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

Re: Campaign Finance Report for 8 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 Schedule F 1-2 Schedule G 1

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

Sincerely,

Tom Corbin P.O. Box 237

Mansfield, Texas 76063

Tele.: 817.473-0068

BY: AM

2014 FEB 24 AM 11:

TARRANT COUNT

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	MR Charles	homas	Bite Received 20		
·		SUPPLA	IANKA OILFEB STE ECTION		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	7 > 5/1 2		
OFFICEHOLDER MAILING ADDRESS		<i>'</i>	Date Hand-delivered or Doetmarked		
change of address		_	Receipt # 23 Amount -		
5 CANDIDATE/ OFFICEHOLDER PHONE			Dete Processed		
6 CAMPAIGN TREASURER	Ms/Mrs/Mr First Maile,	MI	Date Imaged		
NAME	NICKNAME LAST	/ homs,			
	Tom Coresis				
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	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 O//24/2614 THROUGH	Month Day 02/22/	1967 12014		
11 ELECTION	ELECTION DATE Month Day Year O3/04/2014 ELECTION TYPE Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known) Tustice of th	· Peace Treament 7		
	None	TARRANT	County :		
GO TO PAGE 2					

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	, 77		5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM	THIS BOX IS FOR NOTIC	TA CO TAS. ~ E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID			
POLITICAL	CONSENT. CANDIDATE	8 AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	HEY REGEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	FEB 21		
	GENERAL	COMMITTEE ADDRESS	100 E		
S	SPECIFIC		A manufacture of manu		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	TY: 52		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 6.13		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,206.13		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 6.08		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,324.68 DAY \$ 1,394.64		
CONTRIBUTION BALANCE	5. TOTAL OF TH	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E REPORTING PERIOD	DAY \$ 1,394.64		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0 -				
18 AFFIDAVIT					
		true and correct and includes all in under Title 15, Election Code.	f perjury, that the accompanying report is information required to be reported by me		
AFFIX NOTARY S	TAMP / SEAL ABOVE obscribed before ay of <i>Februe</i>	me, by the said <u>C. Thomas Corary</u> , 20 14 , to certify which, witness	this the my hand and seal of office.		
Listant	abillican	KRISTEN Williams	Motary Rublic Title of officer administering oath		
Signature of officer ad	ministering oath	Print name of officer administering oath KRISTEN L. WILLIA	7		

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J):				
2 FILED NAME (ARBIN	•	3 ACCOUNT # (Ethics C	commission Filers)			
4 Date 5 Full name of contributor Dout-of-state PAC (ID#:		100.	In-kind contribution escription(if applicable) as, complete Schedule T)			
9 Contributor's principal occupation Certage 11 Contributor's employer/law firm	10 Contributor's job	title butor's spouse (if any)				
13 If contributor is a child, law firm of parent(s) (if any)						
13 If contributor is a child, taw firm of parent(s) (if any)						
Date Full name of contributor Dout-of-state PAC (IDIK	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Amount of contribution (\$) de	In-kind contribution scription(if applicable)			
Contributor's principal occupation	Contributor's job	title	s, complete carecate 17			
SUNVEYOR	OWNE	aren				
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)						
Date Full name of contributor Dut-of-state PAC (IDIK		Amount of contribution (\$) de	in-kind contribution scription(if applicable)			
MANSheld, 14. 76063		(If travel outside of Texa	s, complete Schedule T)			
Contributor's principal occupation	Contributor's Job t	title				
Kenl Eight	Owner					
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any)				
if contributor is a child, law firm of parent(s) (if any)		3₹:	7/ 2011			
ATTACH ADDITIONAL COPIES O	FTHIS SCHEDIU F	AS NEEDED	RRANT COL			
if contributor is out-of-state PAC, please see instru	ection guide for ad	ditional reporting req				

P.O. Box 12070

POLITICAL	EXPENDITURES	•	SCHEDULE F
• 1			7 6 7
			6 = 5
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memoriels Expense Salaries/Wages/Ci Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Loan Repaym Transportation Contributions/ Candidate/ Rental Expense OTHER (enter	nent/Reimbursement n Equipment & Related Expense. Donations Made By /Officeholder/Political Committee r a category not listed above)
1 Total pages Schedule F:	2 FILERDIAME / homas (or	3 ACCC	DUNT # (Ethics Commission Filers)
2/4/2014	5 Payee name D T W VR4		
6 Amount (\$)	7 Payee address; City: State; Zip Code 2200 New York Ave, # Anlington, Tx. 76010		
8 PURPOSE '	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside o	of Texas, complete Schedule T)
EXPENDITURE	Advertising	RADIO	•
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/7/2014	Anlington Voice		
Amount (\$)	Payee address; City; State; Zip Code		
300	Payee name Anling ton Voice Payee address: City; State; Zip Code 5 9 0 + 5. Cooper #10 Anling that TX. 76017 Category (See categories listed at the top of this schedule)	4-104	
PURPOSE	Category See categories listed at the top of this schedule)	Description (If travel outside of	
OF EXPENDITURE	Adventisis	Wineless Bro.	Arcachie
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/2014	LAUNA ZVANJ		
Amount (\$) /54	Payee address; City; State; Zip Code 8650 Southwester Blvd.	,3909	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	CONSULTING	Lumba	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 2/18/2014	Payee name LIJ Post Office		
Amdunt (\$) 73.50	Payee address; City; State; Zip Code Manufield, TX 7606	3	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Postare	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho der name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS S	CUEDIU E AC NEEDED	

P.O. Box 12070

POLITICAL	EXPENDITURES	•	SCREDULE F
			9, 5
	EXPENDITURE CATEGORIES	FOR BOY 8/a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	ontract Labor Loan Rep alsing Expense Transport Contribution trict Candio Rental Expense OTHER (6)	ayment/Reimbursement ation Equipment & Related Expense ons/Donations Mages By tate/Officeholder/Political Committee enter a category not listed above)
1 Total pages Schedule F:	PARIES / home CORR.	l l	CCOUNT# (Ethics Commission Filers)
4 Date 2 /17/2014	5 Payee name		
6 Amount (\$) \$4	7 Payee address; City; State: Zip Code 50 / South 5th Ave MANSfield, 1x 76063		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel out	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	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 outs	side of Texes, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 outs	side of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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 outs	ide of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	•

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor Toan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)						
	tile ilistraction data	avbining itom to a	ompioto tino to		30 EU	2	
1 Total pages Schedule G:	2 FILER NAME /homa	CORRIS		3 A	CEOUNT # (Ethi	cs Commis	ston Filers)
4 Date /29 - 2/15/2014	5 Payee name	Office			NEW SW	B 24	<u>≥</u> n
6 Amount (\$) \$ 20.59	7 Payes address; City; St	tate; Zip Code					<u>3</u> 5
Reimbursement from political contributions intended	Marsheld, 1	× 7606	3		i i	52	~<
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(if travel out	side of Texas, comp	oleie Schedu	le T)
OF EXPENDITURE	Advertising		Tarky	ζ	<u>.</u>		
Date	Tohn Sons Pre						
2/20/2014	-10 MN 30NJ /10	21/					
Amount (\$) 57 Reimbursement from political contributions intended		ate; Zip Code L Fawy. 1 X 76/	1 /0				
	7 57 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(IT travel out	side of Texas, comp	lete Schedu	(- 1)
OF EXPENDITURE			//	Λ	1 ./ -		
EXPERIENCE	Triartias	· .	(Bull	1.50/11	Ailer		
Date	Payee name	9 '94	<i>y</i>	/			
Amount (\$)	Payee address; City; St	ate; Zip Code	W .				
Reimbursement from political contributions intended			• .				
DUDDOCE	Category (See categories listed at the top	of this schedule)	Description	(If travel outs	ide of Texas, comp	ele Schedul	e T)
PURPOSE OF EXPENDITURE							
Date	Payee name		-				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	·				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outs	ide of Texas, comple	ete Schedule	iπ)
	ATTACH ADDITIONAL CO	PIES OF THIS SC	HEDULE AS N	EEDED			