

# 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>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR      FIRST: Michael      MI: D NICKNAME:      LAST: Glaspie      SUFFIX: Sr.	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE 2111 Vista Ridge Ct. Arlington, Tx. 76013	RECEIVED - CSO 12 MAY 4 PM 4:38	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (817)      PHONE NUMBER: 654-2925      EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <input checked="" type="radio"/> FIRST: Billie      MI: NICKNAME:      LAST: Farrar      SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE 600 West Park Row Arlington, Tx. 76010		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (817)      PHONE NUMBER: 277-4411      EXTENSION:		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 4 / 1 / 12      5 / 2 / 12		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 5 / 12 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> Arlington City Council District 8	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Michael Glaspie, Sr. 15 ACCOUNT # (Ethics Commission Filers)

16 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1650
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,175
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 86
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,774
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,775
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000

18 AFFIDAVIT

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



Michael Glaspie, Sr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Glaspie, Sr., this the 4th day of May, 20 12, to certify which, witness my hand and seal of office.

Karen Williams      Karen Williams      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:
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2 FILER NAME <i>Michael Glaspie, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code  <i>See attachment</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(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)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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)
(If travel outside of Texas, complete Schedule T)			

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)
(If travel outside of Texas, complete Schedule T)			

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)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## Campaign Contributions

Name	Address	Amount
Charlie Merrill	1807A W. Park Row	\$100
Elzie Odom	1019 Byron Ln. 76012	\$250
Gayland and Audrey Taylor	2703 St, Charles Dr, Mansfield, Tx 7	\$100
Willie Rodriguez	1813 Elmhurst Dr, 76012	\$75
Rosie Cheatham	5802 Royal Club Dr, 76017	\$100
Rod and Shirley Adams	3915 Cross Bend 76016	\$100
Mr. and Mrs. Inez Addae	2315 Shirecreek Cir GP, 75052	\$200
Emma S. Walker	2700 Greenbrook Dr. 76016	\$100
Anthony & Marilyn Sampson	649 Oak Tree Cv., Cedar Hill, 75104	\$250
N. L. Robinson	4109 Flower Garden Dr. Arl, 76016	\$500
Dennis Smith	1003 Mayes Dr. Cedar Hill 75104	\$150
*David Fielder	2305 Woodsong 76016	\$250
Bill and Cathy Allen	3900 Sunset Lane 76016	\$100
Bill and Barbara Hughes	1809 Woods Dr, 76010	\$250
Mike Patterson	2310 West I20, Ste 100, 76017	\$500
Dr. & Mrs. Wendell Neddermar	6200 Tiffany Oaks Ln, 76016	\$250
John & Sherry Cartusciello	3507 Yacht Club Ct. 76016	\$100
Laura Jones	3307 Tranquility Dr. 76011	\$100
Deanna Palla	2204 Coolidge Dr, 76011	\$100
Ignacio Nunez	1800 Raydon Dr., 76013	\$250
James K. & Luanne King	5906 Whippoorwill Ct. Colleyville, 76	\$150
Elzie / Ruby Odom	1019 Bryon Ln, 76012	\$100
Ray & Sharon Gomez	213 Stockton Dr., Southlake, 76092	\$150
Edward and Grace Mcdermott	2114 Franklin Dr. 76011	\$100
Ralph Shelton	1308 Canterbury Ct., 76013	\$100
Daniel & Kelly Mohorc	2702 Mark Twain Ct, 76006	\$200
Douglas Greene	2007 E. Lamar Blvd, Ste 200 76006	\$100
Barbara Bobo Barksdale	937 Meadow Oaks Dr., 76010	\$500
Wm. Scott Farrar	P.O. Box 1307, 76004	\$300
AFFA PAC	208 S. Fielder, 76013	\$1,000
Gerald Alley	1900 Ballpark Way Ste 110, 76006	\$500
William & Vera McKissic	2409 N. Pleasant Cir., 76015	\$500
Hammer and Nails Club	7001 Boulevard 26 Ste 323 FW 180	\$250
Johnny & Beatrice Self	616 Hasten Ct., FW, 76120	\$100
Randal Rose	3416 Collard Rd., 76017	\$500
Gene Patrick	P.O.Box 200426, 76006	\$500
Adolphus Patterson	1717 Steinburg Ln, FW 76134	\$100
Kenneth Harris	9604 Valley Lake Ln Irv, 75053	\$100
Mark Jackson	5608 Blueridge, FW76112	\$100
Michael and Elma Allen	2724 Garden Grove rd.	\$100
Roy & Tammy Scull	1107 Edenbrook Dr., 76001	\$150
*Teron Lawrence	5764 Bedford Ln., The Colony, 75056	\$100
Misc.		\$1,650
Personal funds		\$2,500
		<b>\$13,675</b>

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME <i>Michael Gaspie, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES:    ↻   ↻   ↻   ↻   ↻   ↻	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Pledgor address;      City; State; Zip Code  <i>N/A</i>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Michael Glaspie, Sr.</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan <i>4/18/12</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Bank Arlington (Prosperity Bank)</i>	9 Loan Amount (\$) <i>\$15,000</i>
6 Is lender a financial institution?  Y    N	8 Lender address; City; State; Zip Code <i>4110 South Bowen Rd. Arlington, Tx. 76016</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Michael Glaspie, Sr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/4/12	<b>5</b> Payee name Political Strategies Group
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<b>6</b> Amount (\$) \$8,000.00	<b>7</b> Payee address: City; State; Zip Code P.O. Box 13183 Arlington, Tx. 76094
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting expense	(b) Description (If travel outside of Texas, complete Schedule T) Mail, yard signs, brochures, mailing list, phone bank
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/12	Payee name Political Strategies Group
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Amount (\$) \$9,500.00	Payee address; City; State; Zip Code P.O. Box 13183 Arlington, Tx. 76094
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T) General mailer, postage, push cards, data comparison, courier, big signs
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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 4/24/12	Payee name Political Strategies Group
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Amount (\$) \$11,793.00	Payee address; City; State; Zip Code P.O. Box 13183 Arlington, Tx
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T) Two targeted mailers, postage, 4x4 signs, yard signs, postcards, advertisement
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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 5/2/12	Payee name Vietnamese Radio
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Amount (\$) \$500	Payee address; City; State; Zip Code New York Arlington, Tx 76013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Radio Advertising + interview
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <i>Michael Glaspie, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/25/12</i>	5 Payee name <i>Metro PCS</i>
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6 Amount (\$) <i>\$ 395</i>	7 Payee address; City; State; Zip Code <i>Little Rd. Arlington, TX</i>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>For HQ's phones</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED