

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
WENDY R. DAVIS

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

•• 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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

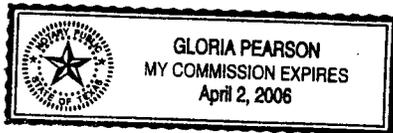
EXPENDITURE TOTALS

OUTSTANDING LOAN 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)	\$	13,617. ⁷⁶
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	—
4. TOTAL POLITICAL EXPENDITURES	\$	16,143. ⁴⁶
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.



Wendy R Davis

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wendy Davis, this the 25 day of April, 2003, to certify which, witness my hand and seal of office.

Gloria Pearson

 Signature of officer administering oath

Gloria Pearson

 Printed name of officer administering oath

City Secretary

 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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

SEE ATTACHED - FORM A1 ; A1 (IN-KIND)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ITEMIZED SCHEDULE - A1

Wendy Davis Campaign - Contributions									
Date	Last Name	First Name	Address	City	ST	Zip	Amount		
4/5/2003	Appleman	Gordon & Louise	801 Cherry St., Suite 1600	FW	TX	76102	\$100.00		
4/5/2003	Nixon	Charles & Dianne	104 Crestwood Dr	FW	TX	76107	\$250.00		
4/5/2003	Ryffel	Jim	3113 S. University Dr, No. 600	FW	TX	76109	\$2,000.00		
4/5/2003	Sybesma	Richard & Susan Haines	1320 Mistletoe Dr.	FW	TX	76110	\$100.00		
4/5/2003	Bonilla	Robert & Lisa	2320 Mistletoe Dr	FW	TX	76110	\$100.00		
4/5/2003	Gideon	Randall	3812 Monticello	FW	TX	76107	\$250.00		
4/5/2003	Plump	Nanci Johnson	5201 Hidden Oaks Ln	Ar1	TX	76017	\$100.00		
4/5/2003	Loughry	Ben & Lori	1107 Elizabeth Blvd	FW	TX	76110	\$100.00		
4/5/2003	Tindall Properties Ltd		801 Grove Street	FW	TX	76102	\$1,000.00		
4/5/2003	Tindall Record Storage Ltd.		801 Grove Street	FW	TX	76102	\$1,000.00		
4/8/2003	Frampton	Lee & Luby	816 E Biddison	FW	TX	76110	\$200.00		
4/8/2003	Tucker	Rick	2517 Ryan Ave.	FW	TX	76110	\$25.00		
4/9/2003	Davis	Bronson & Cathie	7108 Falling Springs Rd	FW	TX	76116	\$250.00		
4/9/2003	Grant	Joseph T.	1623 6th Ave.	FW	TX	76104	\$500.00		
4/10/2003	Jenkins	Curtis	1208 Redbud Ln	FW	TX	76008	\$50.00		
4/10/2003	Loveless	Jim	2900 Airport Freeway	FW	TX	76111	\$100.00		
4/10/2003	Q PAC		301 Commerce Street, Suite 2975	FW	TX	76102	\$500.00		
4/10/2003	Reilly	Michael	1000 Ballpark Way, Suite 304	Ar1	TX	76011	\$250.00		
4/10/2003	Stanford Company		3113 S. University Dr., Suite 510	FW	TX	76109	\$250.00		
4/11/2003	Willis	Doyle & Dr. Dan	3316 Browning Ct	FW	TX	76111	\$100.00		
4/11/2003	Darden	Glenn	51 Westover Terrace	FW	TX	76107	\$1,000.00		
4/11/2003	Stelmas	Mark Allen	3237 Wabash	FW	TX	76109	\$100.00		
4/13/2003	Warthoe	Ellen	2701 Willing Ave	FW	TX	76110	\$25.00		
4/16/2003	FW Police Officer's Assoc.								
4/17/2003	Committee for Public Safety		904 Collier	FW	TX	76102	\$2,500.00		
4/17/2003	Benda	Robert & Joani	608 Paint Pony Trl.	FW	TX	76108	\$1,000.00		
4/17/2003	Runnion	V.G. & Rosemary	2713 Colonial Pkwy	FW	TX	76109	\$50.00		
4/18/2003	Tracy	J David & Jerre	2734 Colonial Parkway	FW	TX	76109	\$250.00		
4/24/2003	Jackson & Walker		301 Commerce Street	FW	TX	76102	\$500.00		
4/24/2003	Gachman	Arnold	2600 Shamrock Ave	FW	TX	76107	\$100.00		
							\$12,750.00		

ITEMIZED - SCHEDULE A1 (IN-KIND)

Wendy Davis Campaign - In-kind Contributions										
Date	Name	Address			City	ST	Zip	Amount	In-kind description	
4/20/2003	Fort Worth Firefighters Committee on Responsible Government	417 N. Retta			FW	TX	76111	867.76	Yard sign supplies & assembly	

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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.

LOANS

SCHEDULE E

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender 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:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code	

8 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
SEE ATTACHED - FORM F	

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

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ITEMIZED SCHEDULE - FORM F

Wendy Davis Campaign - Expenditures									
Date	Payee Name	Address	City	ST	Zip	Amount	Purpose of Expenditure		
4/5/2003	Designer Graphics	12404 Hwy 155 S	Tyler	TX	75703	\$1,525.23	Yard signs		
4/5/2003	The Turner Group	6908 Hunter Cove Dr	Arl	TX	76001	\$4,000.00	Political consulting		
4/5/2003	US Postmaster	2600 8th Ave	FW	TX	76110	\$1,000.00	Postage		
4/10/2003	Ranch Oak Farms	1601-A Park Place Ave	FW	TX	76110	\$372.50	Catering - kick-off event		
4/10/2003	The Tyson Group	1000 Macon St	FW	TX	76102	\$5,897.38	Phone bank		
							Reimbursement for campaign expenses: postage, printing, supplies, labels, phone & mail list, photos		
4/11/2003	The Turner Group	6908 Hunter Cove Dr	Arl	TX	76001	\$1,578.12	Constituent's flowers for hospital stays and funerals		
4/18/2003	Flowers on the Square	4929 Camp Bowie Blvd	FW	TX	76107	\$149.38	Reimbursement for campaign expenses: postage and printing.		
4/20/2003	The Turner Group	6908 Hunter Cove Dr	Arl	TX	76001	\$1,620.85			
						\$16,143.46			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

N/A

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule H:

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

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 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	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED