

# 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. NICKNAME: FIRST: Maurice LAST: Spruell MI: SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

1325 Illinois St. Ft Worth, TX 76104

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

5 CAMPAIGN TREASURER NAME

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

4 / 1 / THROUGH 1 / 1 /

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 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)

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

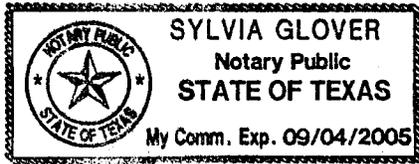
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

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 25<sup>th</sup> 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  in-state PAC (ID#)  out-of-state PAC (ID#)

*Monette R. Brooks*

7 Amount of contribution (\$)

*\$40.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1040 E. Mulkey St. Worth, TX 76104*

9 Principal occupation (Optional)

10 Employer (Optional)

Date

*4/17/03*

Full name of contributor  out-of-state PAC (ID#)

*Yolanda Spruell*

Amount of contribution (\$)

*\$20.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3004 Cantera Ct. Ft. Worth, TX 76119*

Principal occupation (Optional)

Employer (Optional)

Date

*4/17/03*

Full name of contributor  out-of-state PAC (ID#)

*Jatsia Spruell*

Amount of contribution (\$)

*\$20.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3004 Cantera Ct Ft. Worth, TX 76119*

Principal occupation (Optional)

Employer (Optional)

Date

*4/17/03*

Full name of contributor  out-of-state PAC (ID#)

*Vincent Spruell*

Amount of contribution (\$)

*\$20.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3004 Cantera Ct. Ft. Worth, TX 76119*

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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Maurice Spruell

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date of loan  
4/10/03

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Maurice Spruell

9 Loan Amount (\$)  
\$13.87

6 Is lender a financial institution?  
Y  N

8 Lender address; City; State; Zip Code  
1325 Allison St. North, TX 76104

10 Interest rate  
11 Maturity date

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION  
 not applicable

14 Name of guarantor  
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan  
4/24/03

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Maurice Spruell

Loan Amount (\$)  
\$16.37

Is lender a financial institution?  
Y  N

Lender address; City; State; Zip Code  
1325 Allison

Interest rate  
Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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  
4/16/03

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

# 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

Senko's

7 Amount (\$)

\$2.25

6 Payee address; City; State; Zip Code

901 Houton St. Ft. Worth TX 76102

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

for Jay

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

*Fone Star Poster 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

*Stink'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

# 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