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:
3 CANDIDATE / OFFICEHOLDER NAME	Mrs. Mary	Tom MI	OFFICE USE ONLY Date Received
	NICKNAME LAST CUrnutt	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	STEVER -3
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI	Date Imaged No. 2 CO
	A Hxande	SUFFIX	2: 38 RATOR
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 July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
	July 13 Unit day before election	limit	T and report (wascal cross - 117)
10 PERIOD COVERED	Month Day Year O1 /01 /2014 THROUGH	Month Day Oi /23	201 U
11 ELECTION	Month ELECTION DATE Primary 03/04/2014 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any) TOWANT COUNTY	13 OFFICE SOUGHT (if known)	
	JUSTICE OF the Peace, Pre	unct 2	Same
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Mary T	on Curnutt 16 A	CCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY F HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS	TAF 2014F ELECTI	
		COMMITTEE CAMPAIGN TREASURER NAME	DAS B	
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	D COUNTY PM 2: 3 PM 2: 3	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,805.20	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$5,080.7			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 5,080.74 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 20,011.29			
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. May Description 15				
		Signature of Candidat	e or Officeholder	
	scribed before	me, by the said MARY Tom CRAVENS Cur.	nu++, this the	
day	of Februa	ry , 20 14 , to certify which, witness my h	. I	
Mancy Signature of officer adm	tugge hinistrifig oath	NANCY GRIGGS Printed name of officer administering oath	NANCY GRIGGS VO NETALARY PUBLIC THE OFFICE GOOD STEEN AS AND MY COMMON EXEL 172-22-2015	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 2	
2 FILER NAME	Mary Ton Curnu	11	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC(1D#_ Emily & Muudy Allxand	Les .	7 Amount of contribution (5)	8 In-kind contribution description (if applicable)	
1-3-14	6 Contributor address: City: State: Zip Code 2921 Mi3+letoc Lt.		500°		
	Arlington, TZ 74	.013	/If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		r (exas, complete Scredule 1)	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution	
	Kevm Hadaw Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
1-6-14	1		500		
	2805 turn berry 103	31		39 .EE. 22	
	Arlington, TR 7600		(If termal outside a	Texas, complete Schedule	
Principal occup	pation / Job title (See Instructions)	Employer (See I		©	
				B Sn	
Date	Full name of contributor out-of-state PAC (ID#		. Amount of	In-kind contribution	
	Betty "Becky" Wetsel		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		3		
1-1-14		,	5/2000		
	3907 Shady Creek Dr.	N	(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Andrew Control of the				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1 0 . 1	Jimmy Ham'S Contributor address: City; State; Zip Code		a		
1-9-19	2605 Augusta lane		1000		
	1005 11000 100100		100		
	LATINATION IT 1601	2		of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC(IDM_Debote Lam's		Amount of contribution (\$)	In-kind contribution description (if applicable)	
1 20 414	Contributor address; City: State; Zip Code		# 00		
1-01-19	2605 Augusta Lai	~	100		
-	Arlington, A 76012	,	the home of the state of the	of Town annuals Cohoda T	
Principal occu	pation / Job title (See Instructions)	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 Schedule A. 2			
2 FILER NAME	Mary Tom Cumu	tt	3 ACCOUNT# (E	thics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
1-9-14	6 Contributor address: City; State; Zip Code JUSTA Lane		50°	20 EL 20		
	Arlington TX, 760	42	(If travel outside	Texas, complete Schedule 1)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		TEB RA		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
1-14-14	Contributor address; City; State; Zip Code	Aprisa	485	NATY 2: 36		
	NY, NY IDON		(If travel outside (of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		(CASS, COMPLEX SCIEDURE 1)		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
1-16-14	Contributor address; City; State; Zip Code 3915 DWF Pr	6013	30°			
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code			 		
Diadia-1	ration / Joh title /Con Instructions	Employee (Can)		of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code					
Deinning!	nation / Joh title /See Instructions	Employee (Ca-		of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See	irisauctions)			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R	ntract Labor Lo sing Expense Tra Co rict ental Expense OT	oan Repayment/Reir ansportation Equipm ontributions/Donation Candidate/Officeho THER (enter a categ	nent & Related Ex ns Made By older/Political Cor	nmiltee ove)
	ine instruction Gui	de explains how to o	complete this form.	· ~ ;	m	
1 Total pages Schedule F:	2 FILER NAME Mary Ton	- Cumi	utt	3 ACCOUNT#	Ethics Commissio	
4 Date 1-6-14	5 Payee name				λ ω	
6 Amount (S)	7 Payee address; City;	State: Zip Code			O	
698	301 S. Bouen	rd 17 760			M 2: 38	2000
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (If t	ravel outside of Tekas, o	complete Schedule T)	
OF EXPENDITURE	Event		oran	ge juit		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nan	ne .	Office sought		Office held	
1-le-14	Payee name 1275 T	aco				
Amount (\$)	Payee address; City;	State; Zip Code				1
3 2267	Cio E Aba	()				1
1080	Arlington 1	TV 760	010			
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Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nan	ne	Office sought		Office held	
Date 1-6-14	Payee name M274'S T	aw				
Amount (\$)	Payee address; City;	State; Zip Code				
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<u> </u>	17 Longin	, 17 160				
PURPOSE OF	Category (See category's listed at the	top of this schedule)	Description (if	travel outside of Texas,	complete Schedule T)
EXPENDITURE	Went		1-00	0		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nar OH	ne	Office sought		Office held	
Date	Payee name					
1-6-14	FUZZY'S	Taco				
Amount (\$)	Payee address; City;	State; Zip Code				
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	Category (See categories listed at the			travel outside of Texas.	complete Schodule T	,
PURPOSE OF EXPENDITURE	Event	, sep or sine sectoricy	Fu	1	- The second sec	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nar	me	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Cor Solicitation/Fundrals	sing Expense T	oan Repayment/F	uipment & Relate	ed Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Distri		Contributions/Dona Candidate/Offic	ations Made By :eholder/Politica	
Fees	Printing Expense	Office Overhead/Re	ental Expense C	OTHER (enter a ca		
	The Instruction Guide	explains how to c	omplete this form	n.		
1 Total pages Schedule F:	2 FILER NAME MAY TOWN (Cumut	٢	3 ACCOUNT	「# (Ethics Com	mission Filers)
4 Date 	5 Payee name WWYS	-		3	ECTIO ECTIO	R. R.
6 Amount (\$)	A 2	late; Zip Code		į.	Bar (
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21		7 7601				3 50
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (if	f travel outside of Tex	as, complete Sche	
EXPENDITURE	Event		_ FUU	2	2	දුදු
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	}	Office sought		Office h	
Date 1-3-14	Payee name Lovi Lane					
Amount (\$)	Payee address; . City; Si	tate; Zip Code				
العام	sus Jimat					
200	Arlington,	T) 760	13			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (I	f travel outside of Tex	as, complete Sche	dule T)
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	>	Office sought	- 5/	Office h	iełd
Date	Payee name .		7,-1,-2,-1,-2			
1-3-14	Katro lav	ara				
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D & 1000	1901 Grea		wit			
5)10	Allnarm.	TJ 760	013			
PURPOSE	Category (See categories listed at the to			If travel outside of Tex	as, complete Sche	dule T)
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Date Payee name						
Date -8-14	Payee name CO Z Grap	hics				
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EXPENDITURE	Priming	HMY	- yur	1 515n	12 48	Terres
Complete <u>ONLY</u> if direct expenditure to benefit C/			Office sought		Office I	пека
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

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 Event Expense	Food/Beverage Expense Polling Expense	Travel In District	Contributions/Donations Made By		
Fees	Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
		explains how to complete this f			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT * (Ethics Commission Filers)		
3	Mani Tim	11 mult	L M water both		
4 Date	5 Payee name	2001110000			
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6 Amount (S)	7.00	7.6.1	02		
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8 PURPOSE	(a) Category (See categories listed at the to	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)		
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	Frinting	quit			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	office held		
onpolicitor to obtain the					
Date 1 11 111	Payee name	(-1 ()			
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	Category (See categories listed at the to		Alternational delications are place Cohorate To		
PURPOSE OF	Category (see categories listed at the to	Description Description	(If travel outside of Texas, complete Schedule T)		
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Complete ONLY if direct					
expenditure to benefit C/C	PH .				
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EXPENDITURE) ema			
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expenditure to benefit C/OH					
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PURPOSE	Category (See categories listed at the to	p of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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