

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. 7								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR C FIRST MI <div style="text-align: center; margin-top: 10px;"> Michael LAST SUFFIX Glaspie Sr. </div>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <p style="font-size: 1.5em; text-align: center; margin: 5px 0;">JAN 15 PM 4:37</p> <p style="font-size: 1.5em; text-align: center; margin: 0;">RECEIVED - CSO</p> <hr/> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Postmarked</p> <hr/> <table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <hr/> <p style="font-size: 0.8em; margin: 0;">Date Processed</p> <hr/> <p style="font-size: 0.8em; margin: 0;">Date Imaged</p> </div>		Receipt #	Amount						
Receipt #	Amount										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;"> 2111 Vista Ridge Ct. Arlington, Tx 76013 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;"> (817) 654-2925 </div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR C FIRST MI <div style="text-align: center; margin-top: 10px;"> Billie LAST SUFFIX Farrar </div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;"> 600 West Park Row Arlington, Tx. 76010 </div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;"> (817) 277-4411 </div>										
9 REPORT TYPE	<table style="width:100%; font-size: 0.9em;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em; margin-top: 10px;"> 7 / 16 / 12 THROUGH 1 / 15 / 13 </div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em; margin-top: 10px;"> 5 / 11 / 13 </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em; margin-top: 10px;"> Arlington City Council District B </div>	13 OFFICE SOUGHT (if known)									
GO TO PAGE 2											

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$ 17,500.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 123.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000

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 15th day of January, 20 13, 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

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

See attachment

6 Contributor address: City: State: Zip Code

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 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 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 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 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)

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 7/16/12 - 1/15/13

Name	Address	Amount
Mike Patterson, 9/10/12	2310 West I20, Ste 100, Arl. 76017	\$250.00
Ralph Shelton, 9/10/12	1308 Canterbury Ct., Arl. 76013	\$200.00
Don Duke, 9/28/12	504 W. Main St., Arl. 76010	\$200.00
David Moritz, 10/23/12	2111 N. Collins, Arl. 76011	\$1,000.00
Gary Martin, 10/23/12	P.O. Box 91588, Arl. 76015	\$500.00
Daniel Mohorc, 10/23/12	2702 Mark Twain Ct., 76006	\$250.00
		\$2,400.00

LOANS

SCHEDULE E

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

2 FILER NAME *Michael Glaspie, Sr.* 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$

5 Date of loan *9/10/12* 7 Name of lender *Personal* out-of-state PAC (ID# _____) 9 Loan Amount (\$) *\$8,500*

6 Is lender a financial institution? *Y (N)* 8 Lender address, City, State, Zip Code *2111 Vista Ridge Ct. Arlington, Tx. 76013* 10 Interest rate
11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor 19 Amount Guaranteed (\$) 18 Guarantor address, City, State, Zip Code

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan *1/4/13* Name of lender *Personal* out-of-state PAC (ID# _____) Loan Amount (\$) *\$2,500*

Is lender a financial institution? *Y (N)* Lender address, City, State, Zip Code *2111 Vista Ridge Ct. Arlington, Tx. 76013* Interest rate
Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$) Guarantor address, City, State, Zip Code

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.

1 Total pages Schedule F	2 FILER NAME Michael Glaspie, Sr.	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---	---

4 Date 9/10/12	5 Payee name Prosperity Bank (Formerly The Bank)
--------------------------	--

6 Amount (\$) \$7,500.00	7 Payee address, City, State, Zip Code 4110 S. Bowen Rd. Arlington, Tx. 76016
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan repayment	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Same as filer	Office sought	Office held Arlington City Council
--	--	---------------	---------------------------------------

Date 11/20/12	Payee name Prosperity Bank
------------------	-------------------------------

Amount (\$) \$7,500.00	Payee address, City, State, Zip Code 4110 S. Bowen Rd. Arlington, Tx. 76016
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

Date 1/4/13	Payee name Mount Olive Baptist Church FCU
----------------	--

Amount (\$) \$2,500.00	Payee address, City, State, Zip Code 514 N. L. Robinson Arlington, Tx. 76011
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan repayment	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address, City, State, Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

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)
--------------------------	--	--

4 Date <i>9/10/12</i>	5 Payee name <i>Prosperity Bank</i>
--------------------------	--

6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$2,500.00</i>	7 Payee address: City, State, Zip Code <i>4110 S. Bowen Rd. Arlington, Tx. 76016</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

Date <i>11/20/12</i>	Payee name <i>Prosperity Bank</i>
-------------------------	--------------------------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$6,000.00</i>	Payee address: City, State, Zip Code <i>4110 S. Bowen Rd. Arlington, Tx. 76016</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Date <i>1/4/13</i>	Payee name <i>Mount Olive BC FCU</i>
-----------------------	---

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$2,500.00</i>	Payee address: City, State, Zip Code <i>514 N. L. Robinson Arlington, Tx. 76011</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED