

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Councilwoman Becky Lynne
NICKNAME LAST SUFFIX
Haskin

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
304 Havenwood Ln W.
Ft. Worth, Tx. 76112

OFFICIAL RECORD
CITY SECRETARY
Date Hand-Delivered or Date Postmarked
FT. WORTH, TEX

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
David
NICKNAME LAST SUFFIX
Fielding

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
305 Canyon Creek Trail
Ft Worth Tx. 76112

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 451-7330

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
1 / 14 / 03 THROUGH 7 / 15 / 03

10 ELECTION

ELECTION DATE: Month Day Year
5 / 3 / 03
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
District 4
Ft. Worth City Council

12 OFFICE SOUGHT (if known)

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

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 50.-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6250.-

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1368.53

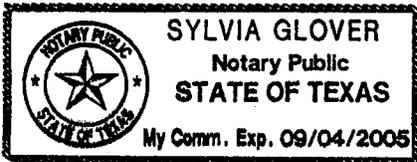
OUTSTANDING LOAN TOTALS

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

\$ 1792.45

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.



Becky Haslin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Becky Haslin, this the 8th day of July, 20 03, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karl Komatsu	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 3905 Lenox Dr 76107	100.-	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowell Allison	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2814 Fairview 76111	100.-	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Heggett	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code Po Box 9540 76147	1,000.-	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Ouida Bradshaw	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4613 Briarhaven Rd 76109	250.-	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Hopkins - Beach North Tarrant	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3701 W. Northwest Hwy #169 A Dallas TX 75220	1,000.00	
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 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 5-03	5 Payee name Linda Kaye Photography 6 Payee address; City; State; Zip Code	7 Amount (\$) 5.41
--------------------	--	---------------------------

8 Purpose of payment (See instructions regarding type of information required.) photo - W.P.F. event	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 6-03	Payee name Leadership Ft. Worth Payee address; City; State; Zip Code	Amount (\$) 400.-
------------------	--	--------------------------

Purpose of payment (See instructions regarding type of information required.) Scholarship fund	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 6-03	Payee name Peg Crisman Scholarship Fund Payee address; City; State; Zip Code	Amount (\$) 200.-
------------------	--	--------------------------

Purpose of payment (See instructions regarding type of information required.) Scholarship fund	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 6- 03 4-03	Payee name Sister City Ft. Worth Payee address; City; State; Zip Code	Amount (\$) 75.-
--------------------------------------	---	-------------------------

Purpose of payment (See instructions regarding type of information required.) Annual dues	** 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>6-4-03</i>	5 Payee name <i>Sister Cities Fort Worth</i>	8 Amount (\$) <i>50.-</i>
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>donation for Tricer monument</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>6-5-03</i>	Payee name <i>Ft. Worth Fire Dept. Tidwell fund</i>	Amount (\$) <i>100.-</i>
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <i>donation towards retirement event</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>6-11-03</i>	Payee name <i>Teresa's Catering</i>	Amount (\$) <i>250.-</i>
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <i>food for Woodhams Developers Mtg</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>7-8-03</i>	Payee name <i>Discovery Card</i>	Amount (\$) <i>288.12</i>
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <i>mailing, copies Taylor Rental, Big Daddy Woodhams Developers Mtg expenses</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED