

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">9</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mrs.      Mary Tom NICKNAME      LAST      SUFFIX Curtutt	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                  Date Received  <div style="text-align: center; font-size: 0.8em;">                     BY: [Signature]      ELECTION DATE: 2014 JUL 14 PM 1:44                      STATE AGENCY: TARRANT COUNTY      FILED                 </div>                 Date Hand-delivered or Pds/Marked                  Receipt #      Amount                  Date Processed                  Date Imaged             </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE	EXTENSION	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Dr.      Moody NICKNAME      LAST      SUFFIX Alexander	EXTENSION	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	EXTENSION		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 02 / 23 / 2014      06 / 30 / 2014		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 3 / 04 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Tarrant County Justice of the Peace Pct. 2	<b>13 OFFICE SOUGHT (if known)</b> Same	

**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

GENERAL

SPECIFIC

COMMITTEE NAME

*Arlington Police Assoc. - PAC*

COMMITTEE ADDRESS

*PO Box 856  
Arlington, TX 76004*

COMMITTEE CAMPAIGN TREASURER NAME

*John Eric C. Burton*

*(Notice received 3-8-14 that a direct expenditure was made on behalf of Mary Tom Curnutt by Arl. Police Assoc. PAC)*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*PO Box 856  
Arlington, TX 76004*

FILED  
2014 JUL 14 PM 1:10  
ELECTIONS ADMINISTRATION

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)

\$

*4,531-*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*27,847.60*

CONTRIBUTION BALANCE

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

\$

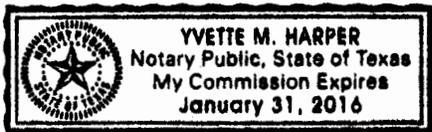
*797.79*

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 14th day of July, 20 14, to certify which, witness my hand and seal of office.

*Yvette M. Harper*  
Signature of officer administering oath

Yvette M. Harper  
Printed name of officer administering oath

Notary  
Title 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: <b>2</b>	
2 FILER NAME <b>Mary Tom Cernutt</b>		3 ACCOUNT # (Ethics Commission Filer):	
4 Date <b>2-28-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill + Chris Bouerman</b>	7 Amount of contribution (\$) <b>\$500-</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>3603 Parker Trail Dalworthington Gardens, TX</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-8-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arlington Police Association PAC</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>\$356 SIGNS</b>
	Contributor address; City; State; Zip Code <b>P.O. Box 8576 Arlington, TX 76004</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marianne Petrelli</b>	Amount of contribution (\$) <b>\$100-</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>733 Sundance Arlington, TX 76006</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Giv + Susan Matingly</b>	Amount of contribution (\$) <b>\$100-</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1512 Larmer # 30 Denver, CO 80202</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-24-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike + Valerie Mundelli</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>16 West Wieuard Atlanta, GA 30342</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

FILED  
 TARRANT COUNTY  
 2011 JUL 14 PM 1:44  
 ELECTIONS  
 SUSTAINMENT

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **2**

2 FILER NAME **Mary Tom Curnutt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>3-4-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Ross</b>	7 Amount of contribution (\$) <b>\$ 100-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1723 Parkridge Terr. Arlington, TX 76012</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>2-24-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Matt + Simoneta Logan</b>	Amount of contribution (\$) <b>\$ 250-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>627 N. Bowen Rd. Arlington, TX 76012</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>3-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mike + Julie Reinhardt</b>	Amount of contribution (\$) <b>\$ 25-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2609 Los Olivos Lane Ft Worth, TX 76131</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>3-17-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kelly + Mary Tom Curnutt</b>	Amount of contribution (\$) <b>\$ 3,000-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>505 S. Fielder Rd Arlington, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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)

**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: <b>3</b>		2 FILER NAME <b>Man Tom Curnutt</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-25-14</b>		5 Payee name <b>Lori Lane</b>			
6 Amount (\$) <b>\$500</b>		7 Payee address; City; State; Zip Code <b>208 Jimat Arlington, TX 76013</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Consulting</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Web/Internet</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-4-14</b>		Payee name <b>Phi Delta Theta Fraternity</b>			
Amount (\$) <b>\$500</b>		Payee address; City; State; Zip Code <b>1107 N. Thornbrush Cir. Arlington, TX 76013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <del>Event</del> <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Staffing at Event / Help</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-4-14</b>		Payee name <b>Chop House</b>			
Amount (\$) <b>\$2,000 -</b>		Payee address; City; State; Zip Code <b>2230 W. Park Row Arlington TX 76013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event/Contribution</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-17-14</b>		Payee name <b>Constant Contact</b>			
Amount (\$) <b>\$3724</b>		Payee address; City; State; Zip Code <b>1601 Trapebo Rd, Waldham, MO 64085 www.constantcontact.com</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Web Hosting</b>	
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: <b>3</b>	2 FILER NAME <b>Man Tom Curnutt</b>	3 ACCOUNT # (Ethics Commission Filers) <b>2011 JUL 14 PM 11:44</b>
4 Date <b>3-17-14</b>	5 Payee name <b>Booker Industries</b>	
6 Amount (\$) <b>\$8973<sup>96</sup></b>	7 Payee address; City; State; Zip Code <b>2344 Irving Blvd. Dallas, TX 75207</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Mailers / Postage</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-16-14</b>	Payee name <b>Constant Contact</b>	
Amount (\$) <b>\$ 37<sup>24</sup></b>	Payee address; City; State; Zip Code <b>1601 Trapelo Rd, Waltham MA 02451 www.constantcontact.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Web Hosting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5-16-14</b>	Payee name <b>Constant Contact</b>	
Amount (\$) <b>\$ 37<sup>24</sup></b>	Payee address; City; State; Zip Code <b>1601 Trapelo Rd, Waltham MA 02451 www.constantcontact.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Web Hosting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>2-18-14</b>	Payee name <b>Constant Contact</b>	
Amount (\$) <b>\$ 37<sup>24</sup></b>	Payee address; City; State; Zip Code <b>1601 Trapelo Rd, Waltham MA 02451 www.constantcontact.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Web Hosting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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: <b>3</b>		2 FILER NAME <b>Mary Tom Curnutt</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-13-14</b>		5 Payee name <b>Harland Clarke</b>			
6 Amount (\$) <b>\$1617</b>		7 Payee address; City; State; Zip Code <b>10931 Laureate Dr. San Antonio, TX 78249</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Fees</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Check reorder fee</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6-9-14</b>		Payee name <b>United States Postal Service</b>			
Amount (\$) <b>\$80</b>		Payee address; City; State; Zip Code <b>Arlington, TX 76004</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>Post Box rental Fee</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-17-14</b>		Payee name <b>Booker Industries</b>			
Amount (\$) <b>8973<sup>96</sup></b>		Payee address; City; State; Zip Code <b>2344 Fannington Dallas TX 75207</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>mailers</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-17-14</b>		Payee name <b>Booker Industries</b>			
Amount (\$) <b>\$2,270<sup>12</sup></b>		Payee address; City; State; Zip Code <b>2344 Fannington Dallas, TX 75207</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expenses</b>		Description (If travel outside of Texas, complete Schedule T) <b>mailers</b>	
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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>2</b>		2 FILER NAME <b>Mary Tom Cernutt</b>		3 ACCOUNT # (Ethics Commission Filers) <b>2014 JUL 14 PM 1:44</b>	
4 Date <b>2/28/14</b>		5 Payee name <b>Allegra Printing</b>			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 215.98</b>		7 Payee address; City; State; Zip Code <b>1021 West Abram St. Arlington, TX 76013</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Flyer for Poll Sites</b>	
Date <b>2/27/14</b>		Payee name <b>Kappa Sigma Fraternity</b>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 250</b>		Payee address; City; State; Zip Code <b>300 West 1st Street, B160 Arlington, TX 76019</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Video Footage for website</b>	
Date <b>3/6/14</b>		Payee name <b>Dan Fernandez</b>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 900</b>		Payee address; City; State; Zip Code <b>2823 Quail Lane Arlington, TX 76014</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Sign Collection</b>	
Date <b>3/21/14</b>		Payee name <b>Craig Ownby</b>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 1,500</b>		Payee address; City; State; Zip Code <b>7106 Lighthouse Rd Arlington, TX 76002</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Victory Bonus</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>2</b>	2 FILER NAME <b>Mary Tom Cummins</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>3/22/14</b>	5 Payee name <b>Wheeler Advertising</b>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$ 1479-</b>	7 Payee address; City; State; Zip Code <b>600 St. Plags Dr. Ste. 400 Arlington, TX 76011</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>pushcard reader</b>
Date <b>2/25/14</b>	Payee name <b>Precision Press</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 3915</b>	Payee address; City; State; Zip Code <b>3115 S. Cooper St. Arlington, TX 76015</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Phier printing</b>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED