

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: -6-
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i> NICKNAME	FIRST <i>Charles</i> LAST	MI <i>Thomas</i> SUFFIX
	<i>Tom Corbin</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	3		
5 CANDIDATE / OFFICEHOLDER PHONE	<i>714 215 1100</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i> NICKNAME	FIRST <i>Charles</i> LAST	MI <i>Thomas</i> SUFFIX
	<i>Tom Corbin</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE			
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 <i>07 / 23 / 2014</i> <i>6 / 30 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 4 / 2014</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>Judge of the Peace, Precinct 7 Tarrant County</i>	
GOTO PAGE 2			

OFFICE USE ONLY

Date Received

BY: *R*

ELECTION ADMINISTRATION

2014 JUL 15 PM 1:20

TARRANT COUNTY

FILED

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Charles Thomas Corbin

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

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.

COMMITTEE TYPE	COMMITTEE NAME	FILED TARRANT COUNTY 2014 JUL 15 PM 1:28 SEVEN SEVEN SEVEN ELECTIONS ADMINISTRATION
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC	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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 825
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,638. ⁴²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

[Signature]
Signature of Candidate or Officeholder

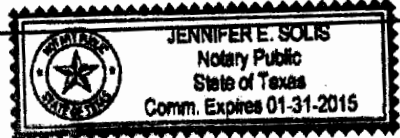
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said C. Thomas Corbin, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jennifer Solis
Print name of officer administering oath

Notary Public
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Charles Thomas Coburn

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/26/2017

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

Mauro Ramirez

6 Contributor address; City; State; Zip Code

*125 N. MAIN
MANIFIELD, TX. 76063*

7 Amount of contribution (\$)

\$200

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Lending

10 Contributor's job title

Loan Officer

11 Contributor's employer/law firm

Security National Mortgage Co.

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

2/27/2017

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

Kenneth L. Lee

Contributor address; City; State; Zip Code

*P.O. Box 271
Arlington, TX. 76017*

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Banking

Contributor's job title

Chairman

Contributor's employer/law firm

Affiliated Bank

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/27/2017

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

Linda S. Patterson

Contributor address; City; State; Zip Code

*4514 Colt Dr.
Arlington TX 76017*

Amount of contribution (\$)

\$125

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Educator

Contributor's job title

Administrator

Contributor's employer/law firm

United Educators Association

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

FILED
 TARRANT COUNTY
 2017 JUL 15 PM 1:28
 STEVE SANDOZ
 ELECTIONS ADMINISTRATOR

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: <i>1 of 2</i>	2 FILER NAME <i>Charles Thomas Corbett</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/27/2014</i>	5 Payee name <i>John Sans Press</i>	
6 Amount (\$) <i>\$1400</i>	7 Payee address; City; State; Zip Code <i>3300 S. Freeway Fort Worth, TX 76110</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mailer</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/27/2014</i>	Payee name <i>The Big Picture</i>	
Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>614 Hemphill St. Fort Worth, TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/28/2014</i>	Payee name <i>US Post Office</i>	
Amount (\$) <i>50.96</i>	Payee address; City; State; Zip Code <i>Mansfield, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Postage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mailing</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name <i>Stamps</i>	
Amount (\$) <i>14.70</i>	Payee address; City; State; Zip Code <i>1721 US Hwy 287 Mansfield, TX 76063</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mailing</i>
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2	2 FILER NAME Charles Thomas Corbitt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/10/2017	5 Payee name R & B Printing	6 Amount (\$) 194.85	7 Payee address; City; State; Zip Code 501 South 5th Ave. Mansfield, TX 76063
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/11/2017	Payee name Booker Industries
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Amount (\$) 405.94	Payee address; City; State; Zip Code 2344 Fanning Rd Dallas, TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Phone
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/31/2017	Payee name Johnson Press
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Amount (\$) 53.20	Payee address; City; State; Zip Code 3300 S. Freeway Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Mail
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Complete ONLY 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)
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Complete ONLY 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bankfrig
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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>Charles Thomas Corri</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7/27/2017</i>	5 Payee name <i>Johnson Press</i>
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6 Amount (\$) <i># 2325⁰²</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3300 S. Freeway Ft Worth, TX 76110</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mailer</i>
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Date <i>4/19/2017</i>	Payee name <i>Fuzzy Monkey Design</i>
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Amount (\$) <i># 93.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>128 N. Main Manfield, TX 76063</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Data</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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FILED
 PARAGRAPHS
 2017 JUL 5 PM 1:28
 STATE ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED