**CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**JAN 02 2004**

The C/OH Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>3 CANDIDATE / OFFICEHOLDER NAME</th>
<th>TITLE</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Elliot</td>
<td></td>
<td></td>
<td>Goldman</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 CANDIDATE / OFFICEHOLDER ADDRESS</th>
<th>ADDRESS / PO BOX</th>
<th>APT / SUITE #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes for Address</td>
<td>4110 West Vickery Fw</td>
<td></td>
<td>TX 76107</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 CAMPAIGN TREASURER NAME</th>
<th>TITLE</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Craig</td>
<td></td>
<td></td>
<td>Hamilton</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 CAMPAIGN TREASURER PHONE</th>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(817) 377-5200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 REPORT TYPE</th>
<th>January 15</th>
<th>30th day before election</th>
<th>Runoff</th>
<th>15th day after campaign treasurer appointment (officeholder only)</th>
<th>July 15</th>
<th>8th day before election</th>
<th>Exceeded $600 limit</th>
<th>Final report (Attach C/OH - FR)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9 PERIOD COVERED</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>THROUGH</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/1</td>
<td>1</td>
<td>2003</td>
<td></td>
<td>1/15</td>
<td>04</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 ELECTION</th>
<th>ELECTION DATE</th>
<th>ELECTION TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/03/03</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11 OFFICE</th>
<th>OFFICE HELD (if any)</th>
<th>OFFICE SOUGHT (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Mayor</td>
</tr>
</tbody>
</table>

**NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

**GO TO PAGE 2**
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

10 NOTICE FROM POLITICAL COMMITTEE(S)

committee type

☐ GENERAL

committee name:

committee address:

☐ SPECIFIC

committee campaign treasurer name:

committee campaign treasurer address:

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

13 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)

$  -0-

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED

$   -0-

4. TOTAL POLITICAL EXPENDITURES

$  1238.06

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

$  9586.68

13 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 Elliott Goldman, this the 2nd day of January, 2004, to certify which, witness my hand and seal of office.

Signature of notary administering oath

Printed name of notary administering oath

Title of notary administering oath
POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Elliot Goldman

3 ACCOUNT #: (Ethics Commission files)

4 Date: 1/1/04

5 Payee name: Elliot Goldman

6 Payee address; City; State; Zip Code:
   3913 South Oak, FW, TX 76109

7 Amount ($): 913.32

8 Purpose of payment (See instructions regarding type of information required.):
   Loan repayment

9 -- Complete if direct expenditure to benefit C/O/H --
   Candidate / Officeholder name: Office sought: Office held:

Date: 1/1/04

Payee name: NATIONAL Golf Foundation

Payee address; City; State; Zip Code:
   Po Box 10475, FW, TX 76185

Amount ($): 324.74

Purpose of payment (See instructions regarding type of information required.)
   Donation of equipment

Date: 1/1/04

Payee name:

Payee address; City; State; Zip Code:

Amount ($): 

Purpose of payment (See instructions regarding type of information required.)
   -- Complete if direct expenditure to benefit C/O/H --
   Candidate / Officeholder name: Office sought: Office held:

Date: 1/1/04

Payee name:

Payee address; City; State; Zip Code:

Amount ($): 

Purpose of payment (See instructions regarding type of information required.)
   -- Complete if direct expenditure to benefit C/O/H --
   Candidate / Officeholder name: Office sought: Office held:

Date: 1/1/04

Payee name:

Payee address; City; State; Zip Code:

Amount ($): 

Purpose of payment (See instructions regarding type of information required.)
   -- Complete if direct expenditure to benefit C/O/H --
   Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1. C/OH NAME
   
   **Elliot Goldman**

2. ACCOUNT # (Ethics Commission More)

3. SIGNATURE

   I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

   [Signature of Candidate / Officeholder]

4. FILER WHO IS NOT AN OFFICEHOLDER
   ** Complete A & B below only if you are a candidate **

   A. CAMPAIGN FUNDS

      Check only one:

      [ ] I do not have unexpended contributions or unexpended interest or income earned from political contributions.

      [ ] I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

   B. ASSETS

      Check only one:

      [ ] I do not retain assets purchased with political contributions or interest or other income from political contributions.

      [ ] I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

   [Signature of Candidate]

5. OFFICEHOLDER
   ** Complete this section only if you are an officeholder **

   [ ] I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

   [Signature of Officeholder]