



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

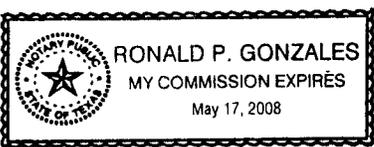
15 C/OH NAME Donavan R. Wheatfall	16 ACCOUNT # (Ethics Commission file)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

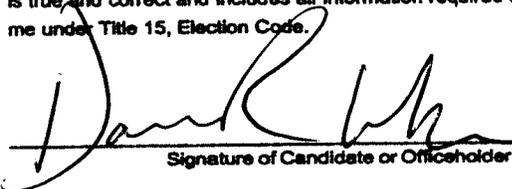
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,603.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <-1,703.08>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2090.00

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.

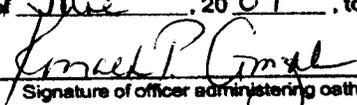


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DONAVAN R. WHEATFALL, this the 28th day of June, 2004, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath

Notary

Title of officer administering oath

**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	
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission files)	
4 Date 5/23/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trista Rae Allen	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5701 Mopa C Expy S #1028 Austin TX 78749			
9 Principal occupation \ Job title (See instructions)		10 Employer (See instructions)	
Date 5/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Andrew McBee	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1500 Oakcliff Rd Ft. Worth, TX 76103			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 5/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Clarence J. Brooks	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2200 Evans Ave Ft. Worth TX 76104			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 6/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westley L. Turner	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 11518 Fort Worth, TX 76110			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 6/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary McCray	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6009 Maceo Lane Fort Worth TX 76112			
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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instruction Guide explains how to complete this form.			1 Total pages this Schedule A: 2/2	
2 FILER NAME Donavan R. Wheatfall			3 ACCOUNT # (Ethics Commission file)	
4 Date 6/9/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Weaver	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1025 East Powell Fort Worth TX 76104				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions)	
Date 6/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Clifford Davis	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 600 Texas Fort Worth, TX 76102				
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/5
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/7/04	5 Payee name Taco Cabana 6 Payee address; City; State; Zip Code	7 Amount (\$) 22.86
8 Purpose of payment (See instructions regarding type of information required.) Food for phone bankers		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/8/04	Payee name Chase Bank Payee address; City; State; Zip Code 201 Main St Fort Worth, TX 76102	Amount (\$) 17.91
Purpose of payment (See instructions regarding type of information required.) April Service Fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/10/04	Payee name Triple 7 Foodstore Payee address; City; State; Zip Code	Amount (\$) 27.61
Purpose of payment (See instructions regarding type of information required.) Gas for campaign driving		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/15/04	Payee name Donavan Wheatfall Payee address; City; State; Zip Code 4513 Jennifer Ct Fort Worth, TX 76119	Amount (\$) 560.00
Purpose of payment (See instructions regarding type of information required.) Loan Payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held Donavan Wheatfall City Council

**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: 2/5
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission files)
4 Date 5/14/04	5 Payee name E-Fax Plus 6 Payee address; City; State; Zip Code	7 Amount (\$) 12.95
8 Purpose of payment (See instructions regarding type of information required.) Fax charge for online faxing		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/15/04	Payee name Wal-Mart #1080 Payee address; City; State; Zip Code 102	Amount (\$) 18.22
Purpose of payment (See instructions regarding type of information required.) Food for watch party		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/17/04	Payee name Race Trac Payee address; City; State; Zip Code	Amount (\$) 28.00
Purpose of payment (See instructions regarding type of information required.) Gas for campaign driving		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/21/04	Payee name XPEDX Payee address; City; State; Zip Code	Amount (\$) 219.88
Purpose of payment (See instructions regarding type of information required.) Political Mailer Paper		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
3/5

2 FILER NAME  
Donavan R. Wheatfall

3 ACCOUNT # (Ethics Commission files)

4 Date  
5/24/04

5 Payee name  
Toner World.com  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
220.62

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

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

Date  
5/27/04

Payee name  
City of Fort Worth  
Payee address; City; State; Zip Code  
Fort Worth, TX 7610

