

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

OFFICE USE ONLY

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Maurice MI: NICKNAME: LAST: Spruell SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

1325 Illinois St. Ft. Worth, TX 76104

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Maurice MI: NICKNAME: LAST: Spruell 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

1325 Illinois St. Ft. Worth, TX 76104

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 332-0458

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

/ / / THROUGH / / /

10 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE: Primary Runoff General Special

5 / 3 / 03

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council - Dist 8

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

**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 <i>Maurice Spruell</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>3/25/03</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda K. Hawkins</i> | 7 Amount of contribution (\$) <i>\$ 50.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>5004 Conterra Ct Ft Worth TX 76105</i> | | | |
| 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) | |
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| 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.