

# 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:**

5

**3 CANDIDATE / OFFICEHOLDER NAME**

TITLE: *MRS.* FIRST: *PATRICIA* MI: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST: *Cole* SUFFIX: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received

**4 CANDIDATE / OFFICEHOLDER ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*4321 Segura Ct. N F.W. Tx 76132*

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Change of Address

**5 CAMPAIGN TREASURER NAME**

TITLE: *MRS* FIRST: *PATRICIA* MI: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST: *Cole* SUFFIX: \_\_\_\_\_

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  
*4321 Segura Ct. N FW Tx 76132*

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
*(817) 810-0675*

**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  
*3 / 19 / 03 THROUGH 4 / 3 / 03*

**10 ELECTION**

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

**11 OFFICE**

OFFICE HELD (if any)  
*N/A*

**12 OFFICE SOUGHT (if known)**

*FW City Council District #3*

**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** PATRICIA Cole

**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. ••

<input type="checkbox"/> <b>GENERAL</b>	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> <b>SPECIFIC</b>		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**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)

\$ 200.<sup>00</sup>

**EXPENDITURE TOTALS**

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

\$ 2638.<sup>95</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 2638.<sup>95</sup>

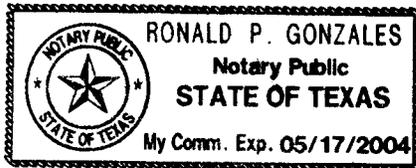
**OUTSTANDING LOAN TOTALS**

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.



Patricia Cole

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patricia Cole, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Ronald P. Gonzales  
Signature of officer administering oath

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: <div style="text-align: right; font-size: 1.2em;">) of 1</div>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.2em;">3/19/03</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">PATRICIA Cole</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$100.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">4321 Segura Ct. N FW Tx 76132</div>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <div style="font-size: 1.2em;">4/1/03</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Larry Cole</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$100.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">6817 Trail Lake DR. FW Tx 76133</div>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
1 of 2

2 FILER NAME

PATRICIA Cole

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

3/24/03

Hires Studio

6 Payee address; City; State; Zip Code

5135 MacArthur Blvd. Wash., D.C. 20016

\$222.00

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

postcards

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/25/03

Info USA

Payee address; City; State; Zip Code

P.O. Box 3603 Omaha, NE 68103-0603

\$508.78

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

Labels

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Tarrant County Election

Payee address; City; State; Zip Code

100 E. Weatherford St. F.W. Tx 76102

\$66.00

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

Precinct Voter List

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/28/03

At Signs

Payee address; City; State; Zip Code

5818 Camp Bowie F.W. Tx 76107

\$1,677.88

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

Signs

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/1/03

Tarrant County Election

Payee address; City; State; Zip Code

100 E. Weatherford St. F.W. Tx 76102

\$20.00

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

MAP

Reimbursement from political contributions intended

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 of 2*

2 FILER NAME *PATRICIA Cole* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/24/03</i>	5 Payee name <i>Nametag Source</i> 6 Payee address: City; State; Zip Code <i>2181 Alaska Ave. Provo, UT 84606</i>	8 Amount (\$)  <i>\$144.29</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>name tags</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City; State; Zip Code	Amount (\$)
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