

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: <div style="font-size: 2em; text-align: center;">9</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mrs. Mary Tom</i> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;"><i>Curnutt</i></div>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: 0.8em; margin: 0;">Receipt # Amount</p> <p style="font-size: 0.8em; margin: 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 0;">Date Imaged</p> </div> <div style="font-size: 0.7em; margin-top: 5px; text-align: center;"> FILED TARRANT COUNTY FEB 24 PM 2:03 STEVE RABO ELECTIONS ADMINISTRATOR AM </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE										
5 CANDIDATE / OFFICEHOLDER PHONE	EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Dr. Moody</i> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;"><i>Alexander</i></div>										
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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;">30th day before election</td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td style="text-align: center;">July 15</td> <td style="text-align: center;">X 8th day before election</td> <td style="text-align: center;">Exceeded \$500 limit</td> <td style="text-align: center;">Final report (Attach C/OH - FR)</td> </tr> </table>			January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	July 15	X 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)								
July 15	X 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em; text-align: center;"> <i>1 / 24 / 14</i> <i>2 / 22 / 14</i> </div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em; text-align: center;"> <i>3 / 4 / 14</i> </div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em; text-align: center;"> <i>Tarrant County Justice of the Peace, Pet. 2</i> </div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;"> <i>Same</i> </div>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mary Tom Curnutt

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

DFW Conservative Voters PAC

SPECIFIC

COMMITTEE ADDRESS

*PO Box 173065
Arlington, TX 76003*

COMMITTEE CAMPAIGN TREASURER NAME

Stuart Lane

COMMITTEE CAMPAIGN TREASURER ADDRESS

*PO Box 173065
Arlington, TX 76003*

where received 2-22-14 that a direct expenditure was made on behalf of Mary Tom Curnutt by DFW Conservative Voters PAC

FILED
2014 FEB 24 PM 12:03
ELECTORAL ADMINISTRATION
COMMISSION

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3071.25

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

~~12,248.49~~

4. TOTAL POLITICAL EXPENDITURES

\$

12,248.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

10,834.05

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Mary Tom Curnutt

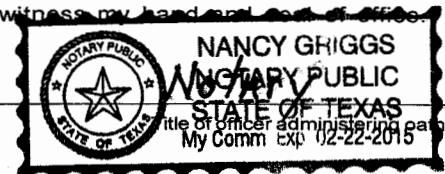
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Tom Curnutt, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Nancy Griggs
Signature of officer administering oath

Nancy Griggs
Printed name 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: 3	
2 FILER NAME Mary Tom Curnutt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-13-14	5 Full name of contributor out-of-state PAC (ID#: Dr. Mark R. Hanson	7 Amount of contribution (\$) \$ 50-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2705 Butler Dr. Arlington, TX 76012		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-11-14	Full name of contributor out-of-state PAC (ID#: Andrew Seibert	Amount of contribution (\$) \$ 96.80	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2704 Shelterwood Arlington, TX 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-27-14	Full name of contributor out-of-state PAC (ID#: John Dotson + Sharen Wilson	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 282 Ft Worth, TX 76101-0282		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-11-14	Full name of contributor out-of-state PAC (ID#: Kent + Amy Homeyer	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3305 Cambridge Dr. Arlington, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-10-14	Full name of contributor out-of-state PAC (ID#: Don + Carolyn Casselberry	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 702 Findlay Dr Arlington, TX 76012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY
 2014 FEB 20 PM 12:03
 STATE ETHICS COMMISSION
 ELECTIONS DIVISION
 INSTRUCTOR

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: 3	
2 FILER NAME Mary Tom Curnutt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-19-14	5 Full name of contributor out-of-state PAC (ID#) Don + Cristy Duke	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2906 Mistletoe Ct. Arlington TX 76013	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-1-14	Full name of contributor out-of-state PAC (ID#) Colt Ables	Amount of contribution (\$) \$ 150⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 327 Whirlaway St. Gladewater, TX 75647	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-28-14	Full name of contributor out-of-state PAC (ID#) Travis + Nina Cope	Amount of contribution (\$) \$ 150⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3818 Plum Vista Place AM. TX 76005	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-20-14	Full name of contributor out-of-state PAC (ID#) Hon. Steve McCollum	Amount of contribution (\$) \$ 242⁴⁵	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code PO. Box 172202 Arlington, TX 76003	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-9-14	Full name of contributor out-of-state PAC (ID#) Don Rodney Joe	Amount of contribution (\$) \$ 485²⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1212 Old Oak Ct. Frisco, TX 75034	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY
 2014 FEB 24 PM 2:03
 CLERK OF COURTS
 STEVE HARBO
 ELECTIONS ADMINISTRATOR

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: 3	
2 FILER NAME Mary Tom Curnutt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-27-14	5 Full name of contributor Texas Assoc. of Realtors out-of-state PAC (ID#): _____	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-5-14	Full name of contributor Tarrant County Law Enforcement out-of-state PAC (ID#): _____	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 904 Collier St. Ft Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-18-14	Full name of contributor Hon. Roy + Gayle English out-of-state PAC (ID#): _____	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 514 Oak Forest Kennedale, TX 76060		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor 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)	
Date	Full name of contributor 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)	

FILED
 TARRANT COUNTY
 2014 FEB 24 PM 12:03
 STATE RABORNA
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional 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 | 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 Mary Tom Curnutt	3 ACCOUNT # (Ethics Commission Filer)
4 Date 1-24-14	5 Payee name Home Depot	
6 Amount (\$) 146.97	7 Payee address; City; State; Zip Code 201 Road to Six Flags Arl. TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) T-Posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1-29-14	Payee name Go 2 Graphics		
Amount (\$) 1,565.30	Payee address; City; State; Zip Code 2134 Irving Blvd. Dallas TX 75207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Yard Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1-29-14	Payee name Booker Industries		
Amount (\$) 628.10	Payee address; City; State; Zip Code 2344 Farnston Dallas, TX 75207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Mailers & Postage	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 2-3-14	Payee name Katrina Ferrara		
Amount (\$) 500-	Payee address; City; State; Zip Code 1901 Green Meadow Arl. TX 76013		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Internet	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Expenses
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 Mary Tom Curnutt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-6-14	5 Payee name Go 2 Graphics	
6 Amount (\$) 1565.30	7 Payee address; City; State; Zip Code 2134 Irving Blvd Dallas TX 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-7-14	Payee name Wheeler Advertising	
Amount (\$) 3288.36	Payee address; City; State; Zip Code 600 Six Flags Drive, Suite 226 Arl. TX 76011	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Design/Art
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-7-14	Payee name Home Depot	
Amount (\$) 202.63	Payee address; City; State; Zip Code 201 Road to Six Flags Arl. TX 76011	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) T-Posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-9-14	Payee name Arlington Voice	
Amount (\$) 350-	Payee address; City; State; Zip Code 5904 S. Cooper, Suite 104 Arl. TX 76017	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Internet
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Mary Tom Carnutt	3 ACCOUNT # (Ethics Commission Filer) 2014-10-01 12:03
4 Date 2-9-14	5 Payee name Home Depot	
6 Amount (\$) 37.62	7 Payee address; City; State; Zip Code 201 Road to Six Flags Arl. TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) T-Posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-13-14	Payee name Chop House	
Amount (\$) 1,000	Payee address; City; State; Zip Code 2230 W. Park Row Pantego, TX 76013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-13-14	Payee name TC-TGM Corp.	
Amount (\$) 200	Payee address; City; State; Zip Code 1700 Chip-N-Pale Dr. Arl. TX 76012	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Magazine
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-13-14	Payee name Sarger Radio	
Amount (\$) 1,000	Payee address; City; State; Zip Code 10935 Estate Ln. Dallas, TX 75238	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Radio
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL LISTED COPIES OF THIS SCHEDULE AS NEEDED

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: <i>4</i>	2 FILER NAME <i>Mary Tom Curnutt</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2-17-14</i>	5 Payee name <i>M. Benjamin Designs</i>	
6 Amount (\$) <i>550.04</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 152321 Arl. TX 76015</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>T-Shirts</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-18-14</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>20.90</i>	Payee address; City; State; Zip Code <i>201 Rd to Six Flags Arl. TX 76011</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>T-Posts</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-19-14</i>	Payee name <i>Jim DeShong Advertising</i>	
Amount (\$) <i>1193.27</i>	Payee address; City; State; Zip Code <i>1416 Clubview Ct. Arl. TX 76013</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Magnets</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED