

**CANDIDATE/OFFICERHOLDER
CAMPAIGN FINANCE REPORT**

Form C/OH
Cover Sheet PG 1

1:37 p.m.
07-23-039-90926-FM

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

1. ACCOUNT#
(Ethics Commission filers)

2. Total pages filed:

3 ...CANDIDATE/
OFFICERHOLDER
NAME

TITLE	FIRST	MI
	Cathy	C
NICKNAME	LAST	SUFFIX
	Hirt	

OFFICE OF THE
**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

4. CANDIDATE
OFFICERHOLDER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: ZIP CODE
 Ft. Worth, TX. 76107

5. CAMPAIGN
TREASURER
NAME

TITLE	FIRST	MI
	Michael	
NICKNAME	LAST	SUFFIX
	Johnston	

Receipt #
RD/PM
Amount
Date Processed

6. CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: ZIP CODE
 2434 Rogers Rd. Ft. Worth, TX. 76109

7. CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 924-1149

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 Month Day Year
 4 / 25 / 03 THROUGH 7 / 15 / 03

10. ELECTION

Month ELECTION DATE Day Year
 5 / 03 / 03

ELECTION TYPE

- Primary
- Runoff
- General
- Special

11. OFFICE

OFFICE HELD (if any)

12. OFFICE SOUGHT (if known)

Mayor

13. DIRECT CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct 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

additional pages

Address/PO Box: Apt./Suite #: City: State: Zip Code

GO TO PAGE 2

CANDIDATE/OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM CH/O
COVER SHEET PG 2

14. C/OH NAME Cathy Kurt

15. ACCOUNT#

16. SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIF	

17. NO REPORTABLE ACTIVITY

Month Day Year Month Day Year

18. CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGED, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,710.00

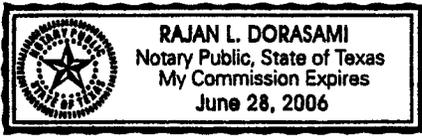
EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 325.00
4. TOTAL POLITICAL EXPENDITURES	\$ 138,501.39

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE-LAST DAY OF THE REPORTING PERIOD	\$ 65,000.00
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19. AFFIDAVIT
I swear, or affirm, 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

Cathy Kurt
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Cathy Hirt this the 23 day of July, 2003, to certify which, witness my hand and seal of office.

Rajan L. Dorasami
Signature of officer administering oath

Rajan L. Dorasami
Print name of officer administering oath

Notary Public
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:

6

2. FILER NAME

Cathy Kurt

3. ACCOUNT # (Ethics Commission filers)

4. Date

4/28/03

5. Full name of contributor

Jane Cranz

out of state PAC

Amount of
contribution (\$)

100

In-kind contribution
description(if applicable)

6. Contributor address: City: State: Zip Code

308 Ridgewood Rd. Ft. Worth 76107

Principal occupation

Employer (optional)

Date

4/28/03

Full name of contributor

Priscilla Johnston

out of state PAC

Amount of
contribution (\$)

100

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

3575 Hamilton Ave. Ft. Worth 76107

Principal occupation

Employer (optional)

Date

4/28/03

Full name of contributor

Jane Jarrett

out of state PAC

Amount of
contribution (\$)

100

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

3944 Thistle Lane Ft. Worth, TX 76109

Principal occupation

Employer (optional)

Date

4/28/03

Full name of contributor

Cy Ludwig

out of state PAC

Amount of
contribution (\$)

10

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

10264 Tustin Terrace Ft. Worth 76108

Principal occupation

Employer (optional)

Date

4/28/03

Full name of contributor

Amelia Mulligan

out of state PAC

Amount of
contribution (\$)

25

In-kind contribution
description(if applicable)

Contributor address: City: State: Zip Code

4754 Kemble St. Ft. Worth 76103

Principal occupation

Employer (optional)

ATTACHED 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**

SCHEDULE A

The Instruction Guide explains how to complete this form.	1. Total pages Schedule A: <p style="text-align:center">6</p>
---	--

2. FILER NAME <p style="text-align:center">Cathy Hirt</p>	3. ACCOUNT # (Ethics Commission filers)
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4. Date <p style="text-align:center">4/28/03</p>	5. Full name of contributor <p style="text-align:center">Vincent Werner</p>	out of state PAC	Amount of contribution (\$) <p style="text-align:center">35</p>	In-kind contribution description(if applicable)
6. Contributor address: City: State: Zip Code <p style="text-align:center">3613 Crestline Rd Ft. Worth 76107</p>				

Principal occupation	Employer (optional)
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Date <p style="text-align:center">4/28/03</p>	Full name of contributor <p style="text-align:center">Syed Shah</p>	out of state PAC	Amount of contribution (\$) <p style="text-align:center">200</p>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <p style="text-align:center">6376 Newport ct. Ft. Worth 76116</p>				

Principal occupation	Employer (optional)
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Date <p style="text-align:center">4/25/03</p>	Full name of contributor <p style="text-align:center">Stephanie Burk</p>	out of state PAC	Amount of contribution (\$) <p style="text-align:center">150</p>	In-kind contribution description(if applicable) <p style="text-align:center">wine-chess reception</p>
Contributor address: City: State: Zip Code <p style="text-align:center">440 Horseshoe Tr. Ft. Worth 76008</p>				

Principal occupation	Employer (optional)
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Date <p style="text-align:center">4/28/03</p>	Full name of contributor <p style="text-align:center">Janice Tombeles</p>	out of state PAC	Amount of contribution (\$) <p style="text-align:center">500</p>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <p style="text-align:center">118 Jennys Rd. Alledo TX 76008</p>				

Principal occupation	Employer (optional)
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Date <p style="text-align:center">4/28/03</p>	Full name of contributor <p style="text-align:center">Charla Poland</p>	out of state PAC	Amount of contribution (\$) <p style="text-align:center">50</p>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <p style="text-align:center">11813 Blue Creek Pr. Alledo, TX 76009</p>				

Principal occupation	Employer (optional)
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ATTACHED ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1. Total pages Schedule A:

6

2. FILER NAME

Cathy Hirt

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/2/03

5. Full name of contributor

Paul Hicks

out of state PAC

Amount of contribution (\$)

100

In-kind contribution description(if applicable)

6. Contributor address: City: State: Zip Code

2704 Cordova St. F.W. 76133

Principal occupation

Employer (optional)

Date

5/2/03

Full name of contributor

Terry Montesi

out of state PAC

Amount of contribution (\$)

500

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

301 Commerce St. F.W. 76102

Principal occupation

Employer (optional)

Date

5/2/03

Full name of contributor

Joan Maso

out of state PAC

Amount of contribution (\$)

50

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

3145 Wabash 76109

Principal occupation

Employer (optional)

Date

5/2/03

Full name of contributor

Lari Logan

out of state PAC

Amount of contribution (\$)

25

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

4005 Bryce FW. 76107

Principal occupation

Employer (optional)

Date

5/2/03

Full name of contributor

Charles Schockly

out of state PAC

Amount of contribution (\$)

75

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

6600 Kingswood FW 76133

Principal occupation

Employer (optional)

ATTACHED ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1. Total pages Schedule A:

6

2. FILER NAME

Cathy Hurt

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/2/08

5. Full name of contributor out of state PAC

Nataraj Kasal

Amount of contribution (\$)

100

In-kind contribution description(if applicable)

6. Contributor address: City: State: Zip Code

2205 Indian Creek Dr FW 76107

Principal occupation

Employer (optional)

Date

5/2/08

Full name of contributor out of state PAC

Paul Andrews

Amount of contribution (\$)

500

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

3500 Elm Creek Ct. FW 76109

Principal occupation

Employer (optional)

Date

5/2/08

Full name of contributor out of state PAC

Randolph Brown

Amount of contribution (\$)

75

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

1704 Tremont Ave. F.W. 76107

Principal occupation

Employer (optional)

Date

5/2/08

Full name of contributor out of state PAC

Nasim Akhtar

Amount of contribution (\$)

100

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

4225 Ridgeway Rd. FW 76116

Principal occupation

Employer (optional)

Date

5/2/08

Full name of contributor out of state PAC

Lee Anderson

Amount of contribution (\$)

500

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

6700 Harbourtown Ln. Ft. Worth 76132

Principal occupation

Employer (optional)

ATTACHED ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1. Total pages Schedule A: **6**

2. FILER NAME *Cathy Hurt* 3. ACCOUNT # (Ethics Commission filers)

4. Date <i>4/26/06</i>	5. Full name of contributor out of state PAC <i>Stephanie Burk</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	6. Contributor address: City: State: Zip Code <i>440 Horseshoe Trail W. Ft. Worth 76008</i>	<i>665.00</i>	<i>Wine/cheese reception</i>

Principal occupation Employer (optional)

Date <i>4/28/03</i>	Full name of contributor out of state PAC <i>Beth Rubin</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>3028 Helen Ct. Ft. Worth 76109</i>	<i>25</i>	

Principal occupation Employer (optional)

Date <i>4/28/03</i>	Full name of contributor out of state PAC <i>Robert Delvaux</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>7721 Daystar Dr. Ft. Worth 76123</i>	<i>25</i>	

Principal occupation Employer (optional)

Date <i>5/2/03</i>	Full name of contributor out of state PAC <i>Robert Patton</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>3308 Marguerite Ct. F.W. 76109</i>	<i>25</i>	

Principal occupation Employer (optional)

Date <i>5/2/03</i>	Full name of contributor out of state PAC <i>Breta Barredas</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>1355 Roaring Spring Rd. F.W. 76114</i>	<i>25</i>	

Principal occupation Employer (optional)

ATTACHED 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**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1. Total pages Schedule A: 6

2. FILER NAME Cathy Hurl 3. ACCOUNT # (Ethics Commission filers)

4. Date <u>5/3/03</u>	5. Full name of contributor out of state PAC <u>Stephanie Burk</u>	Amount of contribution (\$) <u>175</u>	In-kind contribution description (if applicable) <u>election day party</u>
	6. Contributor address: City: State: Zip Code <u>440 Horseshoe Mail Ft. Worth 76008</u>		

Principal occupation Employer (optional)

Date <u>5/3/03</u>	Full name of contributor out of state PAC <u>Godwin and Gruber</u>	Amount of contribution (\$) <u>2500</u>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <u>Renaissance Tower Dallas, TX 75270</u> <u>1201 Elm St.</u>		

Principal occupation Employer (optional)

Date	Full name of contributor out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation Employer (optional)

Date	Full name of contributor out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation Employer (optional)

Date	Full name of contributor out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation Employer (optional)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1. Total pages Schedule E:
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2. FILER NAME <i>Cathy Hirt</i>	3. ACCOUNT # (Ethics Commission filers)
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4. TOTAL OF UNITEMIZED LOANS ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5. Date <i>3/1/03</i>	7. Full name of lender <i>Darrell Hirt</i>	9. Loan Amount (\$) <i>30,000.00</i>
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6. Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8. Lender address: City: State: Zip Code <i>1201 Hillcrest Ft Worth 76107</i>	10. Interest rate <i>n/a</i>
		11. Maturity date <i>n/a</i>

12. Description of Collateral
 none

13. GUARANTOR INFORMATION	14. Name of Guarantor	16. Amount Guaranteed (\$)
	15. Guarantor address City: State: Zip Code	

17. Principal occupation	18. Employer
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Date of loan <i>3/21/03</i>	Full name of lender <i>Darrell Hirt</i>	Loan Amount (\$) <i>35,000.00</i>
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Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address: City: State: Zip Code <i>1201 Hillcrest Ft Worth 76107</i>	Interest rate <i>n/a</i>
		Maturity date <i>n/a</i>

Description of Collateral
 none

GUARANTOR INFORMATION	Name of Guarantor	Amount Guaranteed (\$)
	Guarantor address City: State: Zip Code	

Principal occupation	Employer
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ATTACHED 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: 7
2. FILER NAME Cathy Kirt		3. ACCOUNT # (Ethics Commission filers)
4. Date 4/28/03	5. Payee name Ceal's Printing	7. Amount (\$) \$ 137.90
6. Payee address : City: State: Zip Code 8194 Eagle Mountain Drive Ft. Worth, TX. 76135		
8. Purpose of expenditure printing of postcards		9. **Complete if direct expenditure to benefit C/OH ***** Candidate/Office holder name Office sought/held
Date 4/28/03	Payee name El Informador	Amount (\$) \$ 800.00
Payee address : City: State: Zip Code PO Box 163661 Ft. Worth, TX 76131		
Purpose of expenditure Campaign advertisement		**Complete if direct expenditure to benefit C/OH ***** Candidate/Office holder name Office sought/held
Date 4/28/03	Payee name Dionisio Mardones	Amount (\$) \$ 670.00
Payee address : City: State: Zip Code Ft. Worth, Texas		
Purpose of expenditure campaign sign assembly and distribution		**Complete if direct expenditure to benefit C/OH ***** Candidate/Office holder name Office sought/held

ATTACHED 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:

7

2. FILER NAME

Cathy Wert

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/01/03

5. Payee name

BBPR Inc

7.

Amount
(\$)

\$ 4600.00

6. Payee address : City: State: Zip Code

PO Box 8797
Columbia, S.C. 29202

8. Purpose of expenditure

Campaign signs

9. **Complete if direct expenditure to benefit C/OH *****

Candidate/Office holder name

Office sought/held

Date

5/02/03

Payee name

Feather Laser & Synhorst

Amount
(\$)

\$ 16,480.00

Payee address : City: State: Zip Code

7320 N. Dreamy Draw Drive
Phoenix, Arizona 85020

Purpose of expenditure

GOTV phone calls

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

Date

5/02/03

Payee name

Graphics 2

Amount
(\$)

\$ 55,227.74

Payee address : City: State: Zip Code

507 main St.
U. Worth, TX. 76104

Purpose of expenditure

Campaign literature
& printing

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

ATTACHED 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:

7

2. FILER NAME

Cathy Hirt

3. ACCOUNT # (Ethics Commission filers)

4. Date

5-2-03

5. Payee name

Sportsman Graphics

7.

Amount
(\$)

\$284.16

6. Payee address : City: State: Zip Code

110 St. Louis Ave
Ft. Worth, TX 76104

8. Purpose of expenditure

Campaign T-shirts

9. **Complete if direct expenditure to benefit C/OH *****

Candidate/Office holder name

Office sought/held

Date

5/6/03

Payee name

Dionisia Machado

Amount
(\$)

\$420.00

Payee address : City: State: Zip Code

Ft. Worth, Texas

Purpose of expenditure

Campaign sign removal

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

Date

5/7/03

Payee name

Peggy Teuell

Amount
(\$)

\$27.00

Payee address : City: State: Zip Code

5025 Marble Falls Rd
Ft. Worth, TX 76103

Purpose of expenditure

Campaign literature copies

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

ATTACHED 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:

7

2. FILER NAME

Cathy Kirk

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/7/03

5. Payee name

Inovan Packaging

7.

Amount
(\$)

\$ 259.88

6. Payee address : City: State: Zip Code

602 Magic mile
Arlington, TX. 76011

8. Purpose of expenditure

magnetic car signs

9. **Complete if direct expenditure to benefit C/OH *****

Candidate/Office holder name

Office sought/held

Date

5/7/03

Payee name

Taylor's Rental

Amount
(\$)

\$ 75.78

Payee address : City: State: Zip Code

811 University Drive
Ft. Worth, TX. 76107

Purpose of expenditure

rental of equipment for
Campaign Announcement

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

Date

5/08/03

Payee name

Lone Star Poster

Amount
(\$)

\$ 2141.87

Payee address : City: State: Zip Code

1716 S. Main St.
U. Worth, TX. 76110

Purpose of expenditure

Campaign signs

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

ATTACHED 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:

7

2. FILER NAME

Cathy Wert

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/21/03

5. Payee name

The Jewish Post

7.

Amount
(\$)

\$ 648.00

6. Payee address : City: State: Zip Code

3120 S. Freeway Ft. Worth, TX.
76110

8. Purpose of expenditure

Campaign advertising

9. **Complete if direct expenditure to benefit C/OH *****

Candidate/Office holder name

Office sought/held

Date

5/23/03

Payee name

Summifields Neighborhood Assocn.

Amount
(\$)

\$ 175.00

Payee address : City: State: Zip Code

7409 Crosswicks Circle
Ft. Worth, TX. 76137

Purpose of expenditure

Campaign advertising

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

Date

5/23/03

Payee name

Greater Meadowbrook Stopnig News

Amount
(\$)

\$ 322.00

Payee address : City: State: Zip Code

1550 Eastchaw Parkway Suite 600
Ft. Worth, TX. 76120

Purpose of expenditure

Campaign advertising

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

ATTACHED 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:

7

2. FILER NAME

Cathy Wirt

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/28/03

5. Payee name

Life Corporation

7. Amount (\$)

\$16,925.26

6. Payee address : City: State: Zip Code

1527 S. Cooper St.
Arlington, Texas 76010

8. Purpose of expenditure

automated campaign calls

9. **Complete if direct expenditure to benefit C/OH *****

Candidate/Office holder name

Office sought/held

Date

5/28/03

Payee name

Chris Turner

Amount (\$)

\$38,000.00

Payee address : City: State: Zip Code

Murphy, Turner and Associates
1816 O'Henry Ct.
Arlington TX 76006

Purpose of expenditure

postage reimbursement +
campaign consulting fees

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

Date

5/28/03

Payee name

Graphics II

Amount (\$)

\$561.42

Payee address : City: State: Zip Code

507 S. main
Ft. Worth TX 76104

Purpose of expenditure

campaign printing

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

ATTACHED 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:

7

2. FILER NAME

Cathy Wert

3. ACCOUNT # (Ethics Commission filers)

4. Date

5/22/03

5. Payee name

Blue Mamas Restaurant

7.

Amount (\$)

\$ 745.38

6. Payee address : City: State: Zip Code

3526 Preston Hills Circle
Prosper, Texas 75078

8. Purpose of expenditure

Election Night
Campaign party

9. **Complete if direct expenditure to benefit C/OH *****

Candidate/Office holder name

Office sought/held

Date

Payee name

Amount (\$)

Payee address : City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

Date

Payee name

Amount (\$)

Payee address : City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH ***

Candidate/Office holder name

Office sought/held

ATTACHED ADDITIONAL COPIES OF THIS FORM AS NEEDED