

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Cindy J. Crain

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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 \$ 895.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5725.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

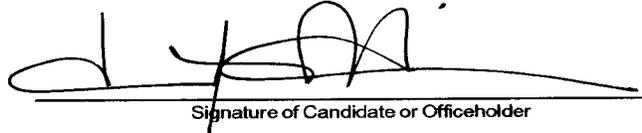
4. TOTAL POLITICAL EXPENDITURES \$ 9708.12

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1500.00

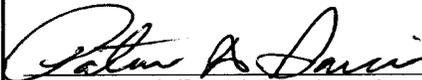
19 AFFIDAVIT

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



Sworn to and subscribed before me, by the said Cynthia J. Crain, this the 2ND day of April, 2003, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Patricia A. Garcia
Printed name of officer administering oath

Public 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: 1 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/5/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dee Gulledge 6 Contributor address; City; State; Zip Code 2346 Harrison Ave., Fort Worth, TX 76110	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) Nurse		10 Employer (Optional)	
Date 1/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Newby Contributor address; City; State; Zip Code 333 Throckmorton, Fort Worth, TX 76102	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional) Cantey & Hanger	
Date 1/13/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randi Frank Contributor address; City; State; Zip Code 7 Promontory Dr., Wallingford, CT	Amount of contribution (\$) \$30	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 1/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Francisco Hernandez, Sr. Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 1/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph and Jo Beth Stout Contributor address; City; State; Zip Code 705 Mountain Terr., Hurst, TX 76053	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Lockheed Martin	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 2 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/16/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret & Jim De Moss 6 Contributor address; City; State; Zip Code 3451 Green Arbor Court, Fort Worth, TX 76109	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve & Lynn Montgomery Contributor address; City; State; Zip Code 2028 Hawthorne Ave., Fort Worth, TX 76110	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pam Minick Contributor address; City; State; Zip Code 14265 Old Denton Road, Roanoke, TX	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernie & Ellen Appel Contributor address; City; State; Zip Code 4917 Ranchview Road, Fort Worth, TX	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 1/27/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Brady Contributor address; City; State; Zip Code 159 Wooded Lane, Villanova PA	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Princeton Plasma Physics Lab	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



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: 3 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/27/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Burack 6 Contributor address; City; State; Zip Code 1526 South Road Hopkinton, NH	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) Attorney		10 Employer (Optional)	
Date 1/27/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Cannon Contributor address; City; State; Zip Code 1335 Murray Downs Way, Reston, VA	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional) Director		Employer (Optional) National Assoc. of College Admissions	
Date 1/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Brandenburg Contributor address; City; State; Zip Code 14265 Old Denton Road, Roanoke, TX	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional) Step toe & Johnson	
Date 1/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max Finberg Contributor address; City; State; Zip Code PSC 59 Box 31, APO AE 09624	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) US State Dept.	
Date 1/27/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Rogers Contributor address; City; State; Zip Code 510 Greensboro St, Starkville, MS	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Stennis Center	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 4 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/3/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori O'Connor 6 Contributor address; City; State; Zip Code 400 Ridgewood Ave., Fort Worth, TX 76107	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/3/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Achziger Contributor address; City; State; Zip Code 4401 Bellaire Drive South, Fort Worth, TX 76109	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Mansion at Turtle Creek	
Date 2/4/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter and Gretchen Barrett Contributor address; City; State; Zip Code 5100 Turtle Creek Court, Fort Worth, TX 76116	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional) Retired		Employer (Optional)	
Date 2/5/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn McClain Contributor address; City; State; Zip Code 4800 Silent Ridge Court E., Fort Worth, TX 76132	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/5/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Rogers Contributor address; City; State; Zip Code 3117 Spanish Oak Drive, Fort Worth, TX 76109	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 5 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/5/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Susan Reardon 6 Contributor address; City; State; Zip Code 3455 Lantern Hollow, Fort Wort, TX 76109	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional) Lockheed Martin	
Date 2/5/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BG Browder Contributor address; City; State; Zip Code 3487 Ruidosa Trail, Fort Worth, TX 76116	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/6/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Hannak Contributor address; City; State; Zip Code 4725 Trail Bend Circle, Fort Worth, TX 76109	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/6/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Cook Contributor address; City; State; Zip Code 6741 E. Park Drive, Fort Worth, TX 76132	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Dentist	
Date 2/6/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Gaston Contributor address; City; State; Zip Code 4317 Woodwick Court, Fort Worth, TX 76109	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



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: 6 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/7/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Nixon 6 Contributor address; City; State; Zip Code 2936 Laredo Drive, Fort Worth, TX 76116	7 Amount of contribution (\$) \$10	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/7/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JR & Margaret Hutchinson Contributor address; City; State; Zip Code 4714 Briarhaven Raod, Fort Worth, TX 76109	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus Contributor address; City; State; Zip Code 2416 Park Place, Fort Worth, TX 76110	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Hughes Contributor address; City; State; Zip Code 3571 South Drive, Fort Worth, TX 76109	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd Wade Contributor address; City; State; Zip Code 140 E. Exchange Ave., Fort Worth, TX 76106	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
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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: 7 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/9/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Johnson 6 Contributor address; City; State; Zip Code 3405 Rustwood Court, Fort Worth, TX 76109	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/10/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beth Rivers Contributor address; City; State; Zip Code 4900 Riverbend Drive, Fort Worth, TX 76109	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/10/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Stenger Contributor address; City; State; Zip Code 7021 Battle Creek Road, Fort Worth, TX 76116	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meredith Moss Contributor address; City; State; Zip Code 2211 39th Place, NW, Washington DC 20007	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 2/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Watkins Contributor address; City; State; Zip Code 3417 Riverroad Court #2401, Fort Worth, TX 76116	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



**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: 8 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/16/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dain Hancock	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8881 Random Road, Fort Worth, TX 76179			
9 Principal occupation (Optional)		10 Employer (Optional) Lockheed Martin	
Date 2/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Fox	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6721 Branch Creek Drive, Fort Worth, TX 76132			
Principal occupation (Optional)		Employer (Optional)	
Date 2/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Bower	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6026 Hillview Drive, Fort Worth, TX 76148			
Principal occupation (Optional)		Employer (Optional)	
Date 2/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Lou Vocale	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4649 Birchbend Lane, Fort Worth, TX			
Principal occupation (Optional)		Employer (Optional) Lockheed Martin	
Date 2/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph and Dee Weiland	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6612 High Brook Drive, Fort Worth, TX 76132			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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: 9 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Rodriquez 6 Contributor address; City; State; Zip Code 4901 Bryce Ave, Fort Worth, TX 76107	7 Amount of contribution (\$) \$15	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Dallen, Jr. Contributor address; City; State; Zip Code CCS 82531, Miami, FL	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Brisbane, Mendez de Leon & Assoc.	
Date 2/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph & Janet Heath Contributor address; City; State; Zip Code 455 Woodlake Raod, ALedo, TX 76008	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Haskin Contributor address; City; State; Zip Code 3631 Norfolk, Fort Worth, TX 76109	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Hagar Contributor address; City; State; Zip Code 441 Charlyne, Burleson, TX 76028	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Lockheed Martin	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 10 of 10	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/22/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. James Burnett 6 Contributor address; City; State; Zip Code 5112 Turtle Creek Court, Fort Worth, TX 76116	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Adams Contributor address; City; State; Zip Code 3812 Candlelite Court, Fort Worth, TX 76109	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/26/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Morrison Wong Contributor address; City; State; Zip Code 3904 Floyd Drive, Fort Worth, TX 76116	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) Texas Christian University	
Date 3/2/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Noorlag Contributor address; City; State; Zip Code 5507 Sycamore Drive, Colleyville, TX 76034	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas & Sherrie Wilson Contributor address; City; State; Zip Code 4201 Ranier Court, Fort Worth, TX 76109	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting re

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME
Cindy J. Crain

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/5/2003

5 Payee name
Party Warehouse
.....
6 Payee address; City; State; Zip Code
6550 Camp Bowie Blvd, Fort Worth, TX

7 Amount (\$)
\$68.81

8 Purpose of payment (See instructions regarding type of information required.)
Decorations

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
2/17/2003

Payee name
Ronnies
.....
Payee address; City; State; Zip Code
2701 S. Hulen, Fort Worth, TX 76109

Amount (\$)
\$100

Purpose of payment (See instructions regarding type of information required.)
Food

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
3/10/2003

Payee name
Ridglea North NA
.....
Payee address; City; State; Zip Code
6753 Camp Bowie Blvd. PMB344, Fort Worth, TX 76116

Amount (\$)
\$60

Purpose of payment (See instructions regarding type of information required.)
Newsletter Ad

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
3/5/2003

Payee name
Murphy, Turner & Associates
.....
Payee address; City; State; Zip Code
1816 O'Henry Court, Arlington, TX 76006

Amount (\$)
\$5,762.73

Purpose of payment (See instructions regarding type of information required.)
Campaign mailing

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2 of 4

2 FILER NAME
Cindy J. Crain

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/20/2003	5 Payee name Graphics 2 6 Payee address; City; State; Zip Code 507 S. Main St., Fort Worth, TX 76104	7 Amount (\$) \$811.88
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8 Purpose of payment (See instructions regarding type of information required.) Printing	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/8/2003	Payee name Office Max Payee address; City; State; Zip Code 6680 W. Freeway, Fort Worth, TX 76116	Amount (\$) \$8.11
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Purpose of payment (See instructions regarding type of information required.) Office Supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/17/2003	Payee name Booker Industries Payee address; City; State; Zip Code	Amount (\$) \$668.48
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/28/2003	Payee name Graphics 2 Payee address; City; State; Zip Code 507 S. Main St., Fort Worth, TX 76104	Amount (\$) \$340.99
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Purpose of payment (See instructions regarding type of information required.) Printing	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
3 of 4

2 FILER NAME
Cindy J. Crain

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/2/2003	5 Payee name Tom Thumb 6 Payee address; City; State; Zip Code Camp Bowie Blvd., Fort Worth, TX 76116	7 Amount (\$) \$59.20
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8 Purpose of payment (See instructions regarding type of information required.) Postage	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/5/2003	Payee name USPS Payee address; City; State; Zip Code Cherry Lane, Fort Worth, TX	Amount (\$) \$39.90
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Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/7/2003	Payee name Graphics 2 Payee address; City; State; Zip Code 507 S. Main St., Fort Worth, TX 76104	Amount (\$) \$1,706.02
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Purpose of payment (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/9/2003	Payee name Tom Thumb Payee address; City; State; Zip Code Camp Bowie Blvd., Fort Worth, TX 76116	Amount (\$) \$37.00
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Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
4 of 4

2 FILER NAME
Cindy J. Crain

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/2/2003	5 Payee name Office Max 6 Payee address; City; State; Zip Code 6680 W. Freeway, Fort Worth, TX 76116	7 Amount (\$) \$45
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8 Purpose of payment (See instructions regarding type of information required.) Office Supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/2/02	5 Payee name Officemax 6 Payee address; City; State; Zip Code 6732 Fort Worth, TX 76116 7 Purpose of expenditure (See instructions regarding type of information required.) Printing	8 Amount (\$) 210.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/13/03	Payee name US Postal Service Payee address; City; State; Zip Code Trinity River Station, Fort Worth, TX 76185 Purpose of expenditure (See instructions regarding type of information required.) Postage	Amount (\$) 37.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/24/03	Payee name US Postal Service Payee address; City; State; Zip Code Arlington Heights Station, Fort Worth, TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Postage	Amount (\$) 74.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/21/2003	Payee name City Secretary's Office, City of Fort Worth Payee address; City; State; Zip Code 1000 Throckmorton, Fort Worth, TX 76102 Purpose of expenditure (See instructions regarding type of information required.) Photocopies	Amount (\$) 11.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/18/2003	Payee name Tom Thumb Payee address; City; State; Zip Code 6377 Camp Bowie Blvd, Fort Worth, TX 76116 Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) \$111.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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