

FORM COR-C/OH

CORRECTION AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER

7409

1 ACCOUNT #		2 Total pages filed: <b>FOUR</b>		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received			
			<b>RICHARD</b>	<b>M</b>	FILED FOR RECORD 2010 JUL 15 PM 2:50 TARRANT COUNTY CLERK TARRANT COUNTY TEXAS			
		NICKNAME	LAST	SUFFIX				
			<b>GLASHEEN</b>					
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked		Receipt #	Legal
5 ORIGINAL PERIOD COVERED		Month Day Year		Month Day Year				
		<b>01/04/2010</b>		THROUGH <b>01/15/2010</b>				
				Date Processed				
				Date Imaged				

6 EXPLANATION OF CORRECTION

① ORIGINAL REPORT INCLUDED SCHEDULE F, WHICH WAS NOT NEEDED

② TWO EXPENDITURES MADE ON 01/15/2010 WERE MADE AFTER REPORT WAS PREPARED AND WERE NOT INCLUDED IN ORIGINAL REPORT.

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I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete.

I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Richard Glasheen*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Richard Glasheen this the 15 day of July

20 10, to certify which, witness my hand and seal of office.

*Ashley Anne Johns*      Ashley Anne Johns  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed.  <i>FOUR</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>RICHARD</i>	MI <i>M</i>
	NICK NAME	LAST <i>GLASHEEN</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	<i>P.O. BOX 50182 AUSTIN TX 78763</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512)</i>	<i>474-2897</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>BETH</i>	MI <i>Y</i>
	NICK NAME	LAST <i>GLASHEEN</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	<i>3709 BRIDLE PATH AUSTIN TX 78763</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512)</i>	<i>474-2897</i>	
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
	<i>01/04/2010</i>		THROUGH <i>01/15/2010</i>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month <i>03</i> Day <i>02</i> Year <i>2010</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<i>NONE YET</i>	<i>Justice of the Peace Act 5</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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 <i>NONE</i>		
	Address / PO Box, Apt / Suite # City: State: Zip Code		

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

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

15 C/OH NAME RICHARD M GLASHEN 16 ACCOUNT # (Ethics Commission Filer)

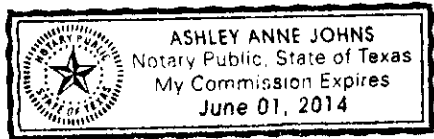
17 NOTICE FROM POLITICAL COMMITTEE(S)

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.

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

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	\$ 83.92
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1083.92
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

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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 Glashen  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Glashen, this the 15 day of July, 20 10, to certify which, witness my hand and seal of office.

Ashley Anne Johns  
Signature of officer administering oath

Ashley Anne Johns  
Printed name of officer administering oath

Title of officer administering oath

**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 GLASSTADEN*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/4/2010</i>	5 Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>	8 Amount (\$) <i>\$ 1,000<sup>00</sup></i>
	6 Payee address; City; State; Zip Code <i>1311 E 6<sup>th</sup> AUSTIN TX 78702</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>FILING FEE</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/12/2010</i>	Payee name <i>TRAVIS COUNTY CLERK</i>	Amount (\$) <i>\$ 35<sup>00</sup></i>
	Payee address; City; State; Zip Code <i>5501 AIRPORT BLVD AUSTIN, TX 78751</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>PRELIMINARY VOTER LIST</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/13/2010</i>	Payee name <i>TRAVIS COUNTY CLERK</i>	Amount (\$) <i>\$ 24<sup>00</sup></i>
	Payee address; City; State; Zip Code <i>5501 AIRPORT BLVD, AUSTIN TX 78751</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>PRELIMINARY MAP</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/15/2010</i>	Payee name <i>TRAVIS COUNTY CLERK</i>	Amount (\$) <i>\$ 19<sup>42</sup></i>
	Payee address; City; State; Zip Code <i>5501 AIRPORT BLVD, AUSTIN, TX 78751</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>VOTER DATA</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/15/2010</i>	Payee name <i>TRAVIS COUNTY CLERK</i>	Amount (\$) <i>\$ 5<sup>00</sup></i>
	Payee address; City; State; Zip Code <i>5501 AIRPORT BLVD AUSTIN TX 78751</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>NOTARY FEE</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED