

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<input checked="" type="radio"/> MS <input type="radio"/> MRS <input type="radio"/> MR FIRST <i>ANNE MARIE</i> MI NICKNAME LAST <i>KEARNEY</i> SUFFIX	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 2em; font-weight: bold;">APR 30 2012</div> 3:05 p.m. <i>AB</i> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>P.O. Box 881</i> <i>GRAPEVINE, TX 76099</i> <input type="checkbox"/> change of address		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	AREA CODE      PHONE NUMBER      EXTENSION (      )		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS <input checked="" type="radio"/> MR FIRST <i>JOHN</i> MI NICKNAME LAST <i>BANK</i> SUFFIX		
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>6507 ATLANTA DR.</i> <i>COLLEBYVILLE, TX 76034</i>		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	AREA CODE      PHONE NUMBER      EXTENSION (817)      421-8771		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>9 REPORT TYPE</b> <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 REPORT TYPE</b>	<b>10 PERIOD COVERED</b> Month      Day      Year      THROUGH      Month      Day      Year <i>4 / 3 / 2012</i> <i>5 / 4 / 2012</i>		
<b>10 PERIOD COVERED</b>	<b>11 ELECTION</b> ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>5 / 12 / 2012</i>		
<b>11 ELECTION</b>	OFFICE HELD (if any) <i>NONE</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>MAYOR OF GRAPEVINE</i>	
<b>12 OFFICE</b>	<b>GO TO PAGE 2</b>		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

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

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1025

4. TOTAL POLITICAL EXPENDITURES

\$ 347.65

CONTRIBUTION  
BALANCE

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

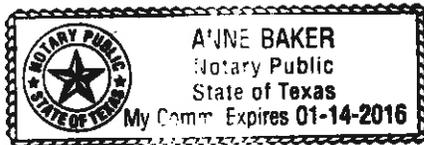
\$ 0

OUTSTANDING  
LOAN TOTALS

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.

*Anne Marie Kearney*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANNE MARIE KEARNEY, this the 30th day of April, 20 2012, to certify which, witness my hand and seal of office.

*Anne Baker*  
Signature of officer administering oath

ANNE BAKER  
Printed name of officer administering oath

NOTARY  
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.

1 Total pages Schedule G: 1	2 FILER NAME <i>ANNE MARIE KEARNEY</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>APRIL 24, 2012</i>	5 Payee name <i>NT GRAPHICS DESIGN INC</i>
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6 Amount (\$) <i>346.40</i> <i>(320 + 26.40 TAX)</i>	7 Payee address; City; State; Zip Code <i>203 E. WORTH ST. GRAPEVINE, TX 76051</i>
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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