Category (See categories listed at th			(If travel outside of T	Texas, complete Sche	dule T)
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Candidate / Officeholder na	e top of this schedule)	Description 7- Office sought	Posts	-	
Candidate / Officeholder na	e top of this schedule)	Description 7- Office sought	Posts	-	
Candidate / Officeholder na	e top of this schedule)	Description 7- Office sought	Posts	-	
Candidate / Officeholder na H Payee name Jim D Payee address; City;	te top of this schedule)	Description 7- Office sought	Posts	-	
Candidate / Officeholder na H Payee name Jim D Payee address; City;	te top of this schedule)	Description 7- Office sought	Posts	-	
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	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Gu 2 FILER NAME Mary 5 Payee name M. Benjam 7 Payee address; City; D.O. Box HI. (a) Category (See categories listed at the Event Candidate / Officeholder na H Payee name HOMC Payee address; City;	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District T	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this for 2 FILER NAME Mary Tom Curnutt 5 Payee name <u>M. Benjam'n Desisns</u> 7 Payee address; City; State; Zip Code <u>P.O. Box 152321</u> <u>HI. TX 76015</u> (a) Category (See categories listed at the top of this schedule) Payee name <u>M. Benjam</u> <u>Candidate / Officeholder name</u> <u>Marky Depote</u> Description <u>Fuent</u> Payee name <u>M. Benjam</u> <u>Candidate / Officeholder name</u> <u>M. Marky Depote</u> <u>D. Description</u> <u>T. Candidate / Officeholder name</u> <u>M. Marky Depote</u>	Gift/Awards/Memorials Expense       Salaries/Wages/Contract Labor       Loan Repayme         Legal Services       Solicitation/Fundraising Expense       Travel In District       Contributions/D         Polling Expense       Travel In District       Contributions/D       Contributions/D         Polling Expense       Travel Out Of District       Contributions/D       Candidate/O         Printing Expense       Office Overhead/Rental Expense       OTHER (enter at the instruction Guide explains how to complete this form.         2       FILER NAME       3 ACCOL         Mary Tom Curnutt       3 ACCOL         5       Payee name       3 ACCOL         M.       Beag am'n Desistas       3 ACCOL         7       Payee address;       City; State; Zip Code       1         Addit / Officeholder name       Office sought       To Shirks         Candidate / Officeholder name       Office sought       To Shirks         Payee name       Mome Depat       To Shirks         H       Payee name       Office sought	Legal Services       Solicitation/Fundraising Expense       Transportation Edupment & Rela         Food/Beverage Expense       Travel In District       Candidate/Officeholder/Politic         Poiling Expense       Travel Out Of District       Office Overhead/Rental Expense       OTHER (enter a category not list         Printing Expense       The Instruction Guide explains how to complete this form.       Image: Candidate/Officeholder/Politic         2       FILER NAME       Image: Candidate/Officeholder/Politic       OTHER (enter a category not list         5       Payee name       Image: Categories listed at the top of this schedule)       Image: Category (See categories listed at the top of this schedule)       Image: Category (for each officeholder name)         Candidate / Officeholder name       Office sought       Office sought       Office listed         Payee name       Image: Category (State; City; State; Zip Code       Image: Category (See categories listed at the top of this schedule)       Image: Category (See categories listed at the top of this schedule)       Image: Category (State; City; State; Zip Code         Payee name       Image: City; State; Zip Code       Image: Category (State; City; State; Zip Code       Image: Category (State; City; State; Zip Code         Payee name       Image: City; State; Zip Code       Image: Category (State; Zip Code       Image: City; State; Zip Code