

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

5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE MR. FIRST ELLIOT MI S.
NICKNAME LAST GOLDMAN
SUFFIX

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
4110 W. VICKERY, FORT WORTH, TEXAS 76107

Change of Address

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

5 CAMPAIGN TREASURER NAME

TITLE MR. FIRST CRAIG MI R.
NICKNAME LAST HAMILTON SUFFIX

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
6300 RIDGLEA PLACE, SUITE 100, FORT WORTH, TEXAS 76116

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 377-5200

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
04 / 24 / 2003 THROUGH 06 / 30 / 2003

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 03 / 2003 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT (if known)

MAYOR

13 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Elliot Goldman</i>	15 ACCOUNT #(Ethics Commission filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

** This box is for notice of political expenditures 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. **

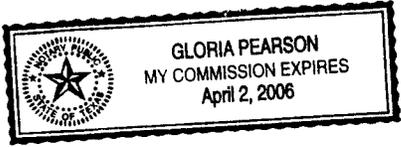
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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.)

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)	\$ 150 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2225.48
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000 ⁰⁰

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elliot Goldman, this the 14th day of July, 2003, to certify which, witness my hand and seal of office.

Gloria Pearson Gloria Pearson City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME ELLIOT GOLDMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JENKINS & GILCHRIST	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1445 ROSS AVENUE, SUITE 3200 DALLAS, TEXAS 75202-2711			

9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRUCE PINGREE	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2001 ROSS AVENUE, SUITE 1000 DALLAS, TEXAS 75201			
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME ELLIOT GOLDMAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/25/2003	5 Payee name INOVAR PACKAGING GROUP, INC.	7 Amount (\$) 919.13
6 Payee address; City; State; Zip Code 602 MAGIC MILE, ARLINGTON, TEXAS 76011		
8 Purpose of payment (See instructions regarding type of information required.) SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/02/2003	Payee name TOM STALLINGS	Amount (\$) 2,000.00
Payee address; City; State; Zip Code 3956 WEDGWAY DRIVE, FORT WORTH, TEXAS 76133		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONSULTATION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/20/03	Payee name Ab infinity	Amount (\$) 125⁰⁰
Payee address; City; State; Zip Code Shawnee Mission, KS		
Purpose of payment (See instructions regarding type of information required.) WEB Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/20/03	Payee name Murphy Media	Amount (\$) -320⁰⁰
Payee address; City; State; Zip Code Santa Monica		
Purpose of payment (See instructions regarding type of information required.) Reenact for Urban Councils		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The instruction Guide explains how to complete this form.		1 Total pages Schedule F. 2
2 FILER NAME <p style="text-align: center;">ELLIOT GOLDMAN</p>		3 ACCOUNT # (Ethics Commission file)
4 Date <p style="font-size: 1.5em;">6/20/03</p>	5 Payee name <p style="font-size: 1.5em;">Star telegram</p>	7 Amount (\$) <p style="font-size: 1.5em;">-11,39</p>
6 Payee address; City, State, Zip Code <p style="font-size: 1.5em;">Ft. Worth TX</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.5em;">Reimbursement for Star Telegram Sub</p>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <p style="font-size: 1.5em;">6/21/03</p>	Payee name <p style="font-size: 1.5em;">Southwestern Bell</p>	Amount (\$) <p style="font-size: 1.5em;">-487.26</p>
Payee address; City, State, Zip Code <p style="font-size: 1.5em;">Dallas, TX</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.5em;">Consultation Phone Rchrt</p>		-- 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.)		-- 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.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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