04-25-03P02:35 RCVD

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date hand-delivered / postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: VICTOR | MI: L

NICKNAME | LAST: RUFFIN | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 4220 AVE G | APT / SUITE #: | CITY: FT. WORTH | STATE: TX | ZIP CODE: 76105

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: AUDREY | MI: D

NICKNAME | LAST: RUFFIN | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2912 BOURBON ST | APT / SUITE #: | CITY: FT. WORTH, | STATE: TX | ZIP CODE: 76123

7 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 423-1969 | 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: 4/1/03 THROUGH Month Day Year: 4/25/03

10 ELECTION

ELECTION DATE: Month Day Year: 5/3/03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): CITY COUNCILMAN DIST 5

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

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Revised 05/11/2000

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: VICTOR L. RUFFIN

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

COMMITTEE NAME: N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 950.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 883.68

OUTSTANDING LOAN TOTALS

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.

Victor L. Ruffin
Signature of Candidate or Officeholder

SYLVIA GLOVER
Notary Public
STATE OF TEXAS
My Comm. Exp. 09/04/2005

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sylvia Glover	Sylvia Glover	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: VICTOR L. RUFFIN

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/3/03	DR. JUAN J. CAPELLO MD,PA 2636 TIBBETS DR BEDFORD, TX 76022-6919	150.00	N/A

9 Principal occupation (Optional) / 10 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)
4/1/03	DR. ALAN UNELL MD,PA 4375 SOUTH CALLAWAY RD STE 501 FT. WORTH, TX 76180	150.00	

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)
4/7/03	DR. TORRENCE J. STEPTEAU MD 812 SEQUOIA LN KELLER, TX 76248	100.00	

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)
4/11/03	DR. DONALD P. PRENTISS JR MD PA 1305 AIRPORT FWY STE 401 BEDFORD, TX 76021	150.00	

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)
4/20/03	TINA JOHNSON 931 HWY 80 W STE 229 JACKSON, MS 39204	300.00	

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.

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Revised 04/03/2000

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: VICTOR L. RUFFIN

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 ($)	Reimbursement from political contributions intended
4/4/03	KHUN 13331 PRESTON RD STE 1180, DALLAS, TX	RADIO ADVERTISMENT IN SUPPORT C/OH	100.00	☒
4/10/03	PREMIUM GRAPHIC X 5200 MITCHELL DALE SUITE F18 HOUSTON TX 77092	SIGNS SHOWING SUPPORT FOR C/OH	358.68	☐
4/22/03	COMFORT INN HOTEL 2425 SCOTT AVE FT. WORTH TX 76103		125.00	☐
				☐
				☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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