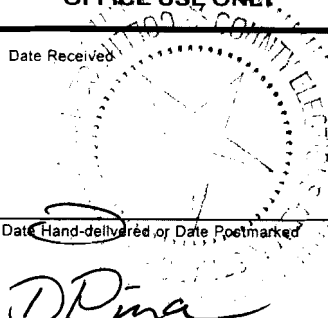


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: 7
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST MI Ms. Corinne A NICKNAME LAST SUFFIX Mason	OFFICE USE ONLY  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed 1-8-10 Date Imaged 1-8-10	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1905 Waverly Court Richardson TX 75082		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 571-9528		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jerry E NICKNAME LAST SUFFIX Yancey		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1921 Palo Alto Circle Plano TX 75074		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 424-9188		
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 7 / 1 / 2009 12 / 31 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 10	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) Judge, Collin County Court at Law 1	13 OFFICE SOUGHT (if known) Same	
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 name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 JAN - 8 PM 2:20

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

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

15 C/OH NAME Corinne A. Mason 16 ACCOUNT # (Ethics Commission Filers)

17 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

COLLIN COUNTY
ELECTIONS ADMINISTRATION
10 JAN - 8 PM 2:20

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)	\$ 1,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,515.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 784.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Corinne A. Mason
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Corinne A. Mason, this the 5 day of January, 2010, to certify which, witness my hand and seal of office.

J'Net Chambers 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: 3	
2 FILER NAME Corinne A. Mason		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-4-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark McCoy	7 Amount of contribution (\$) 500 -	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2591 Dallas Parkway Ste. 205 Frisco TX 75034		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) Wolfe, Tidwell & McCoy LLP	
Date 12-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R. Ries	Amount of contribution (\$) 100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 555 Republic Drive, Ste. 200 Plano TX 75074		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 12-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David M. Kleckner	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6004 Ainsdale Ct. Dallas TX 75252		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 12-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Leyko	Amount of contribution (\$) 200 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8909 Bent Tree Drive McKinney TX 75070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 12-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire D. Miranda	Amount of contribution (\$) 100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1415 Harroun Ave. McKinney TX 75069		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Miranda + Miller, P.C.	

10:17:08 PM 12/4/09
 TARRANT COUNTY
 CLERK OF COURTS ADMINISTRATION

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): **3**

2 FILER NAME **Corinne A. Mason** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12-4-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McCraw	7 Amount of contribution (\$) 100 -	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1415 Harroun McKinney TX 75070		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **attorney** 10 Contributor's job title **attorney**

11 Contributor's employer/law firm **McCraw Grant** 12 Law firm of contributor's spouse (if any) **n/a**

13 If contributor is a child, law firm of parent(s) (if any) **n/a**

Date 12-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom O'Connell	Amount of contribution (\$) 100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 427 Sunrise Dr. Allen TX 75002		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **attorney** Contributor's job title **attorney**

Contributor's employer/law firm **n/a** Law firm of contributor's spouse (if any) **n/a**

If contributor is a child, law firm of parent(s) (if any) **n/a**

Date 12-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary A. Udashen	Amount of contribution (\$) 100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2301 Cedar Springs Rd. Dallas TX 75201		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **attorney** Contributor's job title **attorney**

Contributor's employer/law firm **self** Law firm of contributor's spouse (if any) **n/a**

If contributor is a child, law firm of parent(s) (if any) **n/a**

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 JAN - 8 PM 2:20

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 3	
2 FILER NAME <i>Corinne A. Mason</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12-11-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dawna Kim</i>	7 Amount of contribution (\$) <i>\$100-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>13140 Coit Road Ste. 350 Dallas TX 75240</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>attorney</i>		10 Contributor's job title <i>attorney</i>	
11 Contributor's employer/law firm <i>self</i>		12 Law firm of contributor's spouse (if any) <i>Ma</i>	
13 If contributor is a child, law firm of parent(s) (if any) <i>N/C-</i>			
Date <i>12-29-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yoon Kim</i>	Amount of contribution (\$) <i>\$50-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10112 Morning Glory Lane Frisco TX 75035</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Yoon Kim, Attorney at Law PLLC</i>		Law firm of contributor's spouse (if any) <i>Ma</i>	
If contributor is a child, law firm of parent(s) (if any) <i>Ma</i>			
Date <i>12-29-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Abernathy</i>	Amount of contribution (\$) <i>\$500-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1700 Redbud Ste. 300 McKinney TX 75069</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>attorney</i>		Contributor's job title <i>attorney / partner</i>	
Contributor's employer/law firm <i>Abernathy, Roeder, Boyd + Joplin PC</i>		Law firm of contributor's spouse (if any) <i>Ma</i>	
If contributor is a child, law firm of parent(s) (if any) <i>Ma</i>			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

10 JAN - 8 PM 2:20
 COLLIN COUNTY
 ELECTIONS ADMINISTRATION

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <i>Corinne A. Mason</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12-7-09</i>	5 Payee name <i>Collin County GOP</i>	7 Amount (\$) <i>\$ 1100.00</i>
6 Payee address; City; State; Zip Code <i>8416 Stacy Road McKinney TX 75070-2142</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Filing fee</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date <i>12-16-09</i>	Payee name <i>View Point Bank</i>	Amount (\$) <i>\$ 15.70</i>
Payee address; City; State; Zip Code <i>2500 West Virginia Pkwy. McKinney TX 75070</i>		
Purpose of payment (See instructions regarding type of information required.) <i>checks</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

COLLIN COUNTY
 ELECTIONS
 ADMINISTRATION
 10 JAN - 8 @ PH 2:20

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME Corinne A. Mason 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12-7-09</u>	5 Payee name <u>Collin County GOP</u> 6 Payee address; City; State; Zip Code <u>8416 Stacy Road McKinney TX 75070-2142</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>filing fee</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$ 400 -</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure: (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure: (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure: (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure: (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 JAN - 8 PM 2:30

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