

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runicif	<input type="checkbox"/> Other (specify)	RECEIVED DALLAS COUNTY ELECTIONS 2016 MAR 04 12:05 PM Date Hand-delivered or Date Photographed Receipt #      Amount \$			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	1	1	2016	THROUGH	1	21	2016

6 EXPLANATION OF CORRECTION  
 Included are ~~new~~ house numbers on all contribution addresses.  
 Revised Forms: C/OH pages 1-3, A1, A2, F1

7 AFFIDAVIT

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

Check ONLY if applicable:

Semiannual reports: 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: 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.

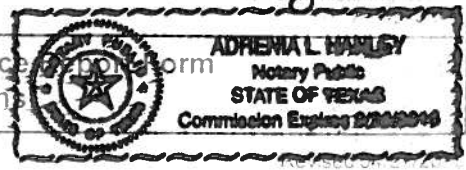
*John Brian Hutcherson*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP & SEAL ABOVE

Sworn to and subscribed before me, by the said John Brian Hutcherson this the 4th day of March 2016, to certify which, witness my hand and seal of office.

Adrenia Hanley Signature of officer administering oath  
 Printed name of officer administering oath  
notary Title of officer administering oath

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



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Sohn</b>	MI <b>B</b>	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <b>Hutcheson</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4415 Levs Thomassen Rd. Mesquite, TX 75150</b>			
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(214) 683-4032</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Thomas</b>	MI	Date Received
	NICKNAME	LAST <b>Latham</b>	SUFFIX	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>126 Jobson Rd Sunnyvale, TX 75182</b>			Receipt #
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(214) 226-2297</b>			Amount \$
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)			Date Processed
	<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 - FH)			Date Imaged
10 PERIOD COVERED	Month Day Year     Month Day Year <b>1 / 1 / 2016</b> THROUGH <b>1 / 21 / 2016</b>			
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 1 / 16</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Justice of the Peace Prec. 2 PL. 1</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100<sup>-</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3825<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 831<sup>95</sup>

CONTRIBUTION  
BALANCE

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

\$ 2333<sup>05</sup>

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2500<sup>-</sup>

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1325 <sup>-</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2500 <sup>-</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 831 <sup>95</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

John Brian Hutcheson

3 Filer ID (Ethics Commission Filers)

4 Date

1/7/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Stuart Williams

7 Amount of contribution (\$)

\$ 500

6 Contributor address: City: State: Zip Code  
14902 Preston Rd. Dallas TX 75254

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/16/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Joanne Wimberly

Amount of contribution (\$)

\$ 25

Contributor address: City: State: Zip Code  
913 Norton Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/16/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Patricia & Art Greenhaw

Amount of contribution (\$)

\$ 150

Contributor address: City: State: Zip Code  
1211 Lakeshore Dr. Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jonathan Boos

Amount of contribution (\$)

\$ 150

Contributor address: City: State: Zip Code  
5826 Squoy Place Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*John Brian Hutcheson*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/20/16*

5 Full name of contributor

*Lores Noxhese*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$500*

6 Contributor address:

*709 Colenhaven Mesquite, TX 75149*

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

*John Brian Hutcherson*

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ *2500*

5 Date

*1/21/16*

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Brad Underwood*

8 Amount of Contribution \$

*\$1000*

9 In-kind contribution description

*Facility & Consulting*

7 Contributor address: City: State; Zip Code

*921 Via Coronado Mesquite TX 75150*

Check if travel outside of Texas. Complete Schedule C

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

*1/21/16*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Bill Callagher*

Amount of Contribution \$

*\$1500*

In-kind contribution description

*Consulting*

Contributor address: City: State; Zip Code

*124 Market Maybank TX 75147*

Check if travel outside of Texas. Complete Schedule C

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>John Brian Hetcheson</i>	3 Filer ID (Ethics Commission Filers):
----------------------------	---	--

4 Date <i>1/20/16</i>	5 Payee name <i>Pityx</i>
--------------------------	------------------------------

6 Amount (\$) <i>\$ 39<sup>80</sup></i>	7 Payee address: City: State: Zip Code <i>995 Market St. San Francisco CA 94103</i>
--	--

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Processing</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>
---------------------------------	---	--

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

Date <i>1/11/16</i>	Payee name <i>Pityx</i>
------------------------	----------------------------

Amount (\$) <i>\$ 12<sup>15</sup></i>	Payee address: City: State: Zip Code <i>995 Market St. San Francisco CA 94103</i>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Processing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i>
------------------------	---	--

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

Date <i>1/5/16</i>	Payee name <i>Miller Media</i>
-----------------------	-----------------------------------

Amount (\$) <i>\$ 500</i>	Payee address: City: State: Zip Code <i>2505 Candleberry Dr. Mesquite TX 75149</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Ad</i>
------------------------	--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>John Brian Hutchison</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>1/7/16</i>	5 Payee name <i>Brad Underwood</i>
-------------------------	---------------------------------------

6 Amount (\$) <i>\$180</i>	7 Payee address: City: State: Zip Code <i>921 Via Coronado Mesquite TX 75150</i>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Phone List</i>
--------------------------	---	---

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

Date <i>1/7/16</i>	Payee name <i>North Dallas Tea Party</i>
-----------------------	---

Amount (\$) <i>\$100</i>	Payee address: City: State: Zip Code <i>4710 Carlton Ct Garland TX 75043</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Table at Campaign Event</i>
------------------------	--	---

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

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

Amount (\$)	Payee address: City: State: Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED