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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: 7

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: DONAVAN | MI: R.
NICKNAME | LAST: WHEATFALL | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 4513 | APT / SUITE #: JENNIFER CT | CITY: FORT WORTH, | STATE: TX | ZIP CODE: 76119

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE | PHONE NUMBER: (817) 675-2218 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: LAKEISHA | MI: R
NICKNAME | LAST: MOORE | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 2608 PUTNAM ST | APT / SUITE #: | CITY: Ft Worth | STATE: TX | ZIP CODE: 76112

8 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER: ( ) | EXTENSION

9 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)

10 PERIOD COVERED
Month Day Year: 03/22/2004 THROUGH Month Day Year: 04/15/2004

11 ELECTION
ELECTION DATE Month Day Year: 05/15/2004
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☒ Special

12 OFFICE
OFFICE HELD (if any):
13 OFFICE SOUGHT (if known): CITY COUNCIL - DISTRICT 5

14 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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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DONAVAN WHEATFALL

16 ACCOUNT # (Ethics Commission filers)

17 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18

CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 925
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2995.36
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ <2,070.36>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,100.00

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.

TINA FERGUSON
MY COMMISSION EXPIRES
March 26, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donavan Wheatfall, this the 15th day of April, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Tina Ferguson	Notary

Revised 09/01/2003

Printed on recycled paper

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A: 1

2 FILER NAME: DONAVAN WHEATFALL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	COREY M. & PRISCILLA ANTHONY 15911 Heritage Oaks Dr. Thornball, TX 77377	100.00	

9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	GEROME & ROBIN BONNER P.O. Box 942184 Plano TX 75094	375.00	

Principal occupation \ Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	William Garner 6428 Henco Ft Worth TX 76119	250.00	

Principal occupation \ Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	LaKeisha Renee Moore 2608 Putnam St Ft Worth TX 76112	100.00	

Principal occupation \ Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Roseann Wheatfall 3604 Palmer Ct Arlington TX 76014	100.00	

Principal occupation \ Job title (See Instructions) | Employer (See Instructions)

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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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: DONAVAN WHEATFALL

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0.00

5 Date of loan: 4/3/2004

6 Is lender a financial institution? Y (N)

7 Name of lender: DONAVAN WHEATFALL ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code: 4613 Jennifer CT, Fort Worth, TX 76119

9 Loan Amount ($): 2,100.00

10 Interest rate: 0.00

11 Maturity date: 9/1/2004

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: COMPUTER CONSULTANT

18 Employer: CIS, INC

Date of loan:

Name of lender: ☐ 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: ☐ none

GUARANTOR INFORMATION: ☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation:

Employer:

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: DONAVAN WHEATFALL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/14/04	DESIGNER GRAPHICS 12404 HWY 155 SOUTH Tyler TX 75703	2,140.67

8 Purpose of payment (See instructions regarding type of information required.): Printing Campaign Material

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/23/04	Spade Design 3533 8th Apt #505 Grand Prairie TX 75052	106.25

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

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: DONAVAN WHEATFALL

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
3/31/2004	FORT WORTH BLACK NEWS Ft. Worth Tx	1/2 Page Ad	450.00	☒
3/27/2004	Kin Kos 8716 W Airport Fwy	Copying Services	2.14	☒
3/27/2004	Kin Kos 8716 W AIRPort Fwy	Copying Services	10.89	☐
4/3/2004	List Ware Melissa Data 22382 AVENIDA EMPRESA CA	NCO + Residential Phone Append	200.00	☒
4/3/2004	OFFICE DEPOT 201 S. INDUSTRIAL	Office Supplies	83.41	☒

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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: DONAVAN WHEATFALL

3 ACCOUNT # (Ethics Commission files)

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 ($)	Reimbursement from political contributions intended
3/22/04	City of Fort Worth 1000 Throckmorton Fort Worth TX	Filing Fee	100.00	☒
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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