

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: 6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Ms. FIRST: Cynthia MI: J.
NICKNAME: Cindy LAST: Crain SUFFIX:

OFFICE USE ONLY

OFFICIAL RECORD
CITY SECRETARY
F.T. WORTH, TEX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 6816 Fortune Road APT / SUITE #: CITY: Fort Worth TX ZIP CODE: 76116

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Eric MI: A.
NICKNAME: Hehs LAST: SUFFIX:

Receipt # Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 6816 Fortune Road APT / SUITE #: CITY: Fort Worth, TX STATE: ZIP CODE: 76116

7 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 377-2906 EXTENSION:

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: 3/25/2003 THROUGH Month Day Year: 4/22/2003

10 ELECTION

ELECTION DATE: Month 5 / Day 3 / Year 2003
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): OFFICE SOUGHT (if known): City Council

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 Cindy J. Crain	15 ACCOUNT # (Ethics Commission filers)
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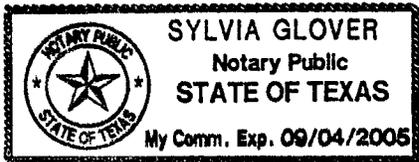
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	260.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5788.73
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 Candid

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cindy Crain 25th
 of April, 2003, to certify which, witness my hand and seal of office. day

Sylvia Glover Sylvia Glover Notary
 Signature of officer administering oath Printed name of officer administering oath 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 2	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/27/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack & Louise Jones	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5028 Bellaire Dr. S., Fort Worth, TX			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim & Nancy Carter	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3408 Rustwood Ct., Fort Worth, TX 76109			
Principal occupation (Optional)		Employer (Optional)	
Date 03/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine Petrus	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7328 Old Mill Run, Fort Worth, TX 76133			
Principal occupation (Optional)		Employer (Optional)	
Date 03/31/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajesh Davda	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2732 Manorwood Trail, Fort Worth, TX 76109			
Principal occupation (Optional)		Employer (Optional)	
Date 3/31/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Shannon	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3450 Lantern Hollow, Fort Worth, TX 76109			
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 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 2	
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/12/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Westby 6 Contributor address; City; State; Zip Code 131 E. Exchange Ave., Fort Worth, TX 76106	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Chambers Contributor address; City; State; Zip Code 3112 Tanglewood Trail, Fort Worth, TX 76109	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Chappell Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug & Cherlyn Alumbaugh Contributor address; City; State; Zip Code 3909 Trail Lake, Fort Worth, TX 76109	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott & Liz Tindall Contributor address; City; State; Zip Code 3713 Black Canyon Road, Fort Worth, TX 76109	Amount of contribution (\$) \$250	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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 1
2 FILER NAME Cindy J. Crain		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/17/2003	5 Payee name Texas Jewish Post 6 Payee address; City; State; Zip Code Fort Worth, TX	7 Amount (\$) \$144.00
8 Purpose of payment (See instructions regarding type of information required.) ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/15/2003	Payee name BBPR Payee address; City; State; Zip Code PO Box 8797, Columbia SC	Amount (\$) \$1,725.00
Purpose of payment (See instructions regarding type of information required.) yard signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/16/2003	Payee name Booker Industries Payee address; City; State; Zip Code 5415 Maple Ave. Suite 230, Dallas, TX 75235	Amount (\$) \$1,868.39
Purpose of payment (See instructions regarding type of information required.) mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/16/2003	Payee name Graphics 2 Payee address; City; State; Zip Code 507 S. Main St., Fort Worth, TX 76104	Amount (\$) \$2,051.34
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

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: 1 of 1

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
Cindy J. Crain

4 Date 4/18/03	5 Payee name US Postmaster	8 Amount (\$) 46.00
	6 Payee address; City; State; Zip Code Fort Worth, TX 76116	
	7 Purpose of expenditure (See instructions regarding type of information required.) Postage	<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.) Postage	<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.) Magnetic signs	<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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED