

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b></p>						
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>TITLE FIRST LAST <b>Arturo Peña</b></p> <p>NICKNAME LAST SUFFIX</p>		<div style="border: 2px solid black; padding: 5px;"> <p><b>OFFICIAL RECORD</b> <b>CITY SECRETARY</b> <b>FT. WORTH, TEX</b></p> </div>						
<p><b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b></p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><b>2214 Prairie Ft. Worth TX 76106</b></p>								
<p><b>5 CAMPAIGN TREASURER NAME</b></p>	<p>TITLE FIRST MI LAST SUFFIX <b>Silvia A Acosta</b></p>		<p>Date Received</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
<p><b>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</b></p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><b>3113 N. Nichols, Fort Worth, TX 76106</b></p>								
<p><b>7 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><b>(817) 626-5846</b></p>								
<p><b>8 REPORT TYPE</b></p>	<p> <input 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)             </p> <p> <input checked="" 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)             </p>								
<p><b>9 PERIOD COVERED</b></p>	<p>Month Day Year    THROUGH    Month Day Year</p> <p><b>04 / 26 / 2003    THROUGH    06 / 30 / 2003</b></p>								
<p><b>10 ELECTION</b></p>	<p>ELECTION DATE Month Day Year <b>05 / 03 / 03</b></p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary                    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> General                    <input type="checkbox"/> Special             </p>							
<p><b>11 OFFICE</b></p>	<p>OFFICE HELD (if any)</p>	<p><b>12 OFFICE SOUGHT (if known)</b></p> <p><b>City Council - Dist. 2</b></p>							
<p><b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b></p> <p><input type="checkbox"/> additional pages</p>	<p><b>** 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. **</b></p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>								

**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

\$

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

\$

0.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,662.63

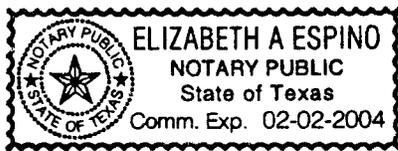
OUTSTANDING LOAN TOTALS

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

\$

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.



*Actuio Peña*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Actuio Peña, this the 23rd day of July, 20 03, to certify which, witness my hand and seal of office.

*Elizabeth Espino*  
Signature of officer administering oath

Elizabeth Espino  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>7</b>
2 FILER NAME <b>Arturo Peña</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>06/30</b>	5 Payee name <b>John Sons Press</b>	7 Amount (\$) <b>\$1,162.63</b>
6 Payee address; City; State; Zip Code <b>3300 S. Freeway Ft. Worth, TX 76110</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>06/30</b>	Payee name <b>Samuel C. Lee D.O.</b>	Amount (\$) <b>\$1,500</b>
Payee address; City; State; Zip Code <b>1212 Dorothy Ft. Worth, TX 76107</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Repayment of Loan</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**