

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Judge</i> <i>Warren</i> <i>M</i> <hr/> NICKNAME LAST SUFFIX <i>"Mike"</i> <i>Yarbrough</i>	<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <hr/> Date Hand-Delivered or Date Postmarked <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">Dina</div> Receipt # Amount <hr/> Date Processed <i>1-12-10</i> Date Imaged <i>1-12-10</i> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1323 Lakewood Dr</i> <i>McKinney TX 75070</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972)</i> <i>731-7303</i> <i>(office)</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs</i> <i>Lynn</i> <i></i> <hr/> NICKNAME LAST SUFFIX <i></i> <i>Dodson</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2515 Sunny Meadow</i> <i>McKinney TX 75070</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214)</i> <i>544 0446</i>		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>07 / 01 / 09</i> <i>12 / 31 / 09</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 02 / 10</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace</i> <i>Pct 4, Collin Co.</i>	13 OFFICE SOUGHT (if known) <i>Same as 12</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">N/A</div> Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

COLLIN COUNTY
ELECTIONS ADMINISTRATION
10 JAN 12 PM 3:53

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

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

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

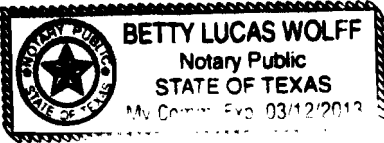
COLLIN COUNTY ELECTIONS ADMINISTRATION
10 JAN 12 PM 3:53

** 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. **

18 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)	\$ 1250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1632.06
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.



AFFIX NOTARY STAMP / SEAL ABOVE

W.M. Yarbrough
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W.M. Yarbrough, this the 12th day of January, 2010, to certify which, witness my hand and seal of office.

Betty Lucas Wolff Betty Lucas Wolff Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1

2 FILER NAME

W. M. "Mike" Yarbrough

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/07/09

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

TREPA C, Texas Assoc. of Realtors
Political Action Committee

6 Contributor address; City; State; Zip Code

P.O. Box 2246
Austin TX 78768-2246

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/14/09

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

Edmund Burke

Contributor address; City; State; Zip Code

P.O. Box 1078
Frisco TX 75034

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/09

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

Ralph Joseph

Contributor address; City; State; Zip Code

1105 Central Expressway N Ste 330
Allen TX 75013

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 JAN 12 PM 3:53

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

i

2 FILER NAME

W.M. "Mike" Yarbrang L

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-31-9

5 Payee name

Collin County GOP

6 Payee address; City; State; Zip Code

8416 Stacy Rd
McKinney TX 75070-2142

8 Amount (\$)

1,000.00

7 Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Filing fee

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

COLLIN COUNTY ELECTIONS ADMINISTRATION
 10 JAN 12 PM 09:58

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED