

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

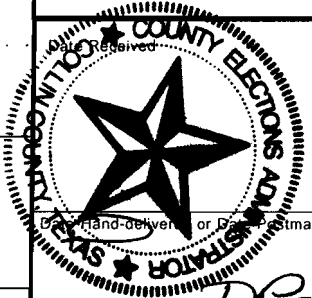
FORM C/OH  
COVER SHEET PG 1

**ORIGINAL**

The C/OH Instruction Guide explains how to complete this form. **1** ACCOUNT # (Ethics Commission filers) **2** Total pages filed: **5**

**3** CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR: Judge FIRST: Warren MI: m  
 NICKNAME: "Mike" LAST: Yarbrough SUFFIX:

**OFFICE USE ONLY**



Receipt # \_\_\_\_\_ Amount \_\_\_\_\_  
 Date Processed: **2.22.10**  
 Date Imaged: **2.22.10**

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 1323 Lakewood Dr.  
 McKinney TX 75070  
 Change of Address

**5** CANDIDATE / OFFICEHOLDER PHONE  
 AREA CODE: (972) PHONE NUMBER: 731-7303 (office) EXTENSION:

**6** CAMPAIGN TREASURER NAME  
 MS / MRS / MR: Mrs FIRST: Lynn MI:  
 NICKNAME: Dbdson LAST: SUFFIX:

**7** CAMPAIGN TREASURER ADDRESS (Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 2515 Sunny Meadow  
 McKinney TX 75070

**8** CAMPAIGN TREASURER PHONE  
 AREA CODE: (214) PHONE NUMBER: 544 0446 EXTENSION:

**9** REPORT TYPE  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10** PERIOD COVERED  
 Month Day Year: 02 / 01 / 10 THROUGH Month Day Year: 02 / 22 / 10

**11** ELECTION  
 ELECTION DATE: Month Day Year: 03 / 02 / 10  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12** OFFICE  
 OFFICE HELD (if any): Justice of the Peace, Prec 4, Collin Co.

**13** OFFICE SOUGHT (if known): Same as 12

**14** NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  
 \*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*  
 Name: \_\_\_\_\_  
 Address / PO Box; Apt. / Suite #; City; State; Zip Code: \_\_\_\_\_  
 additional pages

**GO TO PAGE 2**

RECEIVED FEB 22 2010

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

FORM C/OH  
COVER SHEET PG 2

ORIGINAL

15 C/OH NAME W.M. "Mike" Yarbrough 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

•• 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3585.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1136.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

W.M. Yarbrough  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W.M. Yarbrough, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.

Betty Lucas Wolff  
Signature of officer administering oath

Betty Lucas Wolff  
Printed name of officer administering oath

notary  
Title of officer administering oath

RECEIVED FEB 22 2010

**ORIGINAL**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME W.M. "Mike" Yarbrough		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-19-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Joyane Darling	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1717 Savannah Dr McKinney TX 75070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-19-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney Area Republicans	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1845 McKinney TX 75070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-19-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.L. & D.W. Harris	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2745 Montreaux Dr Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-19-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & M. Anselmi	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6179 FM 902 Gainesville TX 76240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-4-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PFister, Boserine & Assoc.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2591 Dallas Pkwy, Suite 500 Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

RECEIVED FEB 22 2010

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

**ORIGINAL**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

W.M. "Mike" YARBROUEN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-8-10

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

Patrick Fallon

7 Amount of contribution (\$)

200<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

5647 Buena Vista  
FRISCO, TX 75034

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED FEB 22 2010

**ORIGINAL**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>W.M. "Mike" Yarbrough</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2-5-10</b>	5 Payee name <b>Texas Mail Center Mailing Services</b> Payee address; City; State; Zip Code <b>624 Krona Dr. Plano TX 75074</b>	7 Amount (\$) <b>2,736.44</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Printing &amp; Mailing</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>2-2-10</b>	Payee name <b>Visionary Sales Environments</b> Payee address; City; State; Zip Code <b>3101 Dalworth St Arlington TX 76011</b>	Amount (\$) <b>548.68</b>
Purpose of payment (See instructions regarding type of information required.) <b>Signs</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED FEB 22 2010