

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

MARVIN SUTTON

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 40.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,754.76

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 422.79

4. TOTAL POLITICAL EXPENDITURES

\$ 1,169.09

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,338.66

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 5th day of April, 20 11, to certify which, witness my hand and seal of office.

Tina Stewart
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
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. 4	
2 FILER NAME MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RICHARD CANADA	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4148 HATHAWAY DRIVE GRAND PRAIRIE, TX 75052		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/7/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RUTHIE FOSTER	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1710 COUNTRY CREST LANE MANSFIELD, TX 76063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROGER DEFRANG	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2200 SHADY VIEW COURT ARLINGTON, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JO-ANN ZIMMERMAN	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1518 EL CAMINO REAL EULESS, TX 76040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARY EDWARDS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2835 5TH AVENUE FORT WORTH, TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VALERIE YOUNG	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 701 E. BLUFF # 5307 FORT WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRANK JELINEK	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) OFFICE SPACE
Contributor address; City; State; Zip Code 801 E. ABRAM STE 101 ARLINGTON, TX 76010		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOE BRUNER	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2311 AUTUMN OAKS TRAIL ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PATRICIA WESTBROOK	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 825 GREENRIDGE DRIVE ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHAREN WILTSHIRE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5708 PRESCOTT DRIVE ARLINGTON, TX 76018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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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 Schedule A:	
2 FILER NAME MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVID COZAD	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4104 CORONET LANE ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VALERIE YOUNG	Amount of contribution (\$) 139.37	In-kind contribution description (if applicable) FOOD TRAYS
Contributor address; City; State; Zip Code 701 E. BLUFF # 5307 FORT WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BETTY FISCHER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1507 BLUEBONNET TRAIL ARLINGTON, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KATY HUBNER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 N. MAIN STREET DUCANVILLE, TX 75116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARVIN SUTTON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5311 MANHASSETT DRIVE ARLINGTON, TX 76018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Schedule A:	
2 FILER NAME MARVIN SUTTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARBARA PASCHAL	7 Amount of contribution (\$) 900.39	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1701 PEARL AVENUE ALBANY, GA 31707		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME MARVIN SLITTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/10/2011		5 Payee name SUSAN RAY			
6 Amount (\$) 192.43		7 Payee address; City; State; Zip Code 1207 EL CAMINO REAL EULESS, TX 76040			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) DECORATIONS AND PREPARATION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/2011		Payee name FRANK JELINEK			
Amount (\$) 100.00		Payee address; City; State; Zip Code 801 E. ABRAM STE 101 ARLINGTON, TX 76010			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) OFFICE RENTAL	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/2011		Payee name VALERIE YOUNG			
Amount (\$) 139.37		Payee address; City; State; Zip Code 701 E. BLUFF #5307 FORT WORTH, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) FOOD TRAYS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/16/2011		Payee name TEXAS DEMOCRATIC PARTY			
Amount (\$) 200.00		Payee address; City; State; Zip Code 505 W. 12TH STREET STE 200 AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) VOTER FILE ACCESS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MARVIN SUTTON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/22/2011	5 Payee name I-STOCKPHOTO.COM
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6 Amount (\$) 114.50	7 Payee address; City; State; Zip Code 1240 20TH AVENUE SE STE 200 CALGARY, ALBERTA T2G 1M8 CANADA
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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