



# 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 # *at 4-01*  
(Ethics Commission files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS  MR FIRST MI  
*Monnie* LAST *GILLIAM* SUFFIX *P*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*1100 VICKI LANE*  
*FT. WORTH, TEXAS 76104*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(817) 926-2225*

6 CAMPAIGN TREASURER NAME

MS / MRS  MR FIRST MI  
*Monnie* LAST *GILLIAM* SUFFIX *P*

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*1100 VICKI LANE, FT. WORTH, TEXAS 76104*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(817) 926-2225*

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  
*3 / 7 / 05*    *4 / 29 / 05*

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
*5 / 7 / 2005*

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*CITY COUNCIL DISTRICT 8*

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

*N/A*

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

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

*Monnie Q. Gilliam*

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

\$ 75<sup>00</sup>

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

\$ 3775<sup>00</sup>  
~~3775~~

EXPENDITURE TOTALS

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

\$ 73<sup>03</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 3040<sup>21</sup>

CONTRIBUTION BALANCE

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

\$ 634<sup>00</sup>

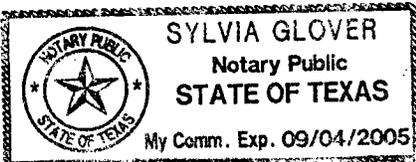
OUTSTANDING LOAN TOTALS

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

\$ 0

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

*Monnie Q. Gilliam