

# 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:  
**11**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: ELLIOT MI: S.  
NICKNAME: LAST: GOLDMAN SUFFIX:

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
**4110 W. VICKERY, FORT WORTH, TEXAS 76107**

Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: CRAIG MI: R.  
NICKNAME: LAST: HAMILTON 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  
**6300 RIDGLEA PLACE, SUITE 100, FORT WORTH, TEXAS 76116**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 817 ) 377-5200**

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 THROUGH Month Day Year  
**03 / 25 / 2003 THROUGH 04 / 23 / 2003**

10 ELECTION

ELECTION DATE: Month Day Year: **05 / 03 / 2003**  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
**NONE**

12 OFFICE SOUGHT (if known)  
**MAYOR**

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

**ELLIOT GOLDMAN**

15 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 30.00

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

\$ 4,505.97

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,615.91

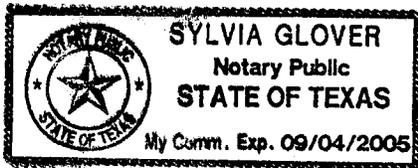
OUTSTANDING LOAN TOTALS

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

\$10,000.00

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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elliot Goldman, this the 25<sup>th</sup> day of April, 20 03, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Sylvia Glover  
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:

4

2 FILER NAME

ELLIOT GOLDMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

04-08-2003

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

KEN EMANUELSON

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4053 SANTA BARBARA, DALLAS, TEXAS 75214

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04-08-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

CHRISTOPHER A. ROACH

Amount of contribution (\$)  
75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6041 VILLAGE BEND DRIVE, DALLAS, TEXAS  
75206

Principal occupation (Optional)

Employer (Optional)

Date

04-08-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

ADAM B. ROSS

Amount of contribution (\$)  
1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2000 W. MARSHALL DRIVE, GRAND PRAIRIE,  
TEXAS 75051

Principal occupation (Optional)

Employer (Optional)

Date

04-08-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

MICHAEL A. ROSS

Amount of contribution (\$)  
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10840 CROOKED CREEK, DALLAS, TEXAS 75229

Principal occupation (Optional)

Employer (Optional)

Date

04-08-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

BRYAN C. COLLINS

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4417 WILDWOOD ROAD, DALLAS, TEXAS 75209

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:  
**4**

2 FILER NAME

**ELLIOT GOLDMAN**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**04-08-2003**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MICHAEL GRAHAM**

7 Amount of contribution (\$) **200.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**5500 PRESTON ROAD, DALLAS, TEXAS 75205**

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**04-08-2003**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARK SHANK**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3405 WENDY LANE, DALLAS, TEXAS 75214**

Principal occupation (Optional)

Employer (Optional)

Date  
**04-08-2003**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CLIFFORD STRICKLAND**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**9506 DARTRIDGE DRIVE, DALLAS, TEXAS 75238**

Principal occupation (Optional)

Employer (Optional)

Date  
**04-08-2003**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MARJORIE WINN FORD**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**920 W. DANIELDALE ROAD, DE SOTO, TEXAS 75115**

Principal occupation (Optional)

Employer (Optional)

Date  
**04-08-2003**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CATHIE ADAMS**

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**PO BOX 794382, DALLAS, TEXAS 75379**

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:

4

2 FILER NAME

ELLIOT GOLDMAN

3 ACCOUNT # (Ethics Commission filer)

4 Date

04-08-2003

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

MICHAEL PETRAS

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3904 TRAVOS STREET, DALLAS, TEXAS 75204

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04-08-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

ROBERT DRIEGERT

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3 SHADYWOOD PLACE, RICHARDSON, TEXAS  
75080

Principal occupation (Optional)

Employer (Optional)

Date

04-08-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

KEVIN FREEMAN

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

709 LAKEWAY DRIVE, KELLER, TEXAS 76248

Principal occupation (Optional)

Employer (Optional)

Date

04-11-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

AMANDA RYAN

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4835 STONY FORD DRIVE, DALLAS, TEXAS  
75287

Principal occupation (Optional)

Employer (Optional)

Date

04-16-2003

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DAWN HALL

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6615 ORCHID LANE, DALLAS, TEXAS 75230

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:

4

2 FILER NAME

ELLIOT GOLDMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

04-08-2003

5 Full name of contributor

TARA ROSS

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

3510 TURTLE CREEK BOULEVARD  
DALLAS, TEXAS 75219

7 Amount of contribution (\$)

830.97

8 In-kind contribution description (if applicable)

CAMPAIGN  
FUNDRAISER  
EVENT

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4-18-2003

Full name of contributor

Bret Saxon

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

17535 Camino De Yatasto  
Pacific Palacads CA 90272

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Production

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

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

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

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)

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ELLIOT GOLDMAN

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$

5 Date of loan

03-25-2003

7 Name of lender

ELLIOT GOLDMAN

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

3963 SARITA PARK, FORT WORTH, TEXAS 76109

10 Interest rate

0.0%

11 Maturity date

12-31-2003

12 Description of Collateral

none

13 GUARANTOR INFORMATION

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

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

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>ELLIOT GOLDMAN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>03-26-2003</b>	5 Payee name <b>TARRANT COUNTY REPUBLICAN PARTY</b> 6 Payee address; City; State; Zip Code <b>1415 BALLINGER STREET, FORT WORTH, TEXAS</b>	7 Amount (\$)  <b>150.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>TICKETS FOR LINCOLN DAY DINNER</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>04-04-2003</b>	Payee name <b>OFFICE DEPOT</b> Payee address; City; State; Zip Code <b>4810 SW LOOP 820, FORT WORTH, TEXAS 76116</b>	Amount (\$)  <b>101.70</b>
Purpose of payment (See instructions regarding type of information required.) <b>OFFICE SUPPLIES</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>04-07-2003</b>	Payee name <b>TOM STALLINGS</b> Payee address; City; State; Zip Code <b>3956 WEDGWAY DRIVE, FORT WORTH, TEXAS 76133</b>	Amount (\$)  <b>1,000.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN CONSULTATION</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>04-09-2003</b>	Payee name <b>INSCRIPTIONS ON THE BOULEVARD</b> Payee address; City; State; Zip Code <b>4003 CAMP BOWIE BOULEVARD, FORT WORTH, TEXAS 76107</b>	Amount (\$)  <b>22.73</b>
Purpose of payment (See instructions regarding type of information required.) <b>STATIONERY</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

**ELLIOT GOLDMAN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

04-14-2003

5 Payee name

**KINKO'S**

7 Amount (\$)

30.31

6 Payee address; City; State; Zip Code

**6020 CAMP BOWIE BOULEVARD, FORT WORTH, TEXAS 76116**

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

**COPIES**

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

04-15-2003

Payee name

**SBC**

Amount (\$)

276.81

Payee address; City; State; Zip Code

**555 MAIN, ROOM 228, BEAUMONT, TEXAS 77701**

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

**TELEPHONE SERVICE**

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

04-15-2003

Payee name

**OFFICE DEPOT**

Amount (\$)

15.54

Payee address; City; State; Zip Code

**4810 SW LOOP 820, FORT WORTH, TEXAS 76116**

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

**OFFICE SUPPLIES**

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

04-15-2003

Payee name

**KINKO'S**

Amount (\$)

50.88

Payee address; City; State; Zip Code

**6020 CAMP BOWIE BOULEVARD, FORT WORTH, TEXAS 76116**

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

**COPIES**

.. 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**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>ELLIOT GOLDMAN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>04-16-2003</b>	5 Payee name <b>OFFICE DEPOT</b> 6 Payee address; City; State; Zip Code <b>4810 SW LOOP 820, FORT WORTH, TEXAS 76116</b>	7 Amount (\$) <b>12.74</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>OFFICE SUPPLIES</b>		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>04-21-2003</b>	Payee name <b>RIVERTOWN MANUFACTURING</b> Payee address; City; State; Zip Code <b>2501 LUDELLE, FORT WORTH, TEXAS 76105</b>	Amount (\$) <b>127.50</b>
Purpose of payment (See instructions regarding type of information required.) <b>BUTTONS</b>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>04-21-2003</b>	Payee name <b>POSTMASTER</b> Payee address; City; State; Zip Code <b>TRINITY RIVER STATION, 4450 OAK PARK LANE, FORT WORTH, TEXAS 76109</b>	Amount (\$) <b>57.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>POSTAGE</b>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>04-21-2003</b>	Payee name <b>STAPLES</b> Payee address; City; State; Zip Code <b>1600 S. UNIVERSITY DRIVE, FORT WORTH, TEXAS 76109</b>	Amount (\$) <b>25.70</b>
Purpose of payment (See instructions regarding type of information required.) <b>OFFICE SUPPLIES</b>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

**ELLIOT GOLDMAN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

04-22-2003

5 Payee name

**MERCURY MEDIA**

7

Amount (\$)

3,765.00

6 Payee address; City; State; Zip Code

**520 BROADWAY, SUITE 400, SANTA MONICA, CA 90401**

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

**PROPOSED MEDIA SCHEDULE**

9

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

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

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

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

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