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	MS/MRS/MR FIRST Mrs. Mary NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT/SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount U
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Dr. Moody NICKNAME LAST A/exander	MI SUFFIX	Date Imaged
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 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	Year / 2013
11 ELECTION	Month Day Year ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	of the Peace, Precinct 2	13 OFFICE SOUGHT (#known) Same	
	GO TO PAG	SE 2	

CANDIDATE / OFFICEHOLDER REPORT: STIPPORT & TOTAL S

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL		
14 C/OH NAME	Man	Tom Curuutt 1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	TA 2011
	GENERAL	COMMITTEE ADDRESS	CTS A RATE
	SPECIFIC	COMMITTEE ADDRESS	NIS P
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	M 2: 1
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	» 100-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,491.36
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			ZED \$
<i></i>	4. TOTAL	POLITICAL EXPENDITURES	\$ 30,764.20
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 30,764.20 \$ 23,286.83
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	1
18 AFFIDAVIT			
			perjury, that the accompanying report information required to be reported by
		mary Jm	Unneuto
		Signature of Candi	idate or Officeholder
AFFIX NOTARY STAM			
Sworn to and subs	scribed before	me, by the said MARY Tom Curnu Y_, 20 <u>14</u> , to certify which, witness m	, this the
Mancy Str	of <u>JAMUAN</u> LAGO	NANCY GRIGGS	NANCY GRIGGS NOTARY PUBLIC
Signature of officer admi	inistering oath	Printed name of officer administering oath	of Order Administration OF STREET AS My Comm. Exp. 02-22-201

P.O. Box 12070

SCHEDULE A

(512).463-5800

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: 54
2 FILER NAME	- 0		3 ACCOUNT# (E	thics Commission Filers)
Mar	y Tom Curnutt		32	
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (S)	8 In-kind contribution description (Fapplicable)
10-1-13	Jeaneth Haddock 6 Contributor address; City; State; Zip Code		1.000	5 5
	1417 Country Club Rd		(If travel outside o	of Texas, complete Settledule Th
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	nstructions)	1 3 2
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-21-13	Contributor address; City; State; Zip Code			-
(1.51.	2019 Channing Park, Arl.	TX 76013	25.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11 17 17	Joe D. Terry, Jr. DBA Care Contributor address; City; State; Zip Code	eer.Path		accomplish (ii applicable)
11-17-13	2104 Cross Creek Ct., A	rl, Tx 76017	100 00	
Principal occur	pation / Job title (See Instructions)	Employer (See I	··· ···· · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
T Tijlapa, Cool	salion / 305 tillo (See Instructions)	Zimpioyer (dec 1		
Date	Full name of contributor 🔲 out-of-state PAC(ID#:_		Amount of	In-kind contribution
11 11 12	Rick & Peggy Merritt Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
11-11-13	3004 Iron Stone Ct., Ar	1.,Tx 76006	500°°	
Dei-singt and	ship / lab side (Car laboration)	F		f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11 12 12	Contributor address; City; State; Zip Code	ınax	 	acocarption (in applicable)
11-12-13	7907 Bleinheim Pl., Ft. Wo	76120	100 %	
Deinoinal accom	nation / Joh title /See Instructions)			f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	istractions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

OTTIET	THAT ELBOLO ON LONG			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	y Tom Curnutt	-	3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (trapplicable)
11-12-13	6 Contributor address; City; State; Zip Code		50 ⁹⁰	DE RELEASE
	3804 Wedgewood Ct., Arl.	, 1X 76013	(If travel outside	of Texas, complete Schadule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	1 1 2 1
Date	Full пате of contributor		Amount of contribution (\$)	In-king contribution description (if applicable)
11-12-13	Jack & Tommie Brooks Contributor address; City: State; Zip Code			
11-12 15	2726 Country Club Rd, A	Arl.,TX 76013	2000	
Principal occup	Dation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Bob & Jean Stoessel		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-19-13	Contributor address; City; State; Zip Code 3302 Wood ford Dr., Arl.,	TX 76013	250⁰	}
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Apartment Association of To Contributor address: City; State; Zip Code		00	
12-2-13	6350 Baker Blvd., Richland	nd Hills,TX	3,500	<u> </u> -
Driver at a service		76118 Employer (See I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-15-13	Josie O'Quinn Contributor address; City; State; Zip Code		0 - 00	
11-13-15	1003 W. Lovers Ln., Arl.,	TX 76013	203	
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

Austin, Texas 78711-2070

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P.O. Box 12070 (512) 463-5800 Austin, Texas 78711-2070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	1 Tom Curnutt		3 ACCOUNT # (E	Ethics 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)
12-13-13	Dr. Gordon Smyth 6 contributor address; city; State; zip Code 501 S. Bowen Rd., Arl., 7	× 76013	(If travel outside	TARRILL STREET
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	5 7
Date	Full name of contributor out-of-state PAC (ID#_ GUY Gorner Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (# applicable)
12-18-13	Contributor address; City; State; Zip Code	Arl. TX 76012	250≌	103
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-9-13	Roger & Sharon Walton contributor address: City: State: Zip Code 605 Venus Dr., Granbury,	TX 76049	250 00 (If travel outside	I I I Of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Kimberly Fit2patrick Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-18-13	2208 Woodsong Tr., Ar	1.,TX 76016	250°	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ Jack & Tommie Brooks		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-21-13	2726 Country Club Rd.,	Arl.,TX 76013	500°	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			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)
9-26-13	Or. Burt Hyde 6 Contributor address; City; State; Zip Code 1813 W. 2 nd , AH., TX 760	ol3	(If travel outside;	of Texas complete Scheddle T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	TS TO TO
Date	Full name of contributor out-of-state PAC (ID#_ Tony & Julie Pompa Contributor address; City: State; Zip Code		Amount of contribution (\$)	In Aind confibution description (if applicable)
14-26-13	7203 Lake Havasu Ct., A	rl.,TX 76016	(If travel outside o	OR Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Joe & Sally McLaughlin Contributor address; City; State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	3703 S. Shady Creek Dr.,	Arl.,TX 76013	250 %	I - of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC(ID#_ Randal & Christy Rose Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4-26-13	3416 Collard Rd., Arl.,T)	(76017	<i>500</i> [∞] ¦	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address: City; State; Zip Code	TV7/2014	500 [∞]	
	3101 Green Valley Ln., Arl		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	naductions)	

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Texas Ethics Cor	mmission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
1	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete the	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ James S. Kennedy 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-26-13	6 Contributor address; City; State; Zip Code 303 W. Abram St., Arl		500°°	TARREST Schedule J
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	S ADR
Date	Full name of contributor out-of-state PAC (ID#_Out-ck, Quick & ASSOC. Contributor address; City; State; Zip Code		Amount of contribution (\$)	In kind combution U description (if applicable)
19-26-13	5912 Moss Dr., Arl., T)	(76016	500 00	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		,
9-26-13	Full name of contributor out-of-state PAC (1D#_Dixon & Sharon Holman Contributor address; City; State; Zip Code 4027 Appian Way, Arl		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_Fred & Sandra Cook Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4-26-13	506 Dorcas Ln., Arl., TX	76013	(If travel outside o	f Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Omes & Corma Pruet Contributor address; City; State; Zip Code	H	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	3100 Collard Rd., Arl.	TX 76017	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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1	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA		SCHEDULE A	
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A:
2 FILER NAME		4.1	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (1D#_Ron & Claire Wheeler		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-26-13	6 Contributor address; City; State; Zip Code 3803 Wedgewood Ct., A	rl.,TX 76013	250 00 (If travel outside	of Texas-topmplete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	915
Date	Full name of contributor out-of-state PAC (ID#_Kathryn Wilemon Contributor address; City: State; Zip Code		Amount of contribution (\$)	In kind contribution description (ir applicable)
4-26-13	H100 Shady Valley Dr., A	trl.,TX 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_ Ock Garbo Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	3505 Gardenia Dr., Art	.TX 76016	250°°	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_RUSS ROSS Consultants Contributor address; City; State; Zip Code	ILC	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	1411 Crooked Stick, San		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		
Date	Full name of contributor out-of-state PAC (ID#_Hon. Ron & Susan Wright Contributor address; City; State; Zip Code	nt	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	5505 Overridge Dr., Arl	TX 76017	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
If c	ATTACH ADDITIONAL COPIES O			requirements.

POLITICAL	CONTRIBUT	ONS
OTHER THA	AN PLEDGES	OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A:
2 FILER NAME	y Tom Curnutt		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of 8 In-kind contribution
9-25-13	Tom ? Pam Dawson 6 contributor address; city; State; zip Code 3011 Kelham Ct., Arl., T.		contribution (\$) description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	
Date	Full name of contributor out-of-state PAC (ID#_ Georgann & Charlie Price Contributor address; City; State; Zip Code	<u>e</u>	Amount of In-Kind contribution contribution (\$) description (if applicable)
9-26-13	2010 Silver Leaf Dr., F		100 00
Principal occur	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T)
			,
Date	Full name of contributor out-of-state PAC (ID#_ Tara & Mike Gray Contributor address; City; State, Zip Code		Amount of contribution (\$) In-kind contribution description (if applicable)
9-26-13	303 S, Fielder Rd., AH.,		1000
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)
9-26-13	Contributor address; City; State; Zip Code 1813 W. 2nd, Arl., TX	76013	100%
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of In-kind contribution contribution (\$) description (if applicable)
9-26-13	Contributor address: City; State; Zip Code		500 (If travel outside of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)
		I	

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			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)
9-26-13	Randy Stevenson 6 contributor address; city; State; zip Code 2400-A Roosevelt, Arl.	TX 7/ //	100 60	· ·
	1400-7 11003EVEIT, 1111	16016	(If travel outside	Texas Complete Schedule
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	RR.
Date	Full name of contributor		Amount of contribution (\$)	In King contribution description (if applicable)
9-26-13	Merrill Financial Grown Contributor address; City; State; Zip Code		1000	PH 2
	1807-A W. Park Row, Ar	76013		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	†
Date	Full name of contributor out-of-state PAC (ID#_Mike & Jan Murphy Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	3320 Mayfair Ln., High		1000	
Principal occup	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-5-13	DOD & Jane Nicol Contributor address: City; State; Zip Code 3202 Wood ford Dr., Ar	1.,TX	1000	
		76 013 Employer (See II		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	istructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-22-13	3024 Shadow Dr., Arl., T	× 76006	1,000 00	
Principal occup	 pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Mike & Nicky Austin		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-27-13	6 Contributor address: City; State; Zip Code 3901 Shadycreek Dr.,		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	20 ELE ELE
Date	Full name of contributor out-of-state PAC (ID#_Robert & Jamie Jorda Contributor address; City; State; Zip Code	ເກ	Amount of contribution (\$)	In kind contribution description (it applicable)
9-26-13	1500 Wagon Wheel, Pan	tego,TX 76013	(If travel outside o	of Texas, complete Schedule FL
Principal occup	pation / Job title (See Instructions)	Employer (See I		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date	Full name of contributor out-of-state PAC (ID#:_ Mark & Jamie Waylan Contributor address; City; State; Zip Code	d	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code	76013	100 99	
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	3X0U	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-24-13	3411 Yellowstone, Arl., TX	76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-24-13	1201 Canterbury Ct., Ar	1.,TX 76013	500 ⁰⁰	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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i .	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAD	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	y Tom Curnutt		3 ACCOUNT# (E	thics Commission Filers)
9-26-13	5 Full name of contributor Out-of-state PAC (ID#_ Sam & Glenda Carter 6 Contributor address; City; State; Zip Code 2415 Lakeview Cr., Arl.	,TX 76013	7 Amount of contribution (s)	8 In-kind contribution description (if applicable)
9 Principal occup	Deation / Job title (See Instructions)	10 Employer (See I		STORE OF RELEASE
Date 9-26-13	John & Peggy Pokrifcs Contributor address, City; State; Zip Code 2455 Lakeview Cr., A	sak rl.,TX 76013	Amount of contribution (\$)	In-kirld contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	1
Date 9-26-13	Full name of contributor out-of-state PAC (ID#_Cindy Will Contributor address; City; State; Zip Code 1508 Southwood Blvd.)	Arl., TX 16013	Amount of contribution (\$) 50 (If travel outside of	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date 9-26-13	Full name of contributor out-of-state PAC (ID#_ Thomas & Julie Gillila, Contributor address; City; State; Zip Code 1617 Cresthaven, Pante	nol	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
9-26-13	Rep. Bill & Ellen Zealle Contributor address; City; State; Zip Code 5502 Hidden Trails, A	rl., TX 76017	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		
If c	ATTACH ADDITIONAL COPIES O			requirements.

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9-26-13	Jerry & Susan Moore		contribution (\$) 50 €	description (if applicable)
	1512 Postbridge Ct., Ar	1.,1X 76012	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	TA 2014 ELEC
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In kind contribution
	Brian & Karen Ellen And	derson	contribution (\$)	description (Figure 2016)
9-26-13	2203 Tournament Tr.,	Arl, TX	<i>50</i> [∞]	ED COUNT PH 2 WALDEN HIMBETA
Principal occur	pation / Job title (See Instructions)	76017 Employer (See I		f Texas, complete Schedule T)
- mapai occup	Saluti / 300 title (See Histractions)	Employer (See)	nstructions)	og → `
Date	Full name of contributor out-of-state PAC (ID#_ Jime Jan Eldridge Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code 6009 Wallace Meadows C	t, Arl.,TX 76012	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Or. Richard & Janice Loi	rd	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	5903 Tiffany Ct., Arl.,	TX 76016	50°°	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		riexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC(ID#_Alicia & Eric Hendricks	3	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code 4306 Kingswick Dr., Ar	1	50 00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL CORIES O	OF THIS SCHEDI II E	AS NEEDED	

Texas Ethics Cor	nmission	P.O. Box 12070	Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A						
The	Instruction (Guide explains how to c	omplete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Mary Tom Curnutt			3 ACCOUNT # (E	Ethics Commission Filers)		
4 Date	Julie	e of contributor out-of	f-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-26-13	6 Contribut	or address; City; State Briardale Cl	zip Code H, Arl.	,TX 76013	509	
				I		of Texas, complete Schedule T)
9 Principal occu	pation / Job titl	le (See Instructions)		10 Employer (See I	Instructions) -	TAI 2014 LECT
Date		e of contributor \Box out-of $\dot{\epsilon}$ Stephanic or address; City; State	f-state PAC (ID#_ AU5 e; Zip Code		Amount of contribution (\$)	linkind contribution description (#applicable)
9-26-13	1812 Norwood Ln., Arl., TX 76013		(If travel outside of	F P P P P P P P P P P P P P P P P P P P		
Principal occu	pation / Job titl	e (See Instructions)		Employer (See I	nstructions)	22 -
Date	1 1	of contributor out-o	f-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-15-13	Contribute	or address; City; State Autumn Oa	e; Zip Code	Arl.,TX 74006	250 ⁶⁰	
Principal occu	pation / Job titl	e (See Instructions)		Employer (See I		
Date	1 .	Carrie Pali	f-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	3707	oraddress; City; State Wedgewood (e; Zip Code Ct., Arl	.,TX 76013	100°°	
Principal occup	l	e (See Instructions)		Employer (See I		of Texas, complete Schedule T)

9-16-13

Date

Full name of contributor out-of-state PAC(ID#:)

Omes & Missy Watson
Contributor address; City State; Zip Code

4504 Woodview St., Arl., TX 76013

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T) Employer (See Instructions)

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1	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	y Tom Curnutt		3 ACCOUNT#(E	thics Commission Filers)
9-20-13	5 Full name of contributor out-of-state PAC (ID#_Mike & Lida Miner 6 Contributor address; City; State; Zip Code 508 Elliott St., Arl., T		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	of Texas, complete Schedule T)
9-20-13	Full name of contributor out-of-state PAC (ID#_Carol & Bill Daley Contributor address; City; State; Zip Code 912 Crowley Rd., Arl.,		Amount of contribution (\$)	description (Popplicable) SAUTH STATE OF THE STATE OF TEXAS, complete Schedule II
Principal occup	pation / Job title (See Instructions)	Employer (See I		To an analysis of the state of
Date Q-18-13 Principal occur	Full name of contributor out-of-state PAC (ID#_Dr. Scott & Kala Tisd Contributor address; City; State; Zip Code IH20 Crownhill Dr., Arl			In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date 10-1-13 Principal occur	Full name of contributor out-of-state PAC(ID#_Grant Arlington Contributor address; City; State; Zip Code 1207 Brittany Ln., Arloation / Job title (See Instructions)	., TX 76013 Employer (See I		In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date 10-1-13	Full name of contributor out-of-state PAC (10#_ Debbie & Roy Hogan Contributor address: City; State: Zip Code 2425 W. Arkansas Ln.	#6, Arl., × 76013	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr		AS NEEDED	requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Brenda & Clifford Hay)	es	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-28-13	370 Cagle Crow Rd., Mansfield, TX		250∞	!
	J			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	20 ELE
Date	Full name of contributor Out-of-state PAC (ID#_David & Autumn Brov	۸ü	Amount of contribution (\$)	Grkind contribution description (# applicable)
10-27-13	Contributor address; City; State; Zip Code 1607 W. Second, Arl., T)	× 76013	(If travel outside o	A S S S S S S S S S S S S S S S S S S S
Principal occup	pation / Job title (See Instructions)	Employer (See I		8.1.7 2:1.7
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-18-13	Don & Diane Ferrell contributor address; City; State; Zip Code 5811 Scenic Bay Ct., Art.	TX 76013	10000	
		,,,,,,		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Time Mary Jean Molon	ey	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-31-13	Contributor address: City; State; Zip Code	TX	75°°	
	2008 Rumson Dr., Arl.,	76006	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation./ Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Christina Boe Contributor address; City; State; Zip Code 3641 Matlock, Arl., TX	76015	30 ⁶⁶	description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		y reads, complete contender ()

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1	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Letatia TeyKl)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-26-13	6 Contributor address; City; State; Zip Code 834 Kingston Dr., Ma	<u> </u>	30°	gtrexas[@omplete-Sehedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		TARI DILI J
Date	Full name of contributor out-of-state PAC (ID#_ Josh Burleson Contributor address: City: State: Zip Code		Amount of contribution (\$)	Intrind confibution Tidescription (if applicable)
8-26-13	117 Wood Bend Ct., Wed	therford, TX 76087	30 °° (If travel outside o	Trexas, complete Schedule 15
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	ລນ
Date	Full name of contributor out-of-state PAC (ID#_Kenny & Donna Hart Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	3800 Country Club Ro	I., Arl., TX 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_Bill & Barbara Tapp Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	2211 Ravinia Dr., Art.	,TX 76012	10000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Grace & Ed McDerm	ott	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	202 E. Border St., Ste. 1	44, Arl., × 76010	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete scriedure 1)
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POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	y Tom Curnutt		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Valeria Derry Doc 6 Contributor address; City; State; Zip Code	dson	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-27-13	6 Contributor address; City; State; Zip Code 5900 Rosemont Ct.,	Arl.,TX 76017	200 GIf travel outside	of Texas complete Schedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	JAN JAN
Date	Full name of contributor out-of-state PAC (ID#_ Joe & Nancy Harmist Contributor address; City; State; Zip Code	D U	Amount of contribution (\$)	lickind contribution description (if applicable)
9-27-13	1404 Country Club Ln		250°	RATION TO Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ Oon & Vicki Starnes		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-23-13	Contributor address; City; State; Zip Code 4016 Shady Valley Ct.,	_	(If travel outside o	 - of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Linda & Brent Morrow	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; State; Zip Code 4101 W. Green Oaks Blvd Arlington, TX 76016	., Ste. 305-154		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#_ Scott & Aimee Slover Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-22-13	3709 Big Bear Lake [or, Arl., TX 76016		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Rick Trish Jenkin 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-13-13	6 Contributor address; City; State; Zip Code 7210 Forest Wind Ct., Ar	1.5TX 76001	2500	
9 Principal occu	 pation / Job title (See Instructions)	10 Employer (See I	·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ OWayne & Barbara Contributor address; City; State; Zip Code		Amount of contribution (\$)	description (Capplicable)
4-20-13	1305 Canterbury Ct,	Arl.,TX 76013	(If travel outside o	Texas complete Schedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	TOR T
Date	Full name of contributor out-of-state PAC(ID#_Clay & Brandee Kelle Contributor address; City; State; Zip Code	; ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code 1300 Canterbury, Arl.		10000	
Principal occur	pation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
Frincipal occup	Jaion 7 300 title (See manuchons)	Employer (See 1		
Date	Full name of contributor out-of-state PAC (10#_) S	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	600 Six Flags Or., Ste. 50	oo, Arlin	500°°	
Principal occup	pation / Job title (See Instructions)	X 76011 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (1D#_ Keith & Staci Taylor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address: City; State; Zip Code	nnedale,	100∞	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		-		

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1	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 9-30-13	5 Full name of contributor out-of-state PAC(ID#_Craig & Dana Bishop 6 Contributor address; City; State; Zip Code	Arl.,TX	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	76012 10 Employer (See		of Texas, complete Schedule T)
Date 9-14-13	Full name of contributor out-of-state PAC (ID#_Frank & Julie Jelini) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind pontribution description (if applicable)
	502 E. Beady Rd., Arl.,	76006 Employer (See I		of Texas, complète Schedule 1)
Pate 9-10-13	Mike & Esther Farha Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
9-14-13	Full name of contributor out-of-state PAC (ID#_Paul & Brenna Phillips Contributor address; City; State; Zib Code 3700 S. Bowen Rd., AH.	l l	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 10-14-13	Full name of contributor out-of-state PAC (ID#	A , T/	Amount of contribution (\$)	In-kind contribution description (if applicable)
***************************************	3701 Hollow Creek Rd.	76001 Employer (See I		of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	y Tom Curnutt		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_Charles Brady)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-16-13	6 Contributor address; City; State; Zip Code P.O. Box 13430, Arl., TX 76094		100 00	of Texas complete Schedule II)
9 Principal occu	I pation / Job title (See Instructions)	10 Employer (See	<u> </u>	97 = 27 07 = 27
Date	Full name of contributor		Amount of	In-kind contribution
	Dr. Wayne & Wanda A	gnew	contribution (\$)	description (if applicable)
9-15-13	azol Pheasant Tr., Arl.	_	100 -	Transport Calentin P
Principal occuj	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-14-13	Contributor address; City; State; Zip Code 1221 Southwood Blvd., AH., TX		100 00	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete schedule 1)
Date	Full name of contributor out-of-state PAC (ID#	puah	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-12-13	2002 Winewood, Art.		1,00000	
				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Rick & Robin Dalton		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-10-13	Contributor address; City; State; Zip Code 1009 Loch Lomond Or.,	Arl.,TX 76012	10000	
Principal occupation / Job title (See Instructions) [MOTAL (If travel outside of Texas, complete Schedule T) [Employer (See Instructions)]				
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POLITICAL CONTRIBUTION	NS	SCHEDULE A

Th	he Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAM			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Dr. Baron & Kemery A-6 Contributor address; City; State; Zip Code	tkins	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-11-13	3609 Wooded Creek Cr.,		250°	of Texas, complete Schedule 1
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (10#_Charles & Lou Arnold.		Amount of contribution (\$)	In-kind contribution description (it applicable)
9-9-13	Contributor address; City; State; Zip Code 1416 Country Club, Arl.		500 ²⁰	
Principal occ	cupation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-10-13	8031 Hopper Rd., Burles		50°°	
Principal occi	upation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
Date	Peter & Eliza Hatton		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-11-13	2607 Park Run Dr., AH.	,TX 76016	50°0	 - pf Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See II		Tiexas, complete ochequie 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-9-13	P.O. Box 25, Arl., TX	76004	250°°]
	11.0.00/ 0.0, 11.			of Texas, complete Schedule T)

P.O. Box 12070

SCHEDULE A

O				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	nedule A:
2 FILER NAME	<i>—</i> /)		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#_ H. A. M. CO.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-10-13	P.O. Box 224., Arl., TX	76004	300°0 (If travel outside	of Texas; complete@dhedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	3 3 60
Date	Full name of contributor out-of-state PAC (ID#_ Jerry & Margaret O' Re Contributor address; City: State; Zip Code	ar	Amount of contribution (\$)	Inskind contribution description (if applicable)
9-9-13	2206 Hunter Place Ln	, Arl., TX 76006	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-10-13	Contributol address; City; State; Zip Code 7510 Sharon Lee Dr.	Arl., TX	100°00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC(ID#_Nicole Schechter Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4-6-13	2710 Shelterwood Ln.	Arl., TX 76016	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_Robert & Stephanie Jur Contributor address; City; State; Zip Code	gen.s	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-9-13	5006 Brookhollow Ct.		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	y Tom Curnutt		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)
9-9-13	Joe & Lynn Eppes 6 contributor address: city: state; zip code 4514 Forestgate Dr., Arl	.,TX 76017	500°	of Texas, complete Schedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	Name of
				97 U1 -
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind-contribution description (if applicable)
0 0 10	Larry & Linda Jacks (Contributor address; City; State; Zip Code	ַ מִכּּ		RATE 2
9-9-13	2104 Englishoak, Arl.	TX 7/201/-	1000) Ja 60
	U	10010		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-9-13	Linda Magazzine Contributor address; City; State; Zip Code 3800 Wedge Wood Ct.,	Arl., TX 76013	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_Samiré Alka Ahuja Contributor address; City: State; Zincode		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-29-13	1813 109th St., Grand	Prairie, X 75050	100	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
_	Michael & Teresa Jarre Contributor address; City; State; Zip Code	tk	contribution (\$)	description (if applicable)
8-30-13	4706 Wild Turkey Tr.,	AH.,TX 76016	50°	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rickas, complete scriedule 1)

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Grady & Belinda Hic	 K\$	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8-28-13	6 Contributol address; City; State; Zip Code 2704 Connecticut Ln.	AH., TX 76001	(If travel outside o	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	RAN ONS
Date	Full name of contributor out-of-state PAC (ID#_ Wyle Anita Parker Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-6-13	2815 Fox Hill Dr., Arli	ngton, TX 76015	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_Carolyn Casselberry		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-30-13	1201 W. Green Oaks Bly	vd., Arl., × 76013	1000	
Principal occup	pation / Job title (See Instructions)	Employer (See I	·····	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-21-13	Contributor address; 1 City; State; Zip Code 1817 Lakeside Dr., Ar	1.,TX 76013	50°°°	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete conedure 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-29-13	1512 Killian Dr., Arl.	TX 76013	J ₂ 000	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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Texas Ethics Cor	nmission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Richard & Ann Morris	 }	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-1-13	6 Contributor address; City; State; Zip Code 1810 Cedar Elm, Arl.,		50°	of Texas, Complete Schedule D
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		JAN A
Date	Full name of contributor out-of-state PAC (ID#) Jeff & Erin Pokrifcs Contributor address; City; State; Zip Code	ak	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-3-13	1404 Riverview Dr., Art		250°b (If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-31-13	Contributor address; Ocity; State; Zip Code 4644 Livingston, Dallas, TX 75209		25°	
Principal occu	Upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#_	ocil	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-3-13	Contributor address; City; State; Zip Code	TX 76001	50 06	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, j
Date	Full name of contributor out-of-state PAC (ID#_ Morrie Minshew Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-3-13	#5 Santa Fe Cr., Arl.		250°°°	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		. 19349, complete Suredule 1)
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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	The Instruction Guide explains how to complete this form.			nedule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Steve & Lori Plamone	don	7 Amount of contribution (\$)	8 In-kind contribution Sescription (if applicable)
8-31-13	6 Contributor address; City; State; Zip Code 2500 Margaret Dr., Ar	1. TX 76012	(If travel outside	of Texas, complete Schedule To
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	3 3 C
Date	John B. Foster Investr	ments	Amount of contribution (\$)	In-kind contribution description (if applicable)
14-3-13	500 Main St., #900, Ft.	Worth, 76102	$2,500^{00}$	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_Danny Smith		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-5-13	Contributo address: City: State; Zip Code	.,TX 76013	50°°	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-1-13	924 Roaring Springs 1	Rd, th,TX 76114	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Coyle Crouch Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-4-13	2015 Kodiak Ct., Art.	TX 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS schedule A					
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_Bené Mary Francis Dos 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 rla-kind contribution description (Papplicable)	
9-6-13	5306 Mansfield Rd., Art.		(If travel outside o	of Texas, complete Sepedule	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	32 8 3	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9-H-13	1209 Canterbury Ct., F	14.,TX 76013 Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor	1	Amount of	In-kind contribution	
9-4-13	Mitchell & Kathy Gras contributor address: City; State; Zip Code 2707 Park Place Ct., D	sty W6,TX 76016	contribution (\$)	description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#_Will & Theresa & ROSS Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9-5-13	1305 Wilshire Blvd., A	10012		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_Cary Walker Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9-4-13	255 N. Center StySte. 200), AH.,TX 76011	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
15.	ATTACH ADDITIONAL COPIES O			ronuiromente	

(512) 463-5800 (TDD 1-800-735-2989) **Texas Ethics Commission** P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of 8 In-kind contribution Franklin & Pat Salazar 6 Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 1505 Wright St., Arl., TX 76012 (If travel outside of Tex 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of In-Kind contribution Ralph & Rae Shelton Contributor address; City; State; Zip Code contribution (\$) description ((f. applicable) 1308 Canterbury Ct., Art., TX Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Ben & Anna Lou Nix Contributor address; City; State; Zip Code 4161 Shady Valley, Art., TX 76013 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) City; State; Zip Code Kingscote Ct., Arl., TX 76010 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Daniel A. Ortiz Atty @ Law Contributor address; City; State; Zip Code contribution (\$) description (if applicable) W. Abram, Arl., TX 76010 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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(512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of in-kind contribution 4 Date description (if applicable) 9-12-13 Weyhill Dr., Arl.,TX (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution (description (if applicable) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) .avender 9-19-13 Country Club Rd., Art., TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Full name of contributor Date Amount of In-kind contribution contribution (\$) description (if applicable) Wayne & Nancy Coble Contributor address; City; State; Zip Code 2201 Green Oaks Blvd., Arl., TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Bowerman Contributor address: City; State; Zip Code 17/199., Arl.,TX 76003 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date contribution (\$) description (if applicable) 1802 Raydon Dr., Arl, TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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POLITICAL	CONTRIBUTIONS	
OTHER THA	AN PLEDGES OR LOA	NS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Todd & Kyndal Nicol		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-16-13	6 Contributor address; City; State; Zip Code	1., Arl., TX 76013	500 ⁰⁶ (If travel outside	ZO TARRA
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#_DLM Investments Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-13-13	all N. Collins, Ste. 323,	AH.,TX 76011	500 (If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		Trekas, complete octionals 17
Date	Full name of contributor out-of-state PAC (ID#_ Out-of-state PAC (ID		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-14-13	Contributor address; City; State; Zip Code 3410 Collard Rd., Arl.,	TX 76017	250°°°	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	frey	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-13-13	2705 Pin Oak Ln., Arl.	TX 76012	250%	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		
Date	Full name of contributor out-of-state PAC (10#:_ Robert W. Mahoney dba R Contributor address; City; State, Zip Code	RWM Invest	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-14-13	4113 Shady Valley Dr., A	i	250 66 (If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date 9-16-13	5 Full name of contributor out-of-state PAC (ID#) Linda Lee BrookShire 6 Contributor address; City; State; Zip Code 7983 Chartwell Ln., Fort Worth, TX 76120		7 Amount of contribution (\$) 250 (If travel outside	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		
9-26-13	Full name of contributor out-of-state PAC (ID#_Myron & Kimberly Berg Contributor address; City: State; Zip Code 4009 Fairway Ct., Arl.	jen 774 76013	Amount of contribution (\$) H8 25	In kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
9-26-13	Full name of contributor out-of-state PAC (ID#_ Jim Ahlfinger Contributor address; City State; Zip Code H09 Canadian Tr., Ma	nsfield, 76063	Amount of contribution (\$) L18 25	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Scredule 1)
Date 9-25-13	Jeannie & Will Deak Contributor address; City; State; Zip Code	Yne TX 76013	Amount of contribution (\$) 48 25	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete Schedule 1)
9-25-13	Full name of contributor out-of-state PAC (ID#_Nathan & Rozlyn Sewer Contributor address; City; State; Zip Code 1712 Venetian Cr., Arl.,	TX 76013	Amount of contribution (\$) Q680	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
If c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ David & Laura Perkins	3	7 Amount of contribution (\$)	8 In-kind contribution description (it-applicable)
9-20-13	6 Contributor address; City; State; Zip Code #8 Rogers, Ct., Pantego	TX, 76013	(If travel outside	of Texas, complete Schedule 11
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#_ Jimmy G Laura Jones Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4-26-13	430 Hensley Rd., Gord	on,TX 76453	200 ⁰⁶	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code alol Juanita, Arl., T	76013	50°	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	500 Throckmorton, Ste,	2704, Hh,TX 76102	250 co	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		reads, complete Scriedale 1)
Date	Full name of contributor out-of-state PAC (ID#_ Fred & Sandra Cook Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4-26-13	506 Dorcas Ln., Arl.,	TX 76013	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Mary Tom Curnutt			3 ACCOUNT # (E	thics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC(ID#) Margaret Ann Mauro 6 Contributor address; City; State; Zip Code			8 In-kind contribution description (if applicable)
11-10-13	6 Contributor address; City; State; Zip Code 3601 E. 294 St. Ste.7,	Bryan, TX	1000	
		77802	(If travel outside o	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	hrikind contribution description (if applicable)
9-20-13	Diane Cawthron Contributor address; City; State; Zip Code	A .	5000	NO N
1780-13	2309 Pheasant Trail,	Arl., 1X 76016	(If travel outside o	of Texas, complete Schedule D
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	AT GO CO
Date	Full name of contributor out-of-state PAC (ID#_ Mendi & Kevin Schut Contributor address; City; State; Zip Code	te	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	2310 Stonebridge Dr., Arl. TX 76006		1000	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
,apa. 3331		Linpleyer (Gee)		
Date	Chris & Rene Cowart		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code 1900 W. Second St., Arl.	TX 76013	25000	
Principal occup	 pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Ohn & Suzanne Cotton Contributor address; City; State; Zip Code	treaux	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-26-13	H15 Rivervalley Ct., Arl, TX		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			·	SCHEDULE A	
The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME Mary Tom Curnutt			3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#) Marty & Craig Hubble 6 Contributor address; City; Slate; Zip Code		contribution (\$)	8 In kind contribution contribution (description (description)	
9-26-13	6 Contributor address; City; State; Zip Code 637 St. Charles Ct., Art.		(If travel outside	of Texas, complete Schedule 7)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
	Wheeler Advertising		7. Amountar	8. Inchind Countries	
9-26-13	6. Crambin Address 600 SIX Flags Dr., Ste. 2	26	10000	i printms	
	Arlington, T	X-16011			
Date	Full name of contributor out-of-state PAC (ID#_Charlie & Sarah Knotts		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9-26-13	Contributor address; City, State; Zip Code 5407 Sapphire Ct., Arl., TX		(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		or lexas, complete ochequie 1)	
Date	Full name of contributor out-of-state PAC (ID#_ DY. Michelle Solls, DOS Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9-26-13	906 W. Abram, Arl.,TX	76013	250°C	 - of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9-26-13	all Silverray Ct., Ar	1.,TX	25000	 	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
If c	ATTACH ADDITIONAL COPIES O			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 FILER NAME Mary Tom Curnutt			3 ACCOUNT # (Ethics 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)
9-26-13	Charon Cofnoir/Pat Dean 6 contributor address; City; State; Zip Code 1105 Briarwood Blvd., Arl., TX		(If travel outside of	TARRA TO TEXAS, complete Schedule 1)
9 Principal occup	J pation / Job title (See Instructions)	10 Employer (See I	• • • • • • • • • • • • • • • • • • • •	or rexas, compete 3 checking 1
Date	Sue . Jim. De Shong. Contributor address; City; State; Zip Code		Amount of contribution (\$)	Inskind contribution description (if applicable)
9-26-13	1416 Clubview Ct., Arl.,	TX 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (1D#:_ Kevin & Tami White		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	Contributor address; City; State; Zip Code 12 Sante Fe Ct., Arl., TX 76016		1000	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_Bill Campbell		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	2403 Oak Shadow Ct., 1	Arl., TX 76017	50%	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Out-of-state PAC (ID		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	4608 Hillside Dr., Arl.	TX 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		· rozas, comprete Scriedure ()

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS					
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Scho	edule A:	
2 FILER NAME	y Tom Curnutt		3 ACCOUNT # (Et	thics Commission Filers)	
9-26-13	Joe Karen Campbell			4 A Linkind contribution description (Frapplicable) A Linkind contribution (Frapplicable)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	2 H	
Date Q 1 12	Full name of contributor out-of-state PAC (ID#_ Patty & George Andr Contributor address; City) State; Zip Code	ews .	Amount of contribution (\$)	In sind contribution description (if applicable)	
9-26-13	3317 Overton Park E.	Fort Worth, x 76109	(If travel outside of	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	-	
Date	Paul Kautz, Jr. Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
				f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_ RUSTY & Yvonne DiSc Contributor address; City; State; Zip Code 1419 Country Club Rd		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#_ Oy. William Driggs Contributor address; City; State) Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	511 Ashmede Ct., Art. TX	76013		f Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Ֆ8 Inkind contribution description (#applicable) 7 Amount of Martha Stork 6 Contributor address; City; State; Zip Code contribution (\$) 11-12-13 Strait Ln., Arl., TX 76013 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Amount of In-kind contribution Dr. & Mrs. Kent Cherry Contributor address; City; State; Zip Code contribution (\$) deschiption (if Applicable) 11-12-13 3105 Stornoway Trl., Arl. TX16012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution Date contribution (\$) description (if applicable) F. G. Wingard Contributor address; City; State; Zip Code 1710 Tennyson Dr. Arl. TX 76013 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Peagy Masters Contributor address; City; State: Zip Code 1705 Northerest Dr., Arl, TX 11-12-13 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: In-kind contribution contribution (\$) description (if applicable) One Kobin Ellis Contributor address; City; State; Zip Code 509 St. Charles Dr., Arl., TX 11-12-13 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Texas Ethics Con	mmission P.O. Box 12070 Aust	in, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS					
The	The Instruction Guide explains how to complete this form.			ule A:	
2 FILER NAME			3 ACCOUNT # (Ethio	cs Commission Filers)	
4 Date	5 Full name of contributorout-of-state PA	C(ID#:)	7 Amount of 8		
11-12-13	1	Code	contribution (\$)	description (if applicable)	
11-12-17	1711 Parkridge Terr.	Arl.,TX 76012	(If travel outside of 1	Texas, complete Schedule 7)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)	In-kind confibution description (if applicable)	
11-12-13	1801 Longbranch Ct.,		25 (If travel outside of T	exas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See		<u> </u>	
Date	Full name of contributor out-of-state PA	rson	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	Contributor address; City; State; Zip 900 Portofino Arl.	TX 76012	2500		
Principal accur	pation / Job title (See Instructions)	Employer (See		Texas, complete Schedule T)	
Fincipal occup	pation / Job tile (See Handelons)	Employer (Gee	mon descendy		
Date	Full name of contributor	C(ID#)	Amount of	In-kind contribution	
	Bob & Mildred Kibb	Code	contribution (\$)	description (if applicable)	
11-12-13	4008 Shady Valley Ct	t., Art., TX 76013	2500		
Principal occup	 pation / Job title (See Instructions)	Employer (See		exas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC John Elaine Tho Contributor address; City: State; Zip	mas	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	1805 Arrowhead Ct.,	Pantego, TX	25 (If travel outside of T	exas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
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Texas Ethics Co	mmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A						
The	e Instruction	Guide explains how to	complete this	form.	1 Total pages Sche	dule A:
	y To1	n Curnu			3 ACCOUNT # (Eth	rn r-2
1-12-13	Sherr 6 Contribu	e of contributor out- y Gould tor address; city; sta		(76013	a5 60	8 In kind contribution description (if applicable)
9 Principal occu	pation / Job tit	le (See Instructions)		10 Employer (See	Instructions)	2: T
Date	۱ س	e of contributor out- contributor out- contributor of contributor of contributor out- contributor of contributor of contributor out- contributor out- contribut	of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1	Canterbury		.TX 76013	(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job tit	le (See Instructions)		Employer (See I	Instructions)	
Date	Dr. Ê M Contribut	rs. Calvin Noraddress; City; State			Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1203 1	CanterburyCt	-, Arl., ()	× 76013		Texas, complete Schedule T)
Principal occu	pation / Job titl	le (See Instructions)		Employer (See I		
Date	Richy	Frannie 1	of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	l	Dickerson D		90, TX 76013	(If travel outside of	. Texas, complete Schedule T)
Principal occu	pation / Job titl	e (See Instructions)		Employer (See I		
Date	Dr.C.R	& Betty H	of-state PAC (ID#: Ome / e; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	3000	Sunset Ln.,	DWG,7	X 76016	(If travel outside of	Texas, complete Schedule T\

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

SCHEDULE A

OTTER THAT ELECTION				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Tom Curnutt		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 lerkind contribution description (it applicable)
11-12-13	6 Contributor address: City; State; Zip Code 706 Loch Lomond Dr., A	Arl.,TX	1000	RANTI BAN 15 STEVER IONS ADD
9 Principal occup	ation / Job title (See Instructions)	160(2 10 Employer (See I	L	of Texas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#_Charles & Pat Groschic Contributor address; City; State; Zip Code	up.	Amount of contribution (\$)	In-kind contribution description (if Capplicable)
11-12-13	4422 Pleasantview Dr., A	H.,TX 76017	(If travel outside of	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)
11-12-13	Leonard & Jan Keiter contributor address; city; state; zip code 414 E. Beady Rd., Arl.,	TX 76006	(If travel outside	 - of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address; City; State; Zip Code 3705 W. Green Oaks Artinaton, TX 76016 ation / Job title (See lastructions)	olvd.,Ste.C	(If travel outside o	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See lostructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Ken & Sandra Talkin Contributor address; City; State; Zip Code	igton	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	4104 Shady Valley Dr.,	Arl.,TX 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	

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SCHEDULE A

OTTER THAN LEDGES ON LOANS					
The	Instruction Guide explains how to complete thi	1 Total pages Sci	nedule A:		
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 Mikind contribution	
	Peggy & John Mc De 6 Contributor address; City; State; Zip Code	rmott	contribution (\$)	description (if applicable)	
11-12-13	2001 Lakehill Ct., Ar	1.,TX 76012	100	5 FE	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)	
5	patient, des itse (eee itseleations,	10 Employer (ese		3 = 7	
Date	Full name of contributor out-of-state PAC (ID#_ Detty & Dick Mitchel Contributor address; City; State; Zip Code	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	1210 Canterbury Ct., Arl	,TX 76013	(If travel outside of	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		resident deficiency	
Date	Full name of contributor out-of-state PAC (ID#:_ Kay Jordan		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	Contributor address; City; State; Zip Code 8529 Meadowbrook Dr.,	Fort Worth, X 76120	100°b	 - of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)	
Date	Full name of contributor out-of-state PAC (ID#_Kave Williams)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	Confributor address; City; State; Zip Code 2101 Van Hook Ct., Arl.	,TX 76013	759		
Principal occur	pation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)	
Date	Bruce & Jenni fer Knig Contributor address; City; State; Zip Code	ht	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	1405 Riverview Dr., Art	.,TX 76012	50 ⁶⁹ (If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)		

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POLITICAL	CONTRIBUTIONS
OTHER THA	AN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	nedule A:
Mary Tom Curnutt			3 ACCOUNT# (E	thics Commission Filers)
4 Date			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-12-13	6 Contributor address; City, State; Zip Code	TX 76012	50 65 (If travel outside	I
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		7/ 2011 ELEC
Date	Full name of contributor out-of-state PAC (ID#_ Katherine Davis Contributor address; City; State; Zip Code		Amount of contribution (\$)	description (Lapplicable)
11-12-13	1417 Clubriew Ct., Arl.,	TX 76013	50°0	of Texas complete Schedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See I		16R - C
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Charles R. Jones Contributor address; City; State; Zip Code 3302 Peachtree Ln., Arl	.,TX 76013	50°°	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#_Conner & Mary Scott		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	3211 Summergrove, Art.	,TX 76061	50 00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_Carrol & Jim Nokes Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	3703 Wedgewood Ct.,	Arl., TX 76013	50 =	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	

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SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_ John Liz Sieren		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
11-12-13	6 Contributor address; City: State; Zip Code 2213 Winewood Ln., Arl., TX 76013		5099	TARR 2014 JA ELECTIO	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, zomplete Stehedule 1) - n	
Date	Full name of contributor out-of-state PAC (ID#_ Carroll Juanez Car Contributor address; City; State; Zip Code	ver	Amount of contribution (\$)	Instand contribution of description (if applicable)	
11-12-13	3012 Collard Rd., Arl.,	TX 76017	5000 (If travel outside of	of Texas, complete Schedule T	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	Contributor address: City; State; Zip Code	hrl.,TX 76013	50 ⁶ (If travel outside o	l 	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#_ Dr. Larry Fran Norris Contributor address; City; State; Zip Code	5	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	3309 Yellowstone Art.	TX 76013	5000	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:_ Sherry McClure Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-12-13	505 Ashmede Ct., Arl			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)		

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exas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						SCHEDULE A
The	Instruction G	uide explains how to co	omplete this	s form.	1 Total pages Sch	edule A:
Mary Tom Curnutt			3 ACCOUNT# (E	thics Commission Filers)		
1 Date		ie Forbes raddress; City; State			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
·	<u></u>	Whispering (See Instructions)	Trail.	10 Employer (See I		of Texas, complete Schedule T
Date	Full name	of contributor	-state PAC (ID#:	1	Amount of	In-kind contribution
1-12-13	Howa	rd Lackma raddress; City; State 13086 Arl	∩ ; Zip Code	6094	contribution (\$)	description (if applicable)
Dain air al annua	adia - / lab dida	(Con Instructions)		Employer (See I		f Texas, complete Schedule T)
rincipal occup	Jation / Job title	(See Instructions)		Employer (See II		
Date	Full name	4 . 4	state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1401 Cl	ubview Ct,	•	IX 76013	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See In	nstructions)	

Full name of contributor Amount of Date Contributor address; City; State; Zip Code contribution (\$) 11-12-13 3800 Wedgewood Ct., Art., TX76013 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Full name of contributor out-of-state PAC (ID#_Contributor address; City; State; Zip Code 3905 S. Shadycreek Dr., Art.

Amount of contribution (\$)

In-kind contribution description (if applicable)

In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T) Employer (See Instructions)

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Texas Ethics Commission **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Ed & Norma Menton		Contribution (\$)	description (if applicable)
11-12-13	6 Contributor address; City; State; Zip Code		10000	A RE
	1418 Clubview Ct., Arl., T	Ct., Arl., 7× 76013		TOTAL EN
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
-	Contributor address; City; State; Zip Code		contribution (\$)	destription (if applicable)
11-12-13	Λ	1 TV	25000	-
11 12 13	1204 Canterbury Ct., Ar	1.7 76013		
Principal occur	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)
	Stephen Zimmer Contributor address; City; State; Zip Code		•	1
11-12-13	407 E. Beady Rd., Arl.,	TX 76006	250°°	1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Bryant & Gay Manning Contributor address; City; State; Zip Code	3	.,	1
11-12-13	1008 Live Oak Ln., Ar	1.,TX76012	200	1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1. 1- 10	Contributor address; City; State; Zip Code	p, PLLC	60	
11-12-13	Contributor address: City; State; Zip Code 1316 Village On Creek Dr.	Plano,TX	500	
	1010 Tinage on orche	75093	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	nedule A:
2 FILER NAME			3 ACCOUNT# (E	Ethics 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)
11-12-13	Donald Grantges 6 contributor address; City; State; Zip Code 1206 Canterbury Ct., Ar		500°	TARRAH 1014 JAN 1515 STEW LECTIONS
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule-T)
Date	Full name of contributor out-of-state PAC (ID#_ Evelyn Bernd+		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	contributor address; city; State; Zip Code 2419 Lake Side Dr., Arl		10000	•
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Helen Schrickel		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address: City; State; Zip Code 1304 Canterbury Ct., Arl	1.,TX 76013	1000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	2707 Pin Oak Ln., Arl	.,TX 76012	1000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Tologic Chemic Pugh Contributor address; City; State; Lip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Taoa Lake Tahoe Or, A	hrl., TX 76016	100 00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		omprete ouriedure 1)
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SCHEDULE A

OTHER	THAN FLEDGES ON EOA	NO		
The	Instruction Guide explains how to complete thi	1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (E	Ethics 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)
11-12-13	J & Monique 6 Contributor address; City; State; Zip Code 210 Seegers Dr., Arl., TX		1000	TARRAHI
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	I	of Texas, complete-Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#_Dr. Kathy Bailey Contributor address; City; State; Zip Code		Amount of contribution (\$)	th-kind contribution description (if-applicable)
11-12-13	712 N. Fielder Rd., Stc. A	A. Arl.,TX 76012	10000	f Towns assessed to Sales (1) To
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ E_L_, A+kins		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address; City; State; Zip Code 1208 Southwood, Ard. T.	X76013	50°	of Toyon complete Schoolide D
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ ESteban & Heather Bla Contributor address; City; State; Zip Code	n <i>co</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	7800 Enchanted Isle Or	r., Arl.,TX 76016	25 00 (If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address; City; State; Zip Code 1425 Country Club Rd.,	Arl. TX 76013	OO 90	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR		SAN PARAS SAN SAN AND AND AND AND AND AND AND AND AND A		

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(312)403-3800	SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	y Tom Curnutt		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor	 2K	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-12-13	5820 Bay Club Dr., Arl.		200 06 (If travel outside	of Texas complete schedulis
9 Principal occul	pation / Job title (See Instructions)	10 Employer (See	Instructions)	35 5 A
Date	Full name of contributor out-of-state PAC (ID#:_ Kelly Curnutt Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind confidention () description (if applicable)
9-9-13	505 S. Fielder Rd., Arl.	T		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Kelly Curnutt Contributor address: City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-28-13	505 S. Fielder, Art., T	X 76013	4825 (If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#_ Kelly Curnut+ Contributor address: City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-14-13	505 S. Fielder, Arl.,	TX 76013	4825 (If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Katte Favara Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12-31-13	1901 Green Meadou	Ct.A.1.T.	48^{25} (If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	ristructions)	
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Linda & Fred Davis		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-12-13	6 Contributor address; City; State; Zip Code P.O. BOX 13663, Art., T.	X76013	(If travel outside	B F 7
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ OUT-of-state PAC (ID#_ Contributor address; City; State Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1412 Country Club, Ar	1.,TX 76013	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Stephen & Judith East Contributor address; City; State; Zip Code	3t	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13		Art.,TX	50°	
Principal occu	pation / Job title (See Instructions)	760 l6 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_Billie Farrar		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address: City; State; Zip Code	76010	350°	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	mer	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1414 Country Club, Art	.,TX 76013	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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Texas Ethics Commission

SCHEDULE A

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The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sc	hedule A:
2 FILER NAME			3 ACCOUNT#(i	Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#_ Doug & Vicki Hafer 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution codescription (if applicable)
11-12-13	1205 Greenbriar Ln., A		(If travel outside	of Texas, complete Schedule 17
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	2 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Date	Full name of contributor out-of-state PAC (ID#_ Ohn Mary H bb5 Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution— description (if applicable)
11-12-13	4006 Falcon Lake Dr. A	fr1. TX	150%	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Joe & Terri Jesko Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address; City; State; Zip Code 2109 N. Fielder Rd., A		1000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date		ıllam	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	2117 N. Fielder Rd., Arl.	TX 76012	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		on the company content of the conten
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	4015 Shady Valley, Arl.,	TX 76013	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
-	,			

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P.O. Box 12070

SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics 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)
11-12-13	Carol Lingard 6 Contributor address; Gity; State; Zip Code 1409 Country Club, Art.	,776013	·	of Texas, complete Schedule 1)
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	25 J GU
Date	Full name of contributor □ out-of-state PAC (ID#_ Dowlene € Steve Mitch Contributor address; City: State; Zip Code	nell	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1408 Chaumont Ct., Art.	.,TX 76013	509	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Roy Camilla Newma	<u>من</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1403 Clubview Ct., Arl.,		(If travel outside	
Principal occup	pation / Job title (See Instructions)	Employer (See Ii		of Texas, complete Schedule T)
		. 1		
Date	Full name of contributor out-of-state PAC (ID#_ Hon. Andy Nguyen		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address: Vity; State; Zip Code 4300 Avila Or., Avl., TX	(76017	1000	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
, .				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1402 Country Club Rd.,	Arl., TX 16013	500 ⁹⁵	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ii		
		<u> </u>		

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Texas Ethics Con	mmission	P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
1		ONTRIBUTION PLEDGES	3.4	NS		SCHEDULE A
The	e Instruction	Guide explains how t	o complete th	is form.	1 Total pages Scho	edule A:
2 FILER NAME		m Curnu	 i++		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full nam	Rico+	out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-12-13	1410	Country Ch	ub Rd.,	AH., TX	100	of Texas, complete Schedule 17
9 Principal occu	pation / Job tit	tle (See Instructions)		10 Employer (See I		
Daté	Mart	in é Brendi	out-of-state PAC (ID#:_ ROSS State; Zip Code	5	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13		egory Ct. Po			(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job tit	le (See Instructions)		Employer (See I		
Date	Baile	y & Connic	eut-of-state PAC (ID#_ C Ruf- state: Zip Code	Ρ	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1	Shady Va		1	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job titi	le (See Instructions)		Employer (See I	nstructions)	
Date	Dr. Do	wid & Anr	ut-of-state PAC (ID#_	થી	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13		San Juan C	tate; Zip Code t., Arl., T	X76012	100 go	f Texas, complete Schedule T)
Principal occup	pation / Job titl	e (See Instructions)		Employer (See I		reads, complete Garestine ()
Date	Jack	Jackie	ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1415	country C		Arl., TX 76013	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title	e (See Instructions)		Employer (See In		Toxas, compete scredule 1)
		ATTACH ADDITIO		OF THIS SCHEDULE		

P.O. Box 12070

SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Bill & Phyllis Snide		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-26-13	allI N. Collins #323, A	· · · · · · · · · · · · · · · · · · ·	(If travel outside	of Texas complete Schedule T
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Randy & Ann Stevens (Contributor address; City; State; Zip Code	DD	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-26-13	5610 Cardinal Oaks Ct.	, Arl. TX 76017	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		rexas, complete Scredille 1)
Date ·	Full name of contributor out-of-state PAC (ID#_ Mike & Amy Wade Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	12 Grant Place, Arlingt	on, TX 76013	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II		r rexas, comprete scriedule 1)
Date	Full name of contributor out-of-state PAC (1D#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	Contributor address: City; State; Zip Code 1307 A.W Abvam Arding		25000	
Principal occup	pation / Job title (See Instructions)	16012 Employer (See II		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-12-13	1212 Canterbury Ct., Arl	7X 76013	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	

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P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 7 Amount of In-kind contribution 8 4 Date description (if applicable) Charles Lou Annold. 6 Contributor address; City: State; Zip Code 1416 Country Club, Arl., TX76013 (If travel outside of Texas, comp 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Date Amount of in-kind contribution contribution (\$) description (if applicable) 11-12-13 Country Cluben, Arl, IX of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date description (if applicable) 11-12-13 3800 Country Club, Art, TX 76013 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) 11-12-13 2010 SilverLeaf Dr., Art., IX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date out-of-state PAC (ID#: contribution (\$) description (if applicable) Contributo address; City; State; Zip Code 1508 South wood Blvd., Arl., TX (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 foradditional reporting requirements.

Texas Ethics Cor	mmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
1		NTRIBUTI PLEDGES		NS		SCHEDULE A
The	Instruction G	uide explains how	to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	-	1 Curnu	, ++		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name		out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-12-13	1	Chaumont			50%	7. 200 ELE
9 Principal occu		(See Instructions)		10 Employer (See		of Texas complete Schedule T)
Date	Dr. Jan	ck and To	out-of-state PAC (ID#_ Ommie (){ State; Zip Code	ean Brooks	Amount of contribution (\$)	In-kind contribution description (If applicable)
9-26-13	!	raddress; City; Country Cl		hrl., TX 76013	500°G	of Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See I		· · · · · · · · · · · · · · · · · · ·
Date 9-26-13	Lim!	of contributor Change Clubyiew	State; Zip Code			In-kind contribution description (if applicable) Bumper Steley of Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See I		rexas, compete screenie 1)
Date	Full name		out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title	(See Instructions)		Employer (See I		of Texas, complete Schedule T)
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 occup	eation / Job title	(See Instructions)		Employer (See I		rovas, comprete scriedule ()
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P.O. Box 12070

		E CATEGORIES		5	·	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	_	Loan Repayment/Re		
Accounting/Banking	Legal Services	Solicitation/Fundral Travel In District	•	Transportation Equip		pense
Consulting Expense	Food/Beverage Expense Politing Expense	Travel Out Of Dist		Contributions/Donati Candidate/Officel	nolder/Political Con	nmittee
Event Expense Fees	Printing Expense	Office Overhead/R		OTHER (enter Facate	egon not listed abo	ove)
, 555	The Instruction Guid			· ~		7
4	,				(Ethics Commissio	n Éllore\
1 Total pages Schedule F:	2 FILER NAME		_	J ACCOUNT A	(Canes Continues	77.5.50
10	Mary Tom (surnut.	7		03.5	
4 Date	5 Payee name '	, 0	1 , , ,		ರಾ ೮	
8-20-13	7 Payee address: City: S	inter (me	dit Mi	rion		\odot
6 Amount (S)	7 Payee address: City: S	State; Zip Code		<u> </u>		
			/		E PO	-143 -143
15.26	200 Taylor, Fo	rt Worti	1 TX	76102	्र टूट टूट डूट	₹ .
8 PURPOSE OF	(a) Category (See categories listed at the I	op of this schedule)	• •	If travel outside of Texas		
EXPENDITURE	Bank fees		Check	2 prints	19	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam PH	e	Office sought		Office held	
Date	Payee name /	/ 1 /				
8-23-13	Payee address; City: S	dvertisi'i	19			
Amount (\$)	Payee address; City; S	State: Zip Code	6-16-7	26		
1000-	600 Six Flags	prive,	suire r	11 - 11		
1,000		Arlingi	ton TX	76011		
PURPOSE	Category (See categories listed at the I		Description (If travel outside of Texas		'
OF EXPENDITURE	Advertising		L090 14	esign & ca	nsulfing	
	Candidate / Officeholder nam		Office sought		Office held	The records to produce the c
Complete ONLY if direct expenditure to benefit C/C						
Date	Payee name					
9-16-13	Constant Co	NEACT				
Amount (\$)		State; Zip Code	<u></u>			
	1601 Trapelo	Pard W	la Hon	MAO	245/	
3/.92	7601 11 apere 1	Coall, W	a/P/\an-			
PURPOSE	Category (See categories listed at the	op of this schedule)	Description (If travel outside of Texas	, complete Schedule T)	•
OF EXPENDITURE	Advertising		FMM	1 service	45	
EXPERDITORE	<u> </u>					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	e	Office sought		Office held	
Date	Payee name ,	,				
9-11-13	Wheeler Adu Payee address; City; s	New 451'19				
Amount (\$)	Payee address; City; S	State; Zip Code	/ / 2	2/		
1 ~ ~ ~ ~	600 Six Flag	5 Drivei	Suite A	46		
1,000-	600 Six Flag	Arlington	TX 7	6011		
PURPOSE	Category (See categories listed at the			If travel outside of Texas	, complete Schedule T))
OF EXPENDITIOE	Advertising		/ die ma	+ Ppring	Ldesign	
EXPENDITURE	MANAGER		/yirane	1 1 1 1 1 1 1 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	e	Office sough		Office held	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Co Solicitation/Fundral Travel in District Travel Out Of Distr Office Overhead/Rolle explains how to o	sing Expense rict ental Expense	Contributions/Donation Candidate/Officeh OTHER (enter a cate	ment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Many Ton	1 Curn	utt	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 9-/2-/3	5 Payee name Taylors Ren 7 Payee address: City: S 220 Universi	tal		7 8 Y 8	7. 20.
6 Amount (S)	7 Payee address; City; S	tate; Zip Code		, , , – , ,	77.107
1,004.56	220 Universi	y Dr., t	fort We	orta 1x	RAHIT
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule)		(If travel outside of Texas,	Andread Control Control
EXPENDITURE	Event		Chair 9t	table vent	al
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	е	Office sough	nt	Office held -
P-12-13	Payee name Phi' Delta Ti	1449			
Amount (\$)	1	State; Zip Code			
500-	707 Davis Dr	ives Arli	ngton l	X 7601	3
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Event		Lab	OP	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	е	Office sough	nt	Office held
Date 9-12-13	Payee name M. Benjami'n Payee address; City; S	Designs	5		
Amount (\$)	Payee address; City; S	tate; Zip Code	_	7/7/016	
765.72	P.O. Box 1523	21, Arlin	gton l	X 16015	
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advertising		T-51	11145	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	e	Office sough	nt	Office held
Date 9-21-13	Payee name Office Ma	X			
Amount (\$)	Payee address; City; S		, , ,	~V ~	(m 1)
273.69	1303 N. Colli	15 St., A.	rlingto.	n TX 16	7 <i>07</i> /
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Office supply	expense	Offic	e supplie	5
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	9	Office sough	ht	Office held
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P.O. Box 12070

		ATEGORIES FOR BOX 8(a	
Advertising Expense		laries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	•	dicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense		avel In District	Contributions/Donations Made By
Event Expense	3 1	avel Out Of District	Candidate/Officeholder/Political Committee
Fees	• •	fice Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
		11114	E
	Mary 10m Lu	inutt	1 2
4 Date	5 Payee name	,	3 3 3
9-12-13	Kundal A/i'c	0/	52 Z 2 <u> 2</u>
6 Amount (S)	Kynda/ //c 7 Payee address; City; Slate;	Zin Codo	C/I
• Amount (3)	7 Payee address, City, State,	lub, Arlingto	TV 76013
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			TO NO E
8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF	F-12.14		1 1 18.00
EXPENDITURE	Event	Even	t decorations
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	
expenditure to benefit C/C		5et 200g	
CAPCINGTO TO DOTTON OVC			
Date	Payee name		
9-19-13	CARIA Mushul		
6 1 1 7 3	Payee name Craig Own by Payee address; City: State;		
Amount (\$)	Payee address; City; State;	Zip Code	
·	7106 Lighthouse.	1 1 1 1 1 1 1 1 1	TV TINO)
1,500-	7106 LIGHThouse	KA. AMINGTON	1 / 1 / 10002
113	" o Diff heads	, CCI - 1711-1- J.	
PURPOSE	Category (See categories listed at the top of the	nis schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting	Cons	ulting
EXPENDITORE	Carisanini	(2/()	urring
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/C)H		
	T		
Date	Payee name / / /		
9-25-13	Sam's Club		
	Payee address; City; State;	7in Code	
Amount (\$)			
127770	8351 Anderson 81	Vd. Fort Wor	HA TX 76/20
537.70	1 000 1 1/100 000 11 07	var, var,	11 11 2012
PURPOSE	Category (See categories listed at the top of the	nis schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	7- 1-		
EXPENDITURE	Event	rood	9 drinks
Complete ONLY if disease	Candidate / Officeholder name	Office soug	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office 30ag	Office Held
Date	Payee name ,		
9-25-13	1 C/46		
(1/1/1/)	Sam's Club		
Amount (\$)	Payee address; City; State;	Zip Code	
^ -~		2/1	/ 1/ 7/ 7/100
9.68	835/ Andrewson	Blilde Smort IN	orth TX 76120
7 . 00	71/10 61 3011 /	100 11011 00	
D. 1000	Catagony (San extraction first district of the	Ne sebedule)	Miles of a state of Tarana and the state of
PURPOSE	Category (See categories listed at the top of the	is screanie) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event	T.C.	0
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/	ОН		
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	l l
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		eimbursement
Accounting/Banking	Legal Services Solicitation/Fundr	alsing Expense Transportation Equi	pment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Dona	
Event Expense	Polling Expense Travel Out Of Dis		eholder/Political Committee
Fees	Printing Expense Office Overhead/		tegory not listed above)
	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT	# (Elithes Commission Filers)
	Mary Tom Curnutt		
4 Date			88 5 3 1
9-25-13	Sams Club		39 × >7
6 Amount (\$)	7 Payee address; City; State; Zip Code		34. U1
	725/1/1 2/1	, 11/ 1/ 1/ 1/	
19,36	835/ Andrerson Blud., For	t Worth IX 16	/# 골 모이
, , , ,			Wind 199
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Event	ICP	
EXPENDITURE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C)H		
Date	Payes name		
9-26-13			
	Payee address; City: State; Zip Code		
Amount (\$)			
110-	801-a W. Paik Row,	Arlian to a TX 71	(n/2
150	our a w. Park Kow, 1	711191011111111111111111111111111111111	
	Costs and a (Consentencial listed at the top of this schedule)	Description (If travel outside of Texa	r, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (in laver outside of fexa	s, complete Schedule 1)
EXPENDITURE	Frent	Food	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		oco roog	
Date	Payee name		
9-26-13	Sam's Club		
Amount (\$)	Payee address; City; State; Zip Code		
		- 11/ 11 -11 -	1/11/2
635,19	835/ Anderson Blvd., Fa	ert Worth 1x 10	(1015
	0 337 7774 0 327 27 27		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	s, complete Schedule T)
OF	F. vont	Supplies & dri	νc
EXPENDITURE	Event	Juppines 7 all	143
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	ЭН		
Date	Payee name , , , ,		
9-26-13	Capps Van Rental		
Amount (\$)	Payee address; City; State; Zip Code	1	
291.90	636 W. Tarrant, Gera	d Marian TV	75050
XIIII	6 10 W. Marrant, (are	um prairie 1x	1 1010
	Category (See categories listed at the top of this schedule)	Description /// travel outside of Torre	e complete Schodule Th
PURPOSE OF		Description (If travel outside of Texa	. 11
EXPENDITURE	Event	Transportati	on /Parking
Complete Ohiii 2 din	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/		Jines Joagill	Omeo naid
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking	Legal Services Solicitation/Fundral		
Consulting Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	Contributions/Donations Made By rict Candidate/Officeholder/Political Committee	
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R		
7 663	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
, •	Mary Tom Curnur	4 8 2 1	
4 Date	5 Pavee name		
9-27-13	M. Benjamin Design: 7 Payee address: City: State: Zip Code	S RR.	
6 Amount (S)			
550.04	P.O. BOX 152321, Arli	ngton TX 76015	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule J)	
OF EXPENDITURE	Advantagina	To Shirts 3 = 3	
EXPENDITURE	Advertising	6 3/11/13	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name ,		
9-30-13	Taylors Rental		
Amount (\$)	Payee address; City: State; Zip Code	1 7/7/117	
272.42	220 University, Fort W	1014 1 X 76101	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event	Table rentals	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name O		
10-16-13	Constant Contact		
Amount (\$)	Payee address; City: State: Zip Code		
114.03	1601 Trapelo Road, Was	Wham MA 02451	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	Advertising	Email Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
9-28-13	Noval-DFW		
Amount (\$)	Payee address; City; State; Zip Code		
500-	2107 Cherry Street, A.	rlington TX 76010	
PURPOSE OF	Category (See categories listed at the top of this schedule) Control of the top of this schedule by	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Cardidalo Inflire haller	Charitable donation	
Complete Chilly is di	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ontract Labor Loan Repayment/Reimburseme	ent		
Accounting/Banking	Legal Services Solicitation/Fundra	ising Expense Transportation Equipment & Rel	lated Expense		
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By			
Event Expense	Polling Expense Travel Out Of Dist				
Fees	Printing Expense Office Overhead/F	Rental Expense OTHER (enter a category not li	sted above)		
	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Co	mmission Filers)		
	Mary Tom Curnutt				
4 Date	5 Pavee name		~		
0 0	li noch ada 1	i m			
9-30-13	Jim De Shong Advert	5)19	7 7)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		3 20		
46/10	1416 Clubview Ct., Arl	10 to 17 76013			
461,10	1710 Clanview (1.) 14111	KY TON IN TOURS	CI		
A DUDDOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Sc	hadiiDT)		
8 PURPOSE OF		(1)			
EXPENDITURE	Advertising	Bumper stickers			
A Complete ONLY if dispet	Candidate / Officeholder name		heta 🤻		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Oince sought Quice	, Go		
expenditure to benefit over		1			
Date	Payee name,	1			
10-2-13	Michael Barnes Vil	120			
Amount (\$)	Payee address; City; State; Zip Code	FU			
Amount (3)		11 . =1-11.	_		
510-	1033 Shortleaf Pine DI	. Arlington 1X 7601	2		
J10	1000 Show tout Time Di	1) /11 (119/01/11 1001)			
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc	hadula Ti		
PURPOSE OF	Category (See Categories listed at the top of this schedule)		neodie i)		
EXPENDITURE	Event	Videos			
	Candidate / Officeholder name	Office sought Office	hold		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office	e nera		
expenditure to belieff C/C	///				
Date	Payee name , , ,				
10-7-13	11/1 sulpa Advantair	10			
10 11)	Wheeler Huver H311	19			
Amount (\$)	Payee address; City; State; Zip Code		. ,		
1000-	600 Six Floor Drive Suite	226 Arlington TX The	011		
1,000	600 Six Flags Drive, Suite		,		
		r			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc			
OF EXPENDITURE	Advertising	Internet & design ser	יש פיציעי		
EXPENDITORE		<u> </u>			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office	e held		
expenditure to benefit C/OH					
Date	Payee name , /				
10-7-13	Vicki Hater		-		
Amount (\$)	Payee address; City; State; Zip Code				
10757	1205 Chains land	Juna 40 1 7 76013			
187,52	1205 Green Brian Lane, Al	11 1910/1 / 1 10013			
		· · · · · · · · · · · · · · · · · · ·			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sc	hedule T)		
OF EXPENDITURE	Advantisus	Event give-aways			
EXPERDITURE	1414751119	<u> </u>			
Complete ONLY if direct	Candidate / Officeholder hame	Office sought Office	e held		
expenditure to benefit C/	OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL E AS NEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				
Accounting/Banking	Legal Services Solicitation/Fur	• • • • • • • • • • • • • • • • • • • •			
Consulting Expense	Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of				
Event Expense Fees	3	d/Rental Expense OTHER (enter a category not listed above)			
1 663	The Instruction Guide explains how				
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
	Mary Tom Curnut	T 20 T			
4 Date	5 Payee name				
10-7-13	Allegra	STIE RRA			
6 Amount (\$)	7 Payee address: City; State; Zip Code	5 5 F			
41.73	1021 W. Abram, Arling	ton TX 76009 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedole)T)			
OF EXPENDITURE	Advertising	Printing 3 5			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/C)H	ļ.			
Date	Payee name				
10-22-13	M. Benjamin Design. Payee address; City: State: Zip Code				
Amount (\$)	Payee address; City; State; Zip Code				
490.70	P.O. Box 152321, Arlin	ston TX 76015			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If fravel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising	T- Shirts			
	Candidate / Officeholder name	Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office field			
Date	Payee name				
10-22-13	Vicki Hater				
Amount (\$)	Payee address; City; State; Zip Code				
380.35	1205 Green Briar Lane,	Arlington TX 76013			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	# Advertising	Event give-aways			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11-14-13	Debbie Singleton				
Amount (\$)	Payee address; City; State; Zip Code				
360	3705 CrossBend 1	r., Arlington TZ 76016			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Contract labor	Data entry			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held			
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P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fund	• • • • • • • • • • • • • • • • • • • •	
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Commit		
Event Expense Fees	Polling Expense Travet Out Of Di Printing Expense Office Overhead		
1 003	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Pthics Commission Ellers)	
. •	Mary Tom Curnut	ナ	
4 Date	5 Payee name		
11-7-13	Katir Favara	क्षेत्र ज निम	
6 Amount (\$)	7 Payee address: City; State; Zip Code	11 7 7 7	
500-	1901 Green Meadow Ct.	, Arlington TX 76013 2	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 1)	
EXPENDITURE	Consulting	Internet services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11-26-13	Debbie Stagheton		
Amount (\$)	Payee address; City; State; Zip Code	,	
300-	3705 Cross Bend Dr., Arl	ington TX 76016	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract labor	Don'to and and	
EXPENDITORE	Contact taber	para erry	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought ' Office held	
Date	Payee name // /	-	
12-5-13	Republican Party of In	wrent Coenty	
	Republican Party of To Payee address; City, State; Zip Code	critical (winty	
Amount (\$)	Payee address, City, State, Zip Code	,	
1,000-	2405 Gravel Drive, For	+ Worth TX 76118	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	7	T.1. T	
EXPENDITURE	F185	MITIG MEE	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought Office held	
Date	Payee name		
12-5-13	Lori Lane		
Amount (\$)	Payee address; City; State; Zip Code		
500-	208 Simut, Arlington	TX 76013	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract labor	Consulting dinkernet	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE: Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Iraising Expense t Contributions/Ponation istrict Contributions/Ponation Candidate/Officeholder/Po	Related Expense le Dr. political Committee t listed above
1 Total pages Schedule F:	2 FILER NAME Mary Tom Curnus	3 ACCOUNT # (Ethics	Commission Filers)
4 Date 12-5-13	5 Payee name Katie Favara	100 100 100	2 30
6 Amount (\$)	7 Payee address; City; State; Zip Code	11 1 7 7/0/2	-
500-	1901 Green Meadow Ct.,	Arlington In 16013	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete	•
EXPENDITURE	Consulting	Internet services	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	ce held
Date 12-19-13	Payee name (rai'g Own by Bayee address Situr State: Zin Code		
Amount (\$)	Payee address, City; State; Zip Code		
1,500-	7106 Lighthouse Rd., Arli's	igton TX 76002	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete s	Schedule T)
OF EXPENDITURE	Consul4'19	Consulting	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought J Office	ce held
Date 20 17	Payee name	,	
12-29-13	Jim De Shong Adve	14151119	
Amount (\$)	Payee address; City, State, Zip Code		
5 90.79	1416 Clubview Ct., Arlis	isten TX 76013	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete S	Schedule T)
EXPENDITURE	Advertising	Kitchen magnets	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office	ce held
9-23-13	Payee name Fast Signs		
Amount (\$)	Payee address; City; State; Zip Code		
1,506.03	803 E. Lamar, Arlingt	on TX 76011	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete S	Schedule T)
EXPENDITURE	Event	51915	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R	ntract Labor Los sing Expense Tra Co rict ental Expense OT	an Repayment/Rein ansportation Equipm intributions/Donatior Candidate/Officeho 'HER (enter a categ	nent & Retated Ex ns Made By older/Political Com	nmittee
A Tetal pages Cohedule E:	2 FILED NAME			3 ACCOUNT #	Ethics Commissio	o Filoso)
1 Total pages Schedule F:	Dany Tom (5 Payee name	Curant	<i>t</i> -	3 ACCOUNT # (Ethics Commissio	n riiers)
4 Date	F Payor pame	u/nu//		1 39		
12-26-13	Texas Conserva	4:45 11	nito DAC	*** 	Ecti	[ARF
6 Amount (\$)		e; Zip Code	7,70	:	<u> </u>	2
759.99	1601 Campus Pri		+ TX 76	:054	2 1 5 P	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (If to	ravel outside of Texas, c	omplete Schedule T)	
OF EXPENDITURE	Fee5		Candida	he Fair	\$ 15	بيائدي المحسط خر
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	The state of the s	Soffice heald	
Date	Payee name	0	, 1	,		
12-26-13	Payee name Torrant County Payee address: City: State	(Kepubli	can Park	4		
Amount (\$)	Payee address; City; Stat	e; Zip Code		/		
1,000-	2405 Gravel Dr.,	Fort W	borth TX	76/18		
PURPOSE OF	Category (See categories listed at the top of		•	ravel outside of Texas, c	1 .	
EXPENDITURE	Candidate Office	holder	Event	Sparsors	ship	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name	1				
12-29-13	Dan ternan	タマユ				
Amount (\$)		e; Zip Code				
2,000-	2823 Quail La	ne, Arli	ngton TX	76016		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If to	ravel outside of Texas, c	omplete Schedule T)	1
OF EXPENDITURE	Advertising		Signar	e instal	lation	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder pame		Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address; City; Stat	e; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If t	ravel outside of Texas, c	omplete Schedute T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Related Expense ct Contributions/Donations Made By district Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead The Instruction Guide explains how t	d/Rental Expense OTHER (enter a calegory not listed above) complete this form.	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
3	Many Tom Curnu	# 20	
4 Date	5 Payee name		
8-20-13	Elite Media Group	STE AN AR	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	2613 Flintridge Dr., (olorado Springs CO 80948	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Push card printing	
Date	Payee name	3	
10-25-13	Ideal Marketing G	roup	
Amount (\$)	Payee address; City; State; Zip Code		
505.55 Reimbursement from political contributions intended	P.O. Box 141416, Irvii	19 TX 75014	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Community guide advertisements	
9-20-13	Payee name Kyndal Niwl		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	1402 Country Club Re	diAmeter 7-76013	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract Labor	Event Assistance	
Date	Payee name		
10-1-13	Debbie Singleton		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	3705 Cross Bend Dr.	Arlington 1776016	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract Labor	DataEntry	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)
Advertising Expense	·	ges/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	•	Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In Dis Polling Expense Travel Out 0	Control of the contro
Fees		nead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Mary Tom Curnu	//
4 Date	5 Payee name	
9-25-13	Restaurant Depo	ot Se A R
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le Sa Si Fi
1,021.92	1171 81 10	
Reimbursement from political contributions intended	1174 Bridgewood Di	r., Fort Worth 1x 76/72
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule I)
OF EXPENDITURE	Eug. 1+	T- 10- 11/1-
EAFEIGHTORE	Event	Food & supplies
Date	Payee name	
7-31-13	Wheeler Adverts	7/19
Amount (\$)	Payee address; City; State; Zip Coo	de de
1,400-	600 SIX Flags Drive. S	wike 226, Arlington TX 76011
Reimbursement from political contributions	600 31X / 10/3 2111) 3	411) /// // / / / / / / / / / / / / / /
intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	11. 1-1-	1000 8 00 1/11 0/10
EVLENDIIOVE	UNIMALISTAG	1 / Oge / Secial MOCIC
EXPENDITURE	Advertising	Logo & social media
Date	Pavee name	2090 / 5001a/ MEU19
Date 8-28-13	Payee name Curnutt & Haker	
Date 8-28-/3 Amount (\$)	Pavee name	
Date 8-28-13 Amount (\$) 314.16	Payee name Curnutt Thaker Payee address; City; State; Zip Coo	de
Date 8-28-13 Amount (\$) 3/4/-/6 Reimbursement from political contributions	Payee name Curnutt & Haker	de
Date 8-28-13 Amount (\$) 3/4/16 Reimbursement from political contributions intended	Payee name Curnutt & Harry Payee address; City; State; Zip Coo. 101 E. Park Row, A	rlington TX 76010
Date 8-28-13 Amount (\$) 3/4/-/6 Reimbursement from political contributions	Payee name Curnutt Harer Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date 8-28-/3 Amount (\$) 3/4./6 Reimbursement from political contributions intended	Payee name Curnutt & Harry Payee address; City; State; Zip Coo. 101 E. Park Row, A	rlington TX 76010
Date 8-28-13 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee name Curnutt Harer Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF	Payee name Curnutt & Harer Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T)
Date 8-28-/3 Amount (\$) 3/4-/6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date /0-23-/3 Amount (\$)	Payee name Curnutt & Harer Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name	Description (If travel outside of Texas, complete Schedule T) Reimhurse postage for invites
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date 10-23-/3	Payee name Curnutt Thaker Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name Proforma Payee address; City; State; Zip Coo	Description (If travel outside of Texas, complete Schedule T) Reimhurse postage for invites
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date 10-23-/3 Amount (\$) 1,327./8 Reimbursement from	Payee name Curnutt Thaker Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name Proforma Payee address; City; State; Zip Coo	Description (If travel outside of Texas, complete Schedule T) Reimhurse postage for invites
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date /0-23-/3 Amount (\$) /, 3 27./8	Payee name Curnutt Thaker Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name Proforma Payee address; City; State; Zip Coo	Description (If travel outside of Texas, complete Schedule T) Reimhurse postage for invites
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date /0-23-/3 Amount (\$) /, 3 27/8 Reimbursement from political contributions	Payee name Curnutt Thaker Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name Proforma Payee address; City; State; Zip Coo	Description (If travel outside of Texas, complete Schedule T) Reimhurse postage for invites de Cincinnati OH 45264
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date /0-23-/3 Amount (\$) /, 3 27./8 Reimbursement from political contributions intended	Payee name Curnutt Ettaker Payee address; City; State; Zip Coo IOI E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name Proforma Payee address; City; State; Zip Coo P.O. Box 640814, Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Reimburse postage for invites de Cincinnati OH 45264 Description (If travel outside of Texas, complete Schedule T)
Date 8-28-/3 Amount (\$) 3/4//6 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date 10-23-/3 Amount (\$) 1, 3 27./8 Reimbursement from political contributions intended	Payee name Curnutt Thaker Payee address; City; State; Zip Coo 101 E. Park Row, A Category (See categories listed at the top of this schedule) Event Payee name Proforma Payee address; City; State; Zip Coo P.O. Box 640814,	Description (If travel outside of Texas, complete Schedule T) Reimhurse postage for invites de Cincinnati OH 45264

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	calaries/Wages/Contract Labor colicitation/Fundraising Expense fravel In District of Out Of District office Overhead/Rental Expense relains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enteral category not listed above)
		xplains how to complete this	
1 Total pages Schedule G:	Mary Ton (urnutt	3 ACCOUNT # (Birs Commission Firs)
4 Date	5 Payee name		
11-1-13	Lun Lane		12 2
6 Amount (S)	7 Payee address; City; State	; Zip Code	19 ATT
Reimbursement from political contributions intended	208 Jimat	, Arlington	\
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Descript	tion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	r ans	uting + Internet
Date	Payee name		
Amount (\$)	Payee address; City; State	; Zip Code	-
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State	; Zip Code	
Reimbursement from political contributions intended	,		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State	Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE	AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

TOABOOM	4E55 61 6/611	70 - 171	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor Indicating Expense Ict Contributions/Donations M Candidate/Officeholder ad/Rental Expense Contributions OTHER (enter a category)	& Related Expense lade By Political Committee
1 Total pages Schedule H:	Mary Tom Curnut		cs Commission Filers)
4 Date 10-16-13	5 Business name Lurnutt & Hafer	TOR	-
6 Amount (\$) 463,40	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVen f	(b) Description (If travel outside of Texas, complete Reimburse for United Suc	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, comple	ete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought O	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, comple	ete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought O	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	-	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, comple	te Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought O	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED	