

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

**CANDIDATE / OFFICEHOLDER
 CAMPAIGN FINANCE REPORT**

**FORM C/OH
 COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

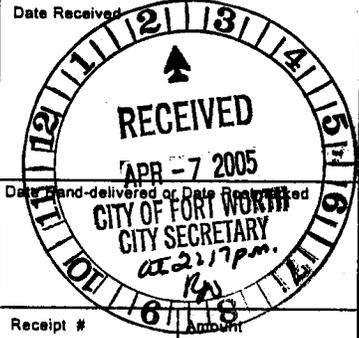
1. ACCOUNT #
 (Ethics Commission filers)

2. Total pages filed:

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: _____ FIRST: Joyce MI: L.
 NICKNAME: _____ LAST: Grant SUFFIX: _____

OFFICE USE ONLY



4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 5210 Libbey Ave APT / SUITE #: _____ CITY: FTW STATE: TEX ZIP CODE: 76107-7130

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 570-9236 EXTENSION: _____

6. CAMPAIGN TREASURER NAME

MS / MRS / MR: _____ FIRST: Joyce MI: _____
 NICKNAME: _____ LAST: England SUFFIX: _____

7. CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 54 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

8. CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 763-5733 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 THROUGH Month / Day / Year

11. ELECTION

ELECTION DATE: Month 5 Day 07 Year 05
 ELECTION TYPE: Primary Runoff General Special

12. OFFICE

OFFICE HELD (if any)

13. OFFICE SOUGHT (if known)

City Council Dist #7

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joyce L. Grant 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 425.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 13.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 344.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 81.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

Joyce L. Grant
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joyce L. Grant, this the 7th day of April, 2005, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
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 Schedule A:	
2 FILER NAME <i>Joyce L. Grant</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-10-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas L.G. & Myrtle B. Ross</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6210 Sierract, Arlington, Tex 76016</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-16-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio L. DeLeon</i>	Amount of contribution (\$) <i>\$120.00</i>	In-kind contribution description (if applicable)
<i>4-02-05</i>	Contributor address; City; State; Zip Code <i>4413 Geddes Ave, FtW, Tex 76107</i>	<i>\$25.00</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-30-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marjellen Whitlock Hicks</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. 19165 FtW Tex 76119</i>			
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)	

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 B

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule B:	
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#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
7 Pledgor address; City; State; Zip Code				
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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 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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code			
19 Principal Occupation		20 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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
Principal Occupation		Employer	

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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:
2 FILER NAME <i>Joyce L. Grant</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3-17-05</i> <i>3-18-05</i> <i>3-19-05</i> <i>4-01</i>	5 Payee name <i>Office Max</i> 6 Payee address; City; State; Zip Code <i>700 State Highway 183</i> <i>FTW, TEX, 76116</i>	7 Amount (\$) <i>53.11</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Badge, color laser, Fax, comp</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3-17-05</i> <i>3-18-05</i> <i>3-21-05</i>	Payee name <i>Wal-Mart</i> Payee address; City; State; Zip Code <i>Store # 0590 + Store # 0940</i> <i>FTW, TEX</i>	Amount (\$) <i>17.29</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies for office use Desktop calendar, Envelopes</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3-19-05</i>	Payee name <i>Blue Vista</i> Payee address; City; State; Zip Code <i>P.O. Box 246</i> <i>Addison, Tex 75001-0246</i>	Amount (\$) <i>74.90</i>
Purpose of payment (See instructions regarding type of information required.) <i>Communication</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3-15-05</i> <i>1</i> <i>3-02-05</i>	Payee name <i>Services rendered</i> Payee address; City; State; Zip Code	Amount (\$) <i>186.30</i>
Purpose of payment (See instructions regarding type of information required.) <i>Computer, E-mail, copies, laser (Home Base)</i>		-- 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:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

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

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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 6 Business address; City; State; Zip Code	7 Amount (\$)
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 Business 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	Business name Business 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	Business name Business 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	Business name Business 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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