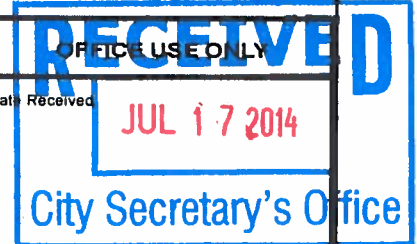


## FORM COR-C/OH CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER



1 ACCOUNT # \_\_\_\_\_ 2 Total pages filed: \_\_\_\_\_

3 CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR \_\_\_\_\_ FIRST TOM MI D  
 NICKNAME \_\_\_\_\_ LAST Spink SUFFIX \_\_\_\_\_

OFFICE USE ONLY  
 Date Received JUL 17 2014  
 Date Hand-delivered or Postmarked HD 7/17/14 2:20pm kch  
 Receipt # \_\_\_\_\_ Amount \_\_\_\_\_  
 Date Processed Printed by [signature] 7/17/14  
 Date Imaged \_\_\_\_\_

4 ORIGINAL REPORT TYPE  
 January 15       Runoff       Other (specify) \_\_\_\_\_  
 July 15       Exceeded \$500 limit \_\_\_\_\_  
 30th day before election       15th day after treasurer appointment (officeholder only)  
 8th day before election       Final report

5 ORIGINAL PERIOD COVERED  
 Month Day Year Month Day Year  
11 / 1 / 2014 THROUGH 6 / 30 / 2014

6 EXPLANATION OF CORRECTION

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

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports** (excluding semiannual reports due on or after September 1, 2011): 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.



[Signature]  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Spink, this the 17 day of July

20 14, to certify which, witness my hand and seal of office.

Kristin Harrison      Kristin Harrison      Notary  
 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**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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 F:	2 FILER NAME <i>Tom Spink</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>Feb 2014</i>	5 Payee name <i>Dennis Webb</i>
------------------------	---------------------------------

6 Amount (\$) <i>100<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>Irving TX</i>
---------------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Feb 2014</i>	Payee name <i>Beth Van Duren</i>
----------------------	----------------------------------

Amount (\$) <i>100<sup>00</sup></i>	Payee address; City; State; Zip Code <i>Irving TX</i>
-------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>March 2014</i>	Payee name <i>Oscar Ward</i>
------------------------	------------------------------

Amount (\$) <i>200<sup>00</sup></i>	Payee address; City; State; Zip Code <i>Irving, TX</i>
-------------------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>Jan 2014</i>	Payee name <i>POX HOFFMAN</i>
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Amount (\$) <i>100<sup>00</sup></i>	Payee address; City; State; Zip Code <i>DALLAS TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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