**CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**JAN 15 2004**

**FORM C/OH**

**RECEIVED**

**OFFICE USE ONLY**

**OFFICIAL RECORD**

**CITY SECRETARY**

**FT. WORTH, TEX**

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<table>
<thead>
<tr>
<th>The C/OH Instruction Guide explains how to complete this form.</th>
<th>1 ACCOUNT# (Ethics Commission filers)</th>
<th>2 Total pages filed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms / Mrs / Mr</td>
<td>FIRST</td>
<td>MI</td>
</tr>
<tr>
<td><strong>MR.</strong></td>
<td><strong>CHUCK</strong></td>
<td><strong>SILCOX</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 CANDIDATE / OFFICEHOLDER NAME</th>
<th>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</th>
<th>5 CANDIDATE / OFFICEHOLDER PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4221 SELKIRK DR. W. WEST</strong></td>
<td><strong>FORT WORTH, TX. 76109</strong></td>
<td><strong>(817) 924-4353</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 CAMPaign TREASURER NAME</th>
<th>7 CAMPaign TREASURER ADDRESS</th>
<th>8 CAMPaign TREASURER PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAME AS ABOVE</strong></td>
<td><strong>SAME</strong></td>
<td><strong>SAME</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 REPORT TYPE</th>
<th>10 PERIOD COVERED</th>
<th>11 ELECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 15</strong></td>
<td><strong>07/15/03</strong> <strong>THROUGH</strong> <strong>01/15/04</strong></td>
<td><strong>/ /</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 OFFICE</th>
<th>13 OFFICE SOUGHT</th>
<th>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CITY COUNCIL DIST. 3</strong></td>
<td><strong>(If known)</strong></td>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

**GO TO PAGE 2**

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*Printed on recycled paper*  
*Revised 11/05/2003*
### CANDIDATE / OFFICEHOLDER REPORT:
#### SUPPORT & TOTALS

**FORM C/OH**

**Cover Sheet PG 2**

<table>
<thead>
<tr>
<th>15 C/OH NAME</th>
<th>16 ACCOUNT # (Ethics Commission file)</th>
</tr>
</thead>
</table>

#### 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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
<td></td>
</tr>
<tr>
<td>SPECIFIC</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 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): $43,450.00

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED: $0

4. TOTAL POLITICAL EXPENDITURES: $0

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD: $55,314.88

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD: $0

#### EXPENSE TOTALS

#### CONTRIBUTION BALANCE

#### OUTSTANDING LOAN TOTALS

#### 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 **Chuck Alboco**, this the **15** day of **January, 2004**, to certify which, witness my hand and seal of office.

**Signature of officer administering oath**

Printed name of officer administering oath: **Gloria Pearson**

Type of officer administering oath: **City Secretary**

**Revised 11/05/2003**
### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form.

**2 FILER NAME**

Chuck Silkox

**3 ACCOUNT # (Ethics Commission files)**

**4 Date**

10-06-03

**5 Full name of contributor**

K.W. Lee, B.D. Lee

**6 Contributor address; City; State; Zip Code**

Southlake, TX.

**7 Amount of contribution ($)**

75.00

**8 In-kind contribution description (if applicable)**

---

**Date**

10-05-03

**Full name of contributor**

David F. Motheral, Jr.

**Contributor address; City; State; Zip Code**

Fort Worth, TX 76109

**Amount of contribution ($)**

100.00

**In-kind contribution description (if applicable)**

---

**Date**

10-24-03

**Full name of contributor**

Paul E. Andrews

**Contributor address; City; State; Zip Code**

3500 Elm Creek Ct.

Fort Worth, TX 76109

**Amount of contribution ($)**

1000.00

**In-kind contribution description (if applicable)**

---

**Date**

**Full name of contributor**

**Contributor address; City; State; Zip Code**

**Amount of contribution ($)**

**In-kind contribution description (if applicable)**

---

**Date**

**Full name of contributor**

**Contributor address; City; State; Zip Code**

**Amount of contribution ($)**

**In-kind contribution description (if applicable)**

---

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.
<table>
<thead>
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<th>FILER NAME</th>
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<tr>
<th>TOTAL OF UNITEMIZED PLEDGES:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of pledgor</th>
<th>out-of-state PAC (ID#)</th>
<th>Pledgor address; City; State; Zip Code</th>
<th>Amount of pledge ($)</th>
<th>In-kind description (if applicable)</th>
</tr>
</thead>
</table>

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

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

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