

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 *Mr.* FIRST *Maurice* LAST *Spruell* SUFFIX
NICKNAME LAST SUFFIX
Spruell

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1325 Illinois St. Ft Worth, TX 76104

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Change of Address

5 CAMPAIGN TREASURER NAME

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

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
4 / 1 / THROUGH */ /*

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Maurice Spruell 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. ****

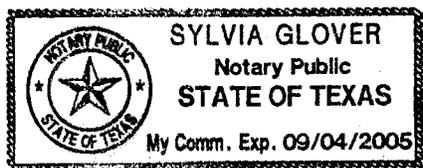
| | | | |
|---|---|--------------------------------------|----------------|
| <input type="checkbox"/> additional pages | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | 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) | \$ 100.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 172.47 |
| 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Maurice Spruell
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Maurice Spruell, this the 25th day of April, 20 03, to certify which, witness my hand and seal of office.

Sylvia Glover
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: 1

2 FILER NAME

Maurice Spruell

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/17/03

5 Full name of contributor

Monette R. Brooks

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1040 E. Mulkey St. Worth, TX 76104

\$40.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/17/03

Full name of contributor

Yolanda Spruell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3004 Canberra Ct. St. Worth, TX 76119

\$20.00

Principal occupation (Optional)

Employer (Optional)

Date

4/17/03

Full name of contributor

Jatsia Spruell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3004 Canberra Ct. St. Worth, TX 76119

\$20.00

Principal occupation (Optional)

Employer (Optional)

Date

4/17/03

Full name of contributor

Vincent Spruell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3004 Canberra Ct. St. Worth, TX 76119

\$20.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

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: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | | \$ |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 10 Principal occupation (optional) | | 11 Employer (optional) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation (optional) | | Employer (optional) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation (optional) | | Employer (optional) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation (optional) | | Employer (optional) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind 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 <i>Maurice Spruell</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$ <i>0</i> | | |
| 5 Date of loan <i>4/10/03</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maurice Spruell</i> | 9 Loan Amount (\$) <i>\$13.87</i> |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code <i>1325 Illinois St. Walth, TX 76104</i> | 10 Interest rate |
| | | 11 Maturity date |
| 12 Description of Collateral <input checked="" type="checkbox"/> none | | |
| 13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 14 Name of guarantor 15 Guarantor address; City; State; Zip Code | 16 Amount Guaranteed (\$) |
| 17 Principal Occupation | | 18 Employer |
| Date of loan <i>4/24/03</i> | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maurice Spruell</i> | Loan Amount (\$) <i>\$11.37</i> |
| Is lender a financial Institution? Y <input checked="" type="radio"/> N | Lender address; City; State; Zip Code <i>1325 Illinois</i> | Interest rate |
| | | Maturity date |
| Description of Collateral <input checked="" type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | | Employer |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME *Maurice Spruell*

3 ACCOUNT # (Ethics Commission filers)

4 Date *4/10/03*

5 Payee name *Lone Star Poster Company*

7 Amount (\$)

6 Payee address; City; State; Zip Code

1716 S. Main St. Ft. Worth, TX 76110

\$103.87

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

Poster Boards

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

Candidate / Officeholder name Office sought Office held

Maurice Spruell City Council Dist 8

Date

Payee name

Amount (\$)

4/11/03

Ace Hardware

Payee address; City; State; Zip Code

3115 Vaughn Blvd. Ft. Worth TX 76119

\$2.12

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

Nails for posters

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

Candidate / Officeholder name Office sought Office held

Maurice Spruell City Council Dist 8

Date

Payee name

Amount (\$)

4/14/03

The Home Depot

Payee address; City; State; Zip Code

7950 I-35 South Freeway Ft. Worth, TX 76134

\$26.86

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

Stakes for posters to stand

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

Candidate / Officeholder name Office sought Office held

Maurice Spruell City Council Dist 8

Date

Payee name

Amount (\$)

4/24/03

Lone Star Poster Company

Payee address; City; State; Zip Code

1716 S. Main St. Fort Worth, TX 76104

\$25.00

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

Handout cards

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

Candidate / Officeholder name Office sought Office held

Maurice Spruell City Council Dist 8

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME <i>Maurice Spuwell</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ <i>0</i> |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Description of Collateral <input type="checkbox"/> none | | |
| 13 GUARANTOR INFORMATION <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | | Employer |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

292

2 FILER NAME:

Maurice Spruell

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/17/03

5 Payee name

Finko's

7 Amount (\$)

6 Payee address; City; State; Zip Code

901 Houton St. St. Louis TX 76102

\$2.25

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

For Tax

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Maurice Spruell

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/10/03

5 Payee name

Lone Star Paper Company

8 Amount (\$)

\$13.87

6 Payee address; City; State; Zip Code

1716 S. Main St. Ft. Worth, TX 76110

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

Paying remainder contribution did not over

Reimbursement from political contributions intended

Date

4/24/03

Payee name

Ben's

Amount (\$)

\$11.37

Payee address; City; State; Zip Code

901 Houston St Fort Worth, TX 76104

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

150 Copies

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME *Maurice Spruell*

2 ACCOUNT #(Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Maurice Spruell
Signature of Candidate/Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Maurice Spruell
Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder