

# 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 #<br>(Ethics Commission Filers)   | 2 Total pages filed:<br><i>AJW</i> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST                                       | MI                                 |
|  | NICKNAME  | LAST  | SUFFIX                             |
| 7105 Hightower St Fort Worth, TX 76112   |   | John  | L                                  |
| 7105 Hightower St Fort Worth, TX 76112   |   | Tunmire                                     |                                    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX;   | APT / SUITE #;                              | CITY; STATE; ZIP CODE              |
| 7105 Hightower St Fort Worth, TX 76112   |   |   |                                    |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER                                | EXTENSION                          |
|  | ( 817 )   | 501-1867                                    |                                    |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST                                       | MI                                 |
|  | NICKNAME  | LAST  | SUFFIX                             |
| 7105 Hightower St Fort Worth, TX 76112   |   | MR.   | John                               |
| 7105 Hightower St Fort Worth, TX 76112   |   | Tunmire                                     | L                                  |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)                                     | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;                              | CITY; STATE; ZIP CODE              |
| 7105 Hightower St Fort Worth, TX 76112   |   |   |                                    |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                                | EXTENSION                          |
|  | ( 817 )   | 501-1867                                    |                                    |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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                               |
|  | 03  | 01  | 2013                               |
|  | THROUGH   |   | Month                              |
|  |   |   | Day                                |
|  |   |   | Year                               |
|  |   |   | 04 / 01 / 2013                     |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE                      |
|  | Month   | Day   | Year                               |
| 05 / 11 / 2013   |   | <input type="checkbox"/> Primary            | <input type="checkbox"/> Runoff    |
|  |   | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special   |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)                 |                                    |
|  | N/A   | City Council District 5                     |                                    |
| <b>GO TO PAGE 2</b>  |   |   |                                    |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**  
John L Tunmire

**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<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |    |   |
|--------------------------------|---|----|---|
| <b>17 CONTRIBUTION TOTALS</b>  | 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)                                  | \$ | 0 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ | 0 |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 0 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ | 0 |
| <b>OUTSTANDING LOAN TOTALS</b> | 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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said John Tunmire, this the 10th day of April, 20 13, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

MARY J KAYSER  
Printed name of officer administering oath

*[Handwritten Signature]*  
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       | 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.

|                                  |                                       |   |
|----------------------------------|---------------------------------------|---|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME<br>John L Tunmire | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------------------------|---|

|               |  |
|---------------|--|
| <b>4</b> Date | <b>5</b> Payee name<br>Direct Tools (Mail Service) |
|---------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>3600.00<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>815 14th Ave SE<br>Minneapolis, MN 55414 |
|---|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|--|

|      |  |
|------|--|
| Date | Payee name<br>Greater Meadowbrook News |
|------|--|

|   |   |
|---|---|
| Amount (\$)<br>286.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>P.O. Box 24264, Fort Worth, Texas 76124 |
|---|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Advertising Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><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) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><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) |
|------------------------|--|---|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**