

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7410

**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:** *THREE*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	<i>RICHARD M</i>		MI
	NICKNAME	LAST	<i>GLASHEEN</i>		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING 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 V</i>		MI
	NICKNAME	LAST	<i>GLASHEEN</i>		

OFFICE USE ONLY

Date Received: _____

Date Hand-delivered: _____ Date Postmarked: _____

Receipt # _____ Amount: _____

Date Processed: _____

Date Imaged: _____

2010 JUL 15 PM 2:52
 TARRANT COUNTY CLERK
 TARRANT COUNTY TEXAS
 FOR RECORD

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: *512* PHONE NUMBER: *474 - 2897* EXTENSION:

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 THROUGH Month Day Year

01/16/2010 07/15/2010

11 ELECTION

Month Day Year ELECTION TYPE

03 02 2010 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): *NONE YET*

13 OFFICE SOUGHT (if known): *Justice of the Peace Pct. 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 N/A

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

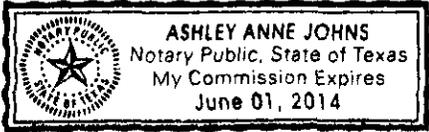
COMMITTEE CAMPAIGN TREASURER NAME

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	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 63.99
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 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

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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>ONE</i>	2 FILER NAME <i>RICHARD M GLASHEEN</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7/15/2010</i>	5 Payee name <i>NETWORK SOLUTIONS</i>
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6 Amount (\$) <i>63.99</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City; State; Zip Code <i>13861 Sunrise Valley Dr. Herndon, Va 20171 Suite 300</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Domain Registration</i>
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Date	Payee name <i>N/A</i>
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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 <i>N/A</i>
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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 <i>N/A</i>
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED