

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Michael</i>	MI <i>D</i>	Date Received <i>13 MAY - 7 AM 10:4</i> RECEIVED - CSO	
	NICKNAME	LAST <i>Glaspie</i>	SUFFIX <i>Sr</i>	Date Hand-delivered or Post-Marked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
6 EXPLANATION OF CORRECTION <i>Amendment to Schedule A</i>					

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Michael D. Glaspie Sr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Michael D. Glaspie Sr.* this the *7th* day of *May* 20 *13*, to certify which, witness my hand and seal of office.

Stephanie Dimas *Stephanie Dimas* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 Gaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/24

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

Hammers + Nails PAC

6 Contributor address City, State, Zip Code

7001 Blvd 26, Suite 323, Fort Worth
TX. 76180

7 Amount of
contribution (\$) \$20000

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Builders

10 Employer (See Instructions)

Date

4/24

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

Exxon Mobil PAC

Contributor address City, State, Zip Code

5959 Las Colinas Blvd, Dallas, Tx.
75039

Amount of
contribution (\$) \$50000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Energy

Employer (See Instructions)

Date

4/24

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

Jeff + Karen Williams

Contributor address: City, State, Zip Code

6948 West Poly Webb Rd, Arlington,
TX 76016

Amount of
contribution (\$) \$50000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/24

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

Laura + Jimmy Jones

Contributor address: City, State, Zip Code

430 Hensley Rd, Gordon, Tx. 76453

Amount of
contribution (\$) \$10000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/24

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

Peter + Lien Dao

Contributor address: City, State, Zip Code

4526 Marblearch Dr, Grand Prairie,
TX. 75052

Amount of
contribution (\$) \$10000

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Media

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filer)

4 Date

4/24

5 Full name of contributor

out-of-state PAC (ID# _____)

Perdue, Brandon, Fielden Collins + Mott

6 Contributor address City State Zip Code

P.O. Box 134 30 Arlington, TX 76094

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Law Firm

10 Employer (See Instructions)

Date

4/24

Full name of contributor

out-of-state PAC (ID# _____)

Mr + Mrs Elzie Odom

Contributor address City State Zip Code

1019 Byron Lane, Arlington, TX 76012

Amount of contribution (\$)

\$300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/24

Full name of contributor

out-of-state PAC (ID# _____)

Dr. Barbara Odom-Wesley

Contributor address City State Zip Code

1100 Ascott Ct, Arlington, TX 76012

Amount of contribution (\$)

\$10000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Date

4/24

Full name of contributor

out-of-state PAC (ID# _____)

I Sarah Morris III

Contributor address City State Zip Code

2859 Kate Lane, Grand Prairie 75052

Amount of contribution (\$)

\$10000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24

Full name of contributor

out-of-state PAC (ID# _____)

Eric + Renae Grant

Contributor address City State Zip Code

7204 Forrestburg Arlington, TX

Amount of contribution (\$)

\$10000

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/24

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

Tammy + Roy Scull

6 Contributor address City State Zip Code

110 7 Edenbrook Dr. Arl, 76001

7 Amount of contribution (\$) \$100⁰⁰

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

4/24

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

Michael + Elma Allen

Contributor address City State Zip Code

2724 Garden Grove Rd, G.P. 75052

Amount of contribution (\$) \$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24

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

Emma Walker

Contributor address City State Zip Code

2700 Greenbrook Dr. Arl 76016

Amount of contribution (\$) \$200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24

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

Alan Davis

Contributor address City State Zip Code

4508 Westburg Dr, Colleyville, Tx 76054

Amount of contribution (\$) \$200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24

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

Martha Carter

Contributor address City State Zip Code

1711 Caplin Dr. Arl, Tx 76018

Amount of contribution (\$) \$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/24

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

Thomas + Ruby Haskins

6 Contributor address City State Zip Code

1203 Sand Hill Ct Arl, TX 76014

7 Amount of contribution (\$) \$100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

4/24

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

John + Patrice Warren

Contributor address City State Zip Code

4311 Hampton Cir, G.P., TX 75052

Amount of contribution (\$) \$150⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

County Administrator

Employer (See Instructions)

Date

4/24

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

Tyrone Keels

Contributor address City State Zip Code

6624 Deseo, Apt 254 A, Irving, TX 75039

Amount of contribution (\$) \$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Minister

Employer (See Instructions)

Date

4/24

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

Greg + Dawn Paize

Contributor address City State Zip Code

3000 Glenwood Ct, Bedford, TX 76021

Amount of contribution (\$) \$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

I.T.

Employer (See Instructions)

Date

4/24

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

N.L. + Pearl Robinson

Contributor address City State Zip Code

4109 Flower Garden Dr Arl, TX 76016

Amount of contribution (\$) \$300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/24

5 Full name of contributor out-of-state PAC ID#

Brenda Sadler

6 Contributor address City State Zip Code

2612 Riveroaks Dr, Arlington, TX 76006

7 Amount of contribution (\$)

\$70⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

4/24

Full name of contributor out-of-state PAC ID#

Mojib Haddad

Contributor address City State Zip Code

2500 NE Green Oaks, Arlington, TX 76006

Amount of contribution (\$)

\$1000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Date

5/1

Full name of contributor out-of-state PAC ID#

Jerry Robinson

Contributor address City State Zip Code

1600 Cuchara Ln, Arlington, Tx. 76018

Amount of contribution (\$)

\$80⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1

Full name of contributor out-of-state PAC ID#

Mike + Johnnie Sue Bucek

Contributor address City State Zip Code

2009 Stefani Ct, Arlington, Tx 76013

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1

Full name of contributor out-of-state PAC ID#

Anthony Sampson

Contributor address City State Zip Code

130 East Bardis Rd, Arlington, TX. 76018

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/11

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

Dan Dipert

6 Contributor address City: State: Zip Code

1512 Killian Dr, Arl, TX 76013

7 Amount of contribution (\$) In-kind contribution description (if applicable)

\$250

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

5/11

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

Dr. J. Michael Lloyd

Contributor address City: State: Zip Code

3851 S.W. Green Oaks, Arl TX 76017

Amount of contribution (\$) In-kind contribution description (if applicable)

\$250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

dentist

Employer (See Instructions)

Date

5/11

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

J.C. McDonald

Contributor address City: State: Zip Code

1124 Forrest Dr, Arl, TX 76012

Amount of contribution (\$) In-kind contribution description (if applicable)

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11

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

Tom + Diann Cravens

Contributor address City: State: Zip Code

501 S. Fielder Rd, Arl, TX 76013

Amount of contribution (\$) In-kind contribution description (if applicable)

\$500⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11

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

Ralph Shelton

Contributor address City: State: Zip Code

1308 Cantebury Ct, Arl, TX 76013

Amount of contribution (\$) In-kind contribution description (if applicable)

\$200

(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

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1 Total pages Schedule A

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/11

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

Clifford Mycoskie

6 Contributor address: City: State: Zip Code

1409 Woodbine Ct, Arl, TX
76012

7 Amount of contribution (\$) \$200⁰⁰

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

5/11

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

Billie Farrar

Contributor address: City: State: Zip Code

600 W. Park Row Dr, Arl, TX
76010

Amount of contribution (\$) \$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11

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

Rickie + Peggy Merritt

Contributor address: City: State: Zip Code

3004 Iron Stone Ct, Arlington, TX. 76006

Amount of contribution (\$) \$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11

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

MPAC Arlington, Inc.

Contributor address: City: State: Zip Code

1316 South Pecan St, Arlington, TX. 76010

Amount of contribution (\$) \$200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11

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

TRE PAC/Texas Assoc. of Realtors

Contributor address: City: State: Zip Code

P.O. Box 2246, Austin, Tx.
78768

Amount of contribution (\$) \$2,000⁰⁰

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

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