**Candidate/Officeholder Campaign Finance Report**

**Candidate/Officeholder Name:** Ralph McCLOUD

**Address:** 2412 Anng Leon, Fort Worth, TX

**Phone Number:** (817) 535 2880

**Campaign Treasurer Name:** Christina McCLOUD

**Campaign Treasurer Address:** Same

**Report Type:**
- January 15
- 15th day after campaign treasurer appointment (officeholder only)
- Final report (Attach COH - FR)

**Period Covered:** 01/16/04 through 01/15/05

**Office Held:** City Council #8

**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.

**Additional Information:**

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

**Additional Pages:**

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**Revised 11/05/2003**
17 NOTICE FROM POLITICAL COMMITTEE(S)

☐ GENERAL
☐ SPECIFIC

☐ additional pages

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18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE OF LOANS), UNLESS ITEMIZED $ 

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

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED $150.00 

4. TOTAL POLITICAL EXPENDITURES $150.00 

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $125.00 

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 of Candidate or Officeholder]

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ____________________________, this the __________ day of _______________________, 20____, to certify which, witness my hand and seal of office.

[Signature of officer administering oath]  [Name of officer administering oath]  [Title of officer administering oath]
# Non-Political Expenditures Made from Political Contributions

**Schedule 1**

<table>
<thead>
<tr>
<th>Filer Name</th>
<th>Account # (Ethics Commission filer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCLOUD, RALPH</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Name</th>
<th>City, State, Zip Code</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/9/04</td>
<td>CITY OF FORT WORTH</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>12/3/04</td>
<td>BLACK BOOKWORM BOOKSTORE</td>
<td></td>
<td>50.00</td>
</tr>
</tbody>
</table>

Purpose of expenditure: (See instructions regarding type of information required.)

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**Attach additional copies of this form as needed**

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