

APR 15 2004

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Lyddia SHEPPARD ANTWINE MI SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #: 2 426 E. Handley Dr. Ft. Worth, TX 76112 CITY: STATE: ZIP CODE

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (817) 457-1155

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Shirley WASHINGTON HARDEA MI SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 2104 Timberline Dr Ft. Worth, TX 76119 CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (817) 536-1351

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 / 31 / 04 THROUGH Month Day Year 04 / 05 / 04

11 ELECTION

ELECTION DATE Month Day Year 05 / 15 / 04 ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known) City Council

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

OFFICE USE ONLY OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

Receipt # Amount Date Processed Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Lyddia Sheppard Antwine

16 ACCOUNT # (Ethics Commission files)

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 to Elect Lyddia Sheppard Antwine

COMMITTEE ADDRESS

*P.O. Box 185518
Ft Worth, TX 76181-0518*

COMMITTEE CAMPAIGN TREASURER NAME

Shirley Washington Harden

COMMITTEE CAMPAIGN TREASURER ADDRESS

*2104 Timberline Dr
Ft. Worth TX 76119*

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *150.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *250.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *48.50*

4. TOTAL POLITICAL EXPENDITURES

\$ *248.50*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

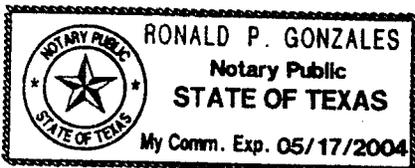
\$ *0*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Lyddia Sheppard-Antwine*, this the *15th* day of *April*, 20 *04*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

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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: **2**

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

Lydvia Sheppard-Antwine

4 Date

4/4/04

5 Full name of contributor

Mr + Mrs Sammie L. Benton

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

Check

6 Contributor address: City: State: Zip Code

5901 Eisenhower, Ft.W. TX 76119

9 Principal occupation \ Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

4/4/04

Full name of contributor

Sidney Roe

out-of-state PAC (ID#)

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Cash

Contributor address: City: State: Zip Code

7609 Bermeto, Fortworth, Tx 76112

Principal occupation \ Job title (See Instructions)

Plumber

Employer (See Instructions)

Date

4/4/04

Full name of contributor

Bobby Dardy

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Check

Contributor address: City: State: Zip Code

3008 Lomita FtWorth, TX 76119

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

4/4/04

Full name of contributor

Monica Evans

out-of-state PAC (ID#)

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Cash

Contributor address: City: State: Zip Code

2652 HarvestLn Ft.W. TX 76133

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

4/4/04

Full name of contributor

M/M Ephesian Harde

out-of-state PAC (ID#)

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Cash

Contributor address: City: State: Zip Code

3725 Vineyard Dallas TX 75212

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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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 FILER NAME

Lyddia Sheppard Antwine

3 ACCOUNT # (Ethics Commission file)

4 Date

4/14/04

5 Full name of contributor

Elvine Bennett

out-of-state PAC (ID#)

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

check

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job title (See instructions)

10 Employer (See instructions)

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 \ Job title (See instructions)

Employer (See instructions)

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 \ Job title (See instructions)

Employer (See instructions)

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 \ Job title (See instructions)

Employer (See instructions)

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 \ Job title (See instructions)

Employer (See instructions)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission file)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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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
<input type="checkbox"/> not applicable	15 Guarantor address; City; State; Zip Code	11 Maturity date

17 Principal Occupation	18 Employer
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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
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Lydia Shepard Antwine

3 ACCOUNT # (Ethics Commission files)

4 Date

4/3/04

5 Payee name

Trellis Rose

6 Payee address; City; State; Zip Code

6511 E. Lancaster

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

Room For Fundraiser

8 Amount (\$)

200.00

Reimbursement from political contributions intended

Date

Payee name *Office Max*

Payee address; City; State; Zip Code

Hurst TX

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

Supplies

Amount (\$)

48.50

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Lyddia Sheppard Antwine

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/13/04

5 Payee name

Trellis Rose

7 Amount (\$)

200.00

6 Payee address; City; State; Zip Code

6511 E. Lancaster Ave Ft Worth TX 76112

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

Tea Room For Fund Raiser

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

Lyddia Antwine City Council

Date

4/14/04

Payee name

Office Max

Amount (\$)

48.50

Payee address; City; State; Zip Code

HURST TX

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

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