Amount (\$)  
25.00

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  
6/1/04

Payee name  
J.P. Morgan Chase Bank  
Payee address; City; State; Zip Code

Amount (\$)  
17.21

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

-- 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**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4/5
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission files)
4 Date 6/7/04	5 Payee name Minyards #33 6 Payee address; City; State; Zip Code	7 Amount (\$) 2.05
8 Purpose of payment (See instructions regarding type of information required.) Rubber Bands		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/7/04	Payee name Minyards #33 Payee address; City; State; Zip Code	Amount (\$) 74.00
Purpose of payment (See instructions regarding type of information required.) Postage Stamps		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/2/04	Payee name Sonic Payee address; City; State; Zip Code	Amount (\$) 27.83
Purpose of payment (See instructions regarding type of information required.) Food for Phone Bankers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/4/04	Payee name Crystal Software Payee address; City; State; Zip Code	Amount (\$) 29.95
Purpose of payment (See instructions regarding type of information required.) Zip +4 Mailer Software for Political Mailings		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/5
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission files)
4 Date 6/4/04	5 Payee name On the Go #4003 6 Payee address; City; State; Zip Code	7 Amount (\$) 16.87
8 Purpose of payment (See instructions regarding type of information required.) Gas for door to door campaigning		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 6/5/04	Payee name Racetrac #49 Payee address; City; State; Zip Code	Amount (\$) 28.69
Purpose of payment (See instructions regarding type of information required.) Gas for door to door campaigning		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 6/7/04	Payee name Triple 7 Food Store Payee address; City; State; Zip Code	Amount (\$) 15.81
Purpose of payment (See instructions regarding type of information required.) Gas for door to door campaigning		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 6/8/04	Payee name US Postal Service Payee address; City; State; Zip Code	Amount (\$) 253.24
Purpose of payment (See instructions regarding type of information required.) Campaign Bulk Mailing		-- 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: 1/3
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/1/04	5 Payee name Kinkos 6 Payee address; City; State; Zip Code 901 Houston Fort Worth TX 76102	8 Amount (\$) 17.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Paper Copying Services	
Date 5/11/04	Payee name Postmaster Payee address; City; State; Zip Code	Amount (\$) 405.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Bulk Political Mailing	
Date 4/19/04	Payee name Postmaster Payee address; City; State; Zip Code	Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Bulk Mail Permit	
Date 5/3/04	Payee name Postmaster Payee address; City; State; Zip Code	Amount (\$) 176.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Bulk Political Mailing	
Date 6/1/04	Payee name Postmaster Payee address; City; State; Zip Code	Amount (\$) 181.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Bulk Political Mailing	

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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: 2/3
2 FILER NAME Donavan R. Wheatfall		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/6/04	5 Payee name KHVN - Heaven 97 Radio 6 Payee address; City; State; Zip Code	8 Amount (\$) 500.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Radio Ad	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/18/04	Payee name Home Depot Payee address; City; State; Zip Code	Amount (\$) 103.20
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for sign building	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/4/04	Payee name TonerWorld.com Payee address; City; State; Zip Code	Amount (\$) 168.47
	Purpose of expenditure (See instructions regarding type of information required.) Toner for printer	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/4/04	Payee name Melissa Data Payee address; City; State; Zip Code	Amount (\$) 150.00
	Purpose of expenditure (See instructions regarding type of information required.) Change of Address and Phone Append for Mailer	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/20/04	Payee name TonerWorld.com Payee address; City; State; Zip Code	Amount (\$) 1387.09
	Purpose of expenditure (See instructions regarding type of information required.) Printng Supplies for Political Mailers and Flyers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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:

3/3

2 FILER NAME

Donavan R. Wheatfall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Designer Graphics	8 Amount (\$)
4/30/04	6 Payee address; City; State; Zip Code	596.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Large Political Sign	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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