

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: 11 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / <input checked="" type="radio"/> MR FIRST MI Michael D NICKNAME LAST SUFFIX Glaspie Sr. | OFFICE USE ONLY Date Received: 15 JUL 14 PM 4:33 RECEIVED - CSO Date Hand-delivered or Postmarked: Receipt # Amount: 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 76013 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 654-2925 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Billie D NICKNAME LAST SUFFIX Farrar | | |
| 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 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 checked="" 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 5 / 10 / 15 7 / 15 / 15 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 9 / 15 | 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) Arlington City Council District B | 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 Gaspie, 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 | \$ 710 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 7,735 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ — |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,926. ⁷⁵ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ — |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 7,200 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.

Michael Gaspie, Sr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Gaspie, Sr., this the 14th day of July, 20 15, to certify which, witness my hand and seal of office.

Mary Susan Signature of officer administering oath
MARY SUSAN Printed name of officer administering oath
City Secretary 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:

5

2 FILER NAME

Michael Gaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10/15

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

Sarah Merrill-Brown

6 Contributor address; City; State; Zip Code

1807A West Park Row Arlington, Tx 76013

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/10/15

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

Deanna + Robert Palla

Contributor address; City; State; Zip Code

2204 Coolidge Dr. Arlington, Tx 76011

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/15

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

Gene + Malissa Portley

Contributor address; City; State; Zip Code

1805 Crooked Ln. Arlington, Tx 76012

Amount of contribution (\$)

\$00.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/15

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

Billie Farrar

Contributor address; City; State; Zip Code

600 West Park Row Arlington, Tx 76010

Amount of contribution (\$)

\$1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/15

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

William Snider

Contributor address; City; State; Zip Code

2111 N. Collins, Ste 323 Arlington, Tx 76011

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10/15

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

Joe Bowers

6 Contributor address; City; State; Zip Code

520 Ave. H, East #102 Arlington, TX 76011

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/10/15

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

David Valk

Contributor address; City; State; Zip Code

4231 N. Hwy 161 Ste 101 Irving, TX 75038

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/15

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

David Moritz

Contributor address; City; State; Zip Code

2111 N. Collins Ste 323 Arlington, TX 76011

Amount of contribution (\$)

\$1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/15

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

Erskine Rose

Contributor address; City; State; Zip Code

740 Willington Dr. Arlington, TX 76018

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/15

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

Eric + Yvonne Grant

Contributor address; City; State; Zip Code

7204 Forestburg Arlington, TX 76001

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/13/15

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

Rod + Shirley Adams

6 Contributor address; City; State; Zip Code

3915 Cross Bend Dr. Arlington, TX 76016

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/14/15

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

Cynthia + Robert Bing

Contributor address; City; State; Zip Code

3919 Coulter Ln Arlington, TX 76016

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/15

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

Miles Hutton Wilson II

Contributor address; City; State; Zip Code

4008 Willowrun Ln Arlington, TX 76013

Amount of contribution (\$)

\$75.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/15

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

Richard + Sylvia Greene

Contributor address; City; State; Zip Code

2114 Cross Creek Ct. Arlington, TX 76017

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/15

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

Grey + Paula Pierson

Contributor address; City; State; Zip Code

301 W. Abram St. Arlington, TX 76016

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

5/18/15

Fred & Alima Addae

6 Contributor address; City; State; Zip Code

2315 Shirecreek Circle Grand Prairie Tx 75052

\$200.00

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/20/15

Kenneth & Rita Parson

Contributor address; City; State; Zip Code

4928 High Creek Dr. Arlington, Tx 76017

\$100.00

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/20/15

Kemp Louis

Contributor address; City; State; Zip Code

901 Canvasback Euless, Tx 76039

\$250.00

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/20/15

Ray Gomez

Contributor address; City; State; Zip Code

1201 Stegall Rd. Keller, Tx 76248

\$100.00

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/20/15

Darryl Owens

Contributor address; City; State; Zip Code

6701 Coronation Ct. Arlington, Tx 76017

\$100.00

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Michael Glaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/20/15

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

Dan + Linda Dipert

6 Contributor address; City; State; Zip Code

1512 Killian Dr. Arlington, Tx. 76013

7 Amount of contribution (\$)

\$200.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/4/15

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

Apt. Assoc. of Tarrant Cty. PAC

Contributor address; City; State; Zip Code

6350 Baker Blvd. Richland Hills, Tx 76118

Amount of contribution (\$)

\$2500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/17/15

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

Arlington Police Assoc. PAC

Contributor address; City; State; Zip Code

1801 W. Park Row Arlington, Tx. 76013

Amount of contribution (\$)

\$6208.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Michael Gaspie, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 7200⁰⁰

5 Date of loan

4/22/15

7 Name of lender

out-of-state PAC (ID#: _____)

Mount Olive Baptist Church FCU

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

514 N.L. Robinson Arlington, Tx 76011

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Minister

13 Employer (See Instructions)

Mount Olive Baptist Church

14 Description of Collateral

none

Share account

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

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

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

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

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.

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

| | |
|--------------------------|---|
| 4 Date 5/19/15 | 5 Payee name Day Pavlik Group |
|--------------------------|---|

| | |
|-----------------------------------|---|
| 6 Amount (\$) \$3926.75 | 7 Payee address; City; State; Zip Code 1201 W. Abram St Arlington, TX 76013 |
|-----------------------------------|---|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising, printing, consulting | (b) Description (If travel outside of Texas, complete Schedule T) Signs, leaflets and consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|-----------------------|
| Date 5/12/15 | Payee name APA PAC |
|-----------------|-----------------------|

| | |
|--------------------------|--|
| Amount (\$) \$2500.00 | Payee address; City; State; Zip Code 1801 W. Park Row Arlington, TX 76013 |
|--------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising, printing | Description (If travel outside of Texas, complete Schedule T) Signs + mailer <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

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

| | |
|-----------------|--------------------------------|
| Date 6/10/15 | Payee name Day Pavlik Group |
|-----------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 1201 W. Abram St. Arlington, TX. 76013 |
|---------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Consulting expense | Description (If travel outside of Texas, complete Schedule T) Consulting fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

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

| | |
|------|------------|
| 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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: <i>1</i> | 2 FILER NAME <i>Michael Glaspie, Sr.</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>6/10/15</i> | 5 Payee name <i>Day Parlik Group</i> | |
| 6 Amount (\$) <i>\$5,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>1201 W. Abram... Arlington, TX 76013</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Consulting expense</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Mailing + consulting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |
| 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

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

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Arlington Police Assoc. PAC

5 Contribution / Expenditure reported on:

Schedule A
 Schedule B
 Schedule C
 Schedule D
 Schedule F
 Schedule G
 Schedule H
 Schedule N
 COH-UC
 COH-T
 PAC-C
 PAC-E

6 Dates of travel 7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A
 Schedule B
 Schedule C
 Schedule D
 Schedule F
 Schedule G
 Schedule H
 Schedule N
 COH-UC
 COH-T
 PAC-C
 PAC-E

Dates of travel Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A
 Schedule B
 Schedule C
 Schedule D
 Schedule F
 Schedule G
 Schedule H
 Schedule N
 COH-UC
 COH-T
 PAC-C
 PAC-E

Dates of travel Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED