

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
ARTURO  
NICKNAME LAST SUFFIX  
PEÑA

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2214 PRAIRIE FTW TX 76106

Change of Address

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

Receipt # Amount

Date Processed

Date imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
SYLVIA A  
NICKNAME LAST SUFFIX  
ACOSTA

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3113 N NICHOLS ST. FTW TX 76106

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 626-5846

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  
4 / 12 / 03 THROUGH 4 / 125 / 03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL DIST. 2

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

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

GENERAL

SPECIFIC

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

\$

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

\$ 160.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 669.60

OUTSTANDING LOAN TOTALS

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

\$ 3,750.00

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.

*Arturo Peña*  
Signature of Candidate or Officeholder

LIC EXP 01/15/2006

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arturo Peña, this the 25<sup>th</sup> day of April, 2006, to certify which, witness my hand and seal of office.

*Ramon Charles Martinez*  
Signature of officer administering oath

Ramon Charles Martinez  
Printed name of officer administering oath

Notary Public  
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: 2em;">1</div>	
2 FILER NAME <div style="font-size: 1.5em;">Arturo Peña</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.5em;">4/17/03</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">PERDUE, BRACKETT, FLORES, UTT BURNS + TV</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">100<sup>00</sup></div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">307 W 7TH ST. STE #1225 FORT WORTH TX 76102</div>			
9 Principal occupation (Optional)		10 Employer (Optional)	

Date <div style="font-size: 1.5em;">4/14/03</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">SYLVIA ACOSTA</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">60<sup>00</sup></div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">313 N Nichols St. FORT WORTH TX 76106</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.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B1**

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: <u>1</u>	
2 FILER NAME <u>ARTURO PEN<sup>~</sup>A</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date <u>3/31/03</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARGOT AND DOUG WILLIAMSON</u>	8 Amount of pledge (\$) <u>126.46</u>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <u>318 N. CUMMINGS ST. FORT WORTH TX 76102</u>			
10 Principal occupation (optional)		11 Employer (optional)	
Date <u>4/25/03</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARGOT AND DOUG WILLIAMSON</u>	Amount of pledge (\$) <u>19.72</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <u>318 N CUMMINGS ST. FORT WORTH, TX 76102</u>			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	

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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:	
2 FILER NAME <b>ARTURO PEÑA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date of loan <b>Y31/03</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAMUEL C. LEE, DO</b>		9 Loan Amount (\$) <b>3,950</b>
6 Is lender a financial Institution? <b>Y</b> <b>(N)</b>	8 Lender address;    City;    State;    Zip Code <b>1212 Dorothy FTW TX 76107</b>		10 Interest rate <b>- 0 -</b>
			11 Maturity date <b>N/A</b>
12 Description of Collateral <input checked="" type="checkbox"/> none			
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		14 Name of guarantor  ..... 15 Guarantor address;    City;    State;    Zip Code	
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? <b>Y</b> <b>N</b>	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	
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>ARTURO PEÑA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/4/03</b>	5 Payee name <b>PANORAMA</b>	7 Amount (\$) <b>125.00</b>
6 Payee address; City; State; Zip Code <b>511 E. BLUFF ST., Ste. C FORT WORTH, TX 76102</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Purch. 1/4 PAGE AD</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>4/7/03</b>	Payee name <b>MARGOT WILLIAMSON</b>	Amount (\$) <b>177.86</b>
Payee address; City; State; Zip Code <b>318 N. Cummings St. FORT WORTH, TX 76102</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Replaced ck no 1013 dtd 4/1/03. Supplies ; Stationery ; Printing</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>4/11/03</b>	Payee name <b>US POSTMASTER</b>	Amount (\$) <b>263.74</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>BULK MAILING</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>4/3/03</b>	Payee name <b>Margot Williamson</b>	Amount (\$) <b>103<sup>00</sup></b>
Payee address; City; State; Zip Code <b>218 N. Cummings St. Fort Worth, TX 76102</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Copies - Kinko's</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

ARTURO PEÑA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/1/03

5 Payee name

ARTURO PEÑA

8 Amount (\$)

387.13

6 Payee address; City; State; Zip Code

2214 Prairie FTW TX 76106

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

Replaced ck NO 1013 dtd 4/1/03 PAYABLE TO MARCOT WILLIAMSON  
yard sign balance

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

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

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

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

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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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name ..... 6 Payor address; City; State; Zip Code  7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)

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