

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
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS <input checked="" type="radio"/> MR FIRST: Michael MI: D. NICKNAME: LAST: Glaspie SUFFIX: Sr.	OFFICE USE ONLY Date Received: 14 JAN 15 PM 4:49 RECEIVED - CSO Date Hand-delivered or Postmarked: Receipt #: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE 2111 Vista Ridge Ct. Arlington, Tx. 76015		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 654-2925		
6 CAMPAIGN TREASURER NAME	MS MRS MR <input checked="" type="radio"/> FIRST: Billie MI: NICKNAME: LAST: Farrar SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE 600 West Park Row Arlington, Tx. 76010		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 277-4411		
9 REPORT TYPE	<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 7 / 16 / 2013 1 / 15 / 2014		
11 ELECTION	ELECTION DATE Month Day Year N/A	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Arlington City Council District 8	13 OFFICE SOUGHT (if known)	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

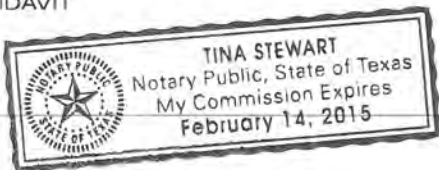
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

additional pages

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>85.00</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1785.00</u>
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>—</u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1785.00</u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>25,000</u>

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 D. Glaspie Sr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Glaspie, this the 15th day of January, 20 14, 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	
2 FILER NAME Michael D. Glaspie, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Williams	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6948 West Poly Webb Rd. Arlington, Tx. 76016		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/1/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darryl Owens	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6701 Coronation Ct., Arlington, Tx. 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Green	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Alley	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1800 Bullpark Way, Ste. 110 Arlington, Tx. 76006		(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(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.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

Michael D. Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

5/15/13

7 Name of lender

Prosperity Bank

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

25,000

6 Is lender a financial institution?

Y N

8 Lender address: City: State: Zip Code

4110 S. Bowen Rd. Arlington, Tx. 76016

10 Interest rate

9%

11 Maturity date

8/2/13

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

IBM Stock

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

Michael Glaspie, Sr.

19 Amount Guaranteed (\$)

\$25,000

18 Guarantor address: City: State: Zip Code

Same

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

4/3/13

Name of lender

Mount Olive Baptist Church FCU

out-of-state PAC (ID# _____)

Loan Amount (\$)

\$12,500

Is lender a financial institution?

Y N

Lender address: City: State: Zip Code

514 N.L. Robinson Dr. Arlington, Tx 76011

Interest rate

9%

Maturity date

4/3/17

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

2007 Nissan Sentra

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.