

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7222

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:

FOUR

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

RICHARD

MI M

NICKNAME

LAST

GLASHEEN

SUFF-X

TRAY

COUNTY

DAVA

DEBEAUVOIR

CLINTON

DAVA

COUNTY

DAVA

OFFICE USE ONLY

Date Received

10 JAN

FILED FOR RECORD

Date Delivered / Date Postmarked

17 JAN

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP

P.O. BOX 50182
AUSTIN TX 78763

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

474 2897

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

BETH

MI Y

NICKNAME

LAST

GLASHEEN

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

3709 BRIDLE PATH AUSTIN, TX 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

474 - 2897

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

01 / 04 / 2010

THROUGH

Month

Day

Year

01 / 15 / 2010

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 02 / 2010

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

NONE YET

13 OFFICE SOUGHT (if known)

Justice of the Peace Precinct 5

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

NONE

Address / PO Box: Apt / Suite # City, State: Zip Code

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

RICHARD M GLASHEEN

16 ACCOUNT # (Ethics Commission Filers)

17 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ ZERO

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ ZERO

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 59.50

4. TOTAL POLITICAL EXPENDITURES

\$ 1059.50

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ ZERO

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ZERO

19 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

Richard Glasheen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Glasheen, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

Sharon McKinney
Signature of officer administering oath

Sharon McKinney
Printed name of officer administering oath

Adm Asst.
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

ONE

2 FILER NAME

RICHARD M GLASHEEN

3 ACCOUNT # (Ethics Commission files)

4 Date

1/4/2010

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

6 Payee address: City, State, Zip Code

1311 E 6TH ST. AUSTIN, TX 78702

7 Amount (\$)

\$ 1,000⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

FILING FEE

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/12/2010

Payee name

TRAVIS COUNTY CLERK

Payee address: City, State, Zip Code

5501 Airport Blvd. AUSTIN, TX 78751

Amount (\$)

\$ 35⁵⁰

Purpose of payment (See instructions regarding type of information required.)

PAST ELECTIONS DATA

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

1/13/2010

Payee name

TRAVIS COUNTY CLERK

Payee address: City, State, Zip Code

5501 Airport Blvd. AUSTIN, TX 78751

Amount (\$)

\$ 24⁰⁰

Purpose of payment (See instructions regarding type of information required.)

PRECINCT MAP

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

N/A

Payee address: City, State, Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G **ONE**

2 FILER NAME **RICHARD M GLASHEEN**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/4/2010	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY	8 Amount (\$) \$1,000⁰⁰
	6 Payee address: City, State, Zip Code 1311 E. 6TH ST AUSTIN TX 78702	
7 Purpose of expenditure (See instructions regarding type of information required.) FILING FEE (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 1/12/2010	Payee name TRAVIS COUNTY CLERK	Amount (\$) \$35⁵⁰
	Payee address: City, State, Zip Code 5501 Airport Blvd. Austin TX 78757	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 1/13/2010	Payee name TRAVIS COUNTY CLERK	Amount (\$) \$24⁰⁰
	Payee address: City, State, Zip Code 5501 Airport Blvd. Austin TX 78751	
Purpose of expenditure (See instructions regarding type of information required.) PRECINCT MAP (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name N/A	Amount (\$)
	Payee address: City, State, Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name N/A	Amount (\$)
	Payee address: City, State, Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED