

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	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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 721.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1829.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2900.00

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.



TINA STEWART
MY COMMISSION EXPIRES
February 14, 2019

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 9th day of April, 20 15, 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

3/27/15

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

Peggy + Rickie Merritt

6 Contributor address; City; State; Zip Code

3004 Iron Stone Ct
Arlington, Tx 76006

7 Amount of contribution (\$)

\$200.00

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

3/26/15

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

Smith + Maxine Harris

Contributor address; City; State; Zip Code

P.O. Box 152304 Arlington, Tx 76015

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/15

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

Kelvin + Rasaan McHenry

Contributor address; City; State; Zip Code

4720 Anchorage Dr. Arlington, Tx. 76016

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/15

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

Mojg + Julia Haddad

Contributor address; City; State; Zip Code

3024 Shadow Dr. W Arlington, Tx 76006

Amount of contribution (\$)

\$2,000.00

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.

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 *4/3/13* 7 Name of lender out-of-state PAC (ID#: _____) *Mount Olive Baptist Church FCU* 9 Loan Amount (\$) *\$2,900*

6 Is lender a financial Institution? Y N 8 Lender address; City; State; Zip Code *514 N.L. Robinson Dr. Arlington, TX 76011* 10 Interest rate *2%*

11 Maturity date *4/3/13*

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 Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)

Is lender a financial Institution? Lender address; City; State; Zip Code Interest rate

Y N 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 <i>Michael Glaspie, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/30/15</i>	5 Payee name <i>John Sons Press</i>
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6 Amount (\$) <i>\$165.63</i>	7 Payee address; City; State; Zip Code <i>3300 South Freeway Fort Worth, TX 76110</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Push cards</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/31/15</i>	Payee name <i>Kwik Kopy Printing</i>
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Amount (\$) <i>\$555.61</i>	Payee address; City; State; Zip Code <i>1850 Handley Dr Fort Worth, TX 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing/mailling</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mailing</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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