



# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 ACCOUNT #	00000440	2 PAGE #	1 of 11
-------------	----------	----------	---------

3 COMMITTEE NAME	Fort Worth Fire Fighters Committee for Equal Benefits	OFFICE USE ONLY
------------------	---	-----------------

4 TREASURER NAME	FIRST Glynn, John Jr. (Mr.)	MI	LAST	Date Received
------------------	--------------------------------	----	------	---------------

5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution Report <input type="checkbox"/> Other (specify)	Date Hand-Delivered or Date Postmarked <b>OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX</b>
------------------------	---	--	--

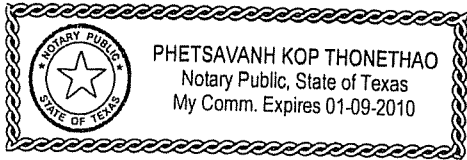
6 ORIGINAL PERIOD COVERED	Month Day Year 08/15/2007 THROUGH 09/27/2007	Receipt # Amount Legal Totals Date Processed Date Imaged
---------------------------	---	---

7 EXPLANATION OF CORRECTION

While completing the 8th day report it was noted that the 30th day report did not include the 'Total Contributions Maintained' in the amount of \$9,970.26. All other items including contributions and expenditures were complete and correct as initially reported.

8 AFFIDAVIT

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.

J. Michael Glynn, Jr.   
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by John M Glynn Jr this the 29<sup>th</sup> day of October, 2007.  
 to certify which, witness my hand and seal of office.

Signature of officer administering oath  
PHETSAVANH KOP THONETHAO  
 Printed name of officer administering oath  
ABM  
 Title of officer administering oath

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



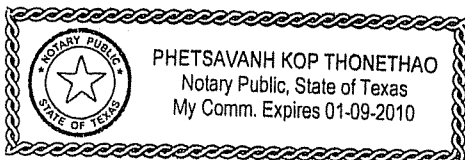
# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Fort Worth Fire Fighters Committee for Equal Benefits		<b>ACCOUNT #</b> (Ethics Commission filers) 00000440	
<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder only)	<input type="checkbox"/> <b>CANDIDATE</b>	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> <b>MEASURE</b>	BALLOT IDENTIFICATION / #  Prop. 1	ELECTION DATE Month Day Year 11/06/2007
		DESCRIPTION  Collective Bargaining for Fort Worth Fire Fighters	
<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 94,380.13
	<b>EXPENDITURE TOTALS</b>		
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 84,380.13
	<b>CONTRIBUTION BALANCE</b>		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 9,970.26	
<b>OUTSTANDING LOAN TOTALS</b>			
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00	

**15 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.



AFFIX NOTARY STAMP / SEAL ABOVE

J. Michael Glynn, Jr.   
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said John M Glynn Jr, this the 29<sup>th</sup> day of October, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

PHETSAVANH KOP THONETHAO  
Print name of officer administering oath

ABU  
Title of officer administering oath



# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/6 Report: 5/11

**2** FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits

**3** ACCOUNT # (Ethics Commission filers)  
00000440

<b>4</b> Date	<b>5</b> Payee name Alfrido, Frank (Mr.)	<b>7</b> Amount (\$)
08/22/2007	<b>6</b> Payee address; City; State; Zip Code 8645 Madison Dr. North Richland Hills, TX 76180-3670	\$304.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>	<b>Payee name</b> Bishop, Jeremy (Mr.)	<b>Amount (\$)</b>
08/22/2007	<b>Payee address; City; State; Zip Code</b> 3737 Byers Ave. Fort Worth, TX 76107	\$775.20

<b>Purpose of payment (See instructions regarding type of information required.)</b> Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>	<b>Payee name</b> Brewer, Clint (Mr.)	<b>Amount (\$)</b>
08/22/2007	<b>Payee address; City; State; Zip Code</b> 205 N. Long Rifle Dr. Fort Worth, TX 76108	\$471.20

<b>Purpose of payment (See instructions regarding type of information required.)</b> Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>	<b>Payee name</b> Cerda, Javier (Mr.)	<b>Amount (\$)</b>
08/22/2007	<b>Payee address; City; State; Zip Code</b> 2235 Washington Ave. Fort Worth, TX 76110-1960	\$304.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/6 Report: 6/11
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Cornish, Cade (Mr.)  ..... <b>6</b> Payee address; City; State; Zip Code 5340 Westminster Ct. N. Fort Worth, TX 76133	<b>7</b> Amount (\$)  \$281.20
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Escobar, Chris (Mr.)  ..... Payee address; City; State; Zip Code 1741 Cynthia Lane Hurst, TX 76054	Amount (\$)  \$402.80
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Forrestal, Tom (Mr.)  ..... Payee address; City; State; Zip Code 2555 Walsh Ct. Fort Worth, TX 76109-1057	Amount (\$)  \$91.20
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Frank, Matt (Mr.)  ..... Payee address; City; State; Zip Code 137 Portales Dr. Aledo, TX 76008	Amount (\$)  \$311.60
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/6 Report: 7/11
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Gibson, Rob (Mr.)  ..... <b>6</b> Payee address; City; State; Zip Code 2302 Mistletoe Drive Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$121.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Grindstaff, Jason (Mr.)  ..... Payee address; City; State; Zip Code 21160 S. FM 4 Lipan, TX 76462	Amount (\$)  \$38.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Harvey, Christian (Mr.)  ..... Payee address; City; State; Zip Code 7317 Londonerry Dr. North Richland Hills, TX 76180	Amount (\$)  \$190.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Hermosillo, Mackey (Mr.)  ..... Payee address; City; State; Zip Code 217 E. Cunningham Crowley, TX 76036	Amount (\$)  \$114.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/6 Report: 8/11

**2** FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits

**3** ACCOUNT # (Ethics Commission filers)  
00000440

<b>4</b> Date	<b>5</b> Payee name Jones, Darren (Mr.)	<b>7</b> Amount (\$)
08/22/2007	<b>6</b> Payee address; City; State; Zip Code 11513 Crystal Falls Drive Keller, TX 76148	\$524.40

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>	<b>Payee name</b> Jones, Justin (Mr.)	<b>Amount (\$)</b>
08/22/2007	<b>Payee address; City; State; Zip Code</b> 6425 Darwood Ave. Fort Worth, TX 76116	\$729.60

<b>Purpose of payment (See instructions regarding type of information required.)</b> Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>	<b>Payee name</b> Mercado, Alberto (Mr.)	<b>Amount (\$)</b>
08/22/2007	<b>Payee address; City; State; Zip Code</b> 1861 Grand Ave. Fort Worth, TX 76106-8636	\$228.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>	<b>Payee name</b> Omberg, Kyle Jr. (Mr.)	<b>Amount (\$)</b>
08/22/2007	<b>Payee address; City; State; Zip Code</b> 1212 Rio Grande Dr. Benbrook, TX 76126	\$129.20

<b>Purpose of payment (See instructions regarding type of information required.)</b> Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 5/6 Report: 9/11

2 FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits

3 ACCOUNT # (Ethics Commission filers)  
00000440

4 Date	5 Payee name Pool, Josh (Mr.)	7 Amount (\$)
08/22/2007	6 Payee address; City; State; Zip Code 703 Terrace Dr. Weatherford, TX 76086	\$144.40

8 Purpose of payment (See instructions regarding type of information required.) Signature Collecting	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Rubalcaba, Joe (Mr.)	Amount (\$)
08/22/2007	Payee address; City; State; Zip Code 7751 Arcadia Trail Fort Worth, TX 76137	\$440.80

Purpose of payment (See instructions regarding type of information required.) Signature Collecting	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Schneider, Matt (Mr.)	Amount (\$)
08/22/2007	Payee address; City; State; Zip Code 4913 Brianhill Dr. Fort Worth, TX 76135	\$478.80

Purpose of payment (See instructions regarding type of information required.) Signature Collecting	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Soto, David (Mr.)	Amount (\$)
08/22/2007	Payee address; City; State; Zip Code 5605 Reagan Rd. Colleyville, TX 76034	\$60.80

Purpose of payment (See instructions regarding type of information required.) Signature Collecting	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/6 Report: 10/11
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Tate, Kayla (Ms.)  ..... <b>6</b> Payee address; City; State; Zip Code 612 West Woodcreek Ct. Granbury, TX 76049	<b>7</b> Amount (\$)  \$83.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name The Eppstein Group  ..... Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, TX 76109	Amount (\$)  \$47,714.93
Purpose of payment (See instructions regarding type of information required.) Political Consultation Contract  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/25/2007	Payee name The Eppstein Group  ..... Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, TX 76109	Amount (\$)  \$30,000.00
Purpose of payment (See instructions regarding type of information required.) Political Consultation Contract  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Yates, Greg (Mr.)  ..... Payee address; City; State; Zip Code 706 Crown Ct. Keller, TX 76248	Amount (\$)  \$440.80
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 11/11
2 FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		3 ACCOUNT # (Ethics Commission filers) 00000440
4 Date  08/28/2007	5 Payee name Chase Bank ..... 6 Payee address; City; State; Zip Code 401 N. Colonial St. Fort Worth, TX 76111	8 Amount (\$)  \$29.74
7 Purpose of expenditure (See instructions regarding type of information required.) Check Order		