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 #
(Origins Commission files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

First
MI

Middle

Last

NICKNAME

SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5 CAMPAIGN TREASURER NAME

First
MI

Middle

Last

NICKNAME

SUFFIX

6 CAMPAIGN TREASURER ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

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

THROUGH

Month
Day
Year

10 ELECTION

ELECTION DATE

Month
Day
Year

ELECTION TYPE

☐ Primary  ☐ Runoff  ☐ General  ☐ Special

11 OFFICE

OFFICE HELD (if any)

City Canal - Dist. 8

12 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY

CITY SECRETARY FT. WORTH, TEX

05/11/2000 Revised

Printed on recycled paper
POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages this Schedule A1:</th>
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<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>ACCOUNT # (Ethics Commission filers)</td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
</tr>
<tr>
<td>5</td>
<td>Full name of contributor</td>
</tr>
<tr>
<td>6</td>
<td>Contributor address; City; State; Zip Code</td>
</tr>
<tr>
<td>7</td>
<td>Amount of contribution ($)</td>
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<tr>
<td>8</td>
<td>In-kind contribution description (if applicable)</td>
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<tr>
<td>9</td>
<td>Principal occupation (Optional)</td>
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<tr>
<td>10</td>
<td>Employer (Optional)</td>
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**Sample Contributions:**

<table>
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<th>Date</th>
<th>Full name of contributor</th>
<th>Amount of contribution ($)</th>
<th>In-kind contribution description (if applicable)</th>
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<tr>
<td>3/25/03</td>
<td>Yelinda R. Hawkins</td>
<td>$50.00</td>
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.