February 3, 2014

Ms. Pamela Flow Tarrant County Election Office 2700 Premier Street Fort Worth, Texas 76111

Re: Campaign Finance Report for 30 day report Candidate for Justice of the Peace, Precinct 7

Dear Ms. Flow:

Enclosed is the subject consisting of 6 pages and including the following:

JC/OH page 1-2 Schedule A(J) 1-2 Schedule F 1 Schedule G 1

If you have any questions, please do not hesitate contacting me.

Sincerely,

Tom Corbin P.O. Box 237

Mansfield, Texas 76963

Tele.: 817.473-0068

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 / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Man Charles	Moma,	Date Received	
	NICKNAME LAST ORB:~	SUFFIX	TARR 2014 FE ELECTIO	
4 CANDIDATE /	ADDRESS /PO BOX: APT / SUITE #: CITY:	STATE: ZIP CODE	The second secon	
OFFICEHOLDER MAILING ADDRESS			Date Hand-dalivered or Postmarked	
change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed C	
6 CAMPAIGN TREASURER	Ms/Mrs/Mr First	MI	Date Imaged	
NAME	NICKNAME LAST	Nown		
	Tom CORIS:			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year OI/OI/2014 THROUGH	Month Day 01 / 23 ,	/2014	
11 ELECTION	ELECTION DATE Month Day Year 33/64/2014 ELECTION TYPE Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (IF KNOWN) Turfice of to	the Peace, Precinct 7	
GO TO PAGE 2				

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME I/AA	le. Thon	LAY CORRE.	15 ACC	OUNT # (Ethics Co	ommission Filers)
16 NOTICE FROM POLITICAL POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		:. X8 313	20 7
	GENERAL SPECIFIC	COMMITTEE ADDRESS		ONS STEE	REB -
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	and the state of t	RATOR	2: 36
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		\$46	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,15	72.61
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ /21.50				50
	4. TOTAL POLITICAL EXPENDITURES \$ /J J3. 71				-3. ⁷ L
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,389.				39.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0				
18 AFFIDAVIT					
NIEVES AGUIRRE NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 05-23-2016					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
Signature of officer administering path Print name of officer administering path Title of officer administering path					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):			
			112			
2 FILER NAME (1)			3 ACCOUNT # (Ethics Commission Filers)			
Z FILER NAME			3 ACCOUNT # (E	uncs Commission Filers)		
	MANDER / homas Cott	CB, ✓				
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution		
	\$		contribution (\$)	description(if applicable)		
1.1	1/2/2014 Contributor address; City; State; Zip Code Po. Box 16/196		#			
12/2014			7/000			
1	P.O. 150x 16/190		1,000			
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11 Contributor's e	mployel/law firm	12 Law firm of contri	butor's spouse (if any	The last street street		
FORTH	LORTH CAMER CONF.			الم حرد		
13 If contributor is	a child, law firm of parent(s) (if any)					
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71	Contributor address; City; State; Zip Code GIT AMANDA					
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	1:0-1:00	Owner				
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Lone S	tar Avorton					
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WALLEN HOWARD Contributor address; City; State; Zip Code 166 Petrole BEACH CH. Mantheld Ly. 76063 (If travel outside of T			750			
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Retineo						
		butor's spouse (if any)				
Contributors employer/law firm Law firm of contr						
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.

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):			
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	harles Thomas GORB.		3 ACCOUNT # (E	unes Commission Filers)		
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/ /			contribution (\$)	description(if applicable)		
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1,	123 11. 11A. J. J.			일 그 집		
	Mansfield 14, 1406.			of Texas, complete Schedule T)		
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11 Contributor's e	mpldyer/law firm	12 Law firm of contri	butor's spouse (if any	w = = = = = = = = = = = = = = = = = = =		
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13 If contributor is	a child, law firm of parent(s) (if any)					
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If contributor is	a child, law firm of parent(s) (if any)					

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

POLITICAL EXPENDITURES

SCHEDULE F

* *	EXPENDITURE CA	TEGORIES	FOR BOY 9/a			
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Sal Legal Services Sol Food/Beverage Expense Tra	iaries/Wages/Co licitation/Fundral avel in District avel Out Of District	ntract Labor sing Expense	Loan Repayme Transportation Contributions/E	ent/Reimbursement Equipment & Raiated Conations Made By Officeholder/Political C	
Fees **		ice Overhead/R			a category not listed	
	The instruction Guide exp			rm.	a carefork not usted t	above)
1 Total pages Schedule F:	2 FILER NAME	+s Cores			UNT # (Ethics Commis	sion Filers)
4 Date 1/4,1 16	5 Payee name	0.01.				
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6 Amount (\$)	7 Payee address; City; State;	Zip Code	·			
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8 PURPOSE	(a) Category (See categories listed at the top of thi	is schedule)	(b) Description	(If travel outside of	Texas, complete Schedule	7)
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9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt C	Office Held	Σ 2m
Date	Payee name			Annual An		
Amount (\$)	Payee address; City; State;	Zip Code			3 P	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER-NAME		3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/18/2014	5 Payee name	·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texes, complete Schedule T)
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EXPENDITURE			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED