

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">5</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.5em;">MARVIN</div> <hr/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">SLITTON</div>	<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     RECEIVED - 650                      JUL 15 PM 2:09                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P.O. Box 182115 ARLINGTON, TX 76096		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (817) 602-0644		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.5em;">BETTY</div> <hr/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">FISCHER</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1507 BLUEBONNET TRAIL ARLINGTON, TX 76013		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (817) 275-5379		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month    Day    Year                      THROUGH                      Month    Day    Year 4 / 30 / 2009                      6 / 30 / 2009		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 5 / 14 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> ARLINGTON CITY COUNCIL, DISTRICT 3	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME MARVIN SUTTON 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\**

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ $\phi$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 330.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ $\phi$
	4. TOTAL POLITICAL EXPENDITURES	\$ 686.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,144.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Marvin Sutton  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marvin Sutton, this the 15<sup>TH</sup> day of July, 2009, to certify which, witness my hand and seal of office.

Tina Stewart Tina Stewart notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

**MARVIN SLITTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4/30/09**

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

**LORETTA BASTON**

6 Contributor address; City; State; Zip Code

**5203 TACOMA DRIVE  
ARLINGTON, TX 76017**

7 Amount of contribution (\$)

**30.00**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**4/30/09**

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

**ALISA SIMMONS**

Contributor address; City; State; Zip Code

**P.O. BOX 120425  
ARLINGTON, TX 76012**

Amount of contribution (\$)

**50.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/9/09**

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

**SNOW AUTOMOTIVE LLC**

Contributor address; City; State; Zip Code

**2311 AUTUMN OAKS TRAIL  
ARLINGTON, TX 76006**

Amount of contribution (\$)

**250.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME  
**MARVIN SUTTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**5/1/09**

5 Payee name  
**PATRICIA WESTBROOK**

7 Amount (\$)

6 Payee address; City; State; Zip Code  
**205 WILSHIRE  
ELLSLESS, TX 76040**

**20.<sup>00</sup>**

8 Purpose of payment (See instructions regarding type of information required.)  
**CANVASSING**  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**5/3/09**

Payee name  
**RUSSELL HOPE**  
Payee address; City; State; Zip Code  
**226 FLUSHING QUAIL  
ARLINGTON, TX 76002**

Amount (\$)

**60.<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**POLITICAL SIGN MAINTAINENCE**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**5/3/09**

Payee name  
**HOUSEHOLD OF FAITH**  
Payee address; City; State; Zip Code  
**2550 NEW YORK AVENUE  
ARLINGTON, TX 76018**

Amount (\$)

**45.<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**DONATION**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**5/8/09**

Payee name  
**KROGER**  
Payee address; City; State; Zip Code  
**2350 SE GREEN OAKS BLVD  
ARLINGTON, TX 76018**

Amount (\$)

**69.<sup>56</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**REFRESHMENTS FOR VOLUNTEERS**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **MARVIN SUTTON** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/8/09</b>	5 Payee name <b>WALMART</b>	7 Amount (\$) <b>43.66</b>
6 Payee address; City; State; Zip Code <b>GRAND PRAIRIE, TX 75052</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>REFRESHMENTS FOR VOLUNTEERS</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/9/09</b>	Payee name <b>SHERLOCK'S PUB AND GRILL</b>	Amount (\$) <b>448.23</b>
Payee address; City; State; Zip Code <b>254 LINCOLN SQUARE ARLINGTON, TX 76013</b>		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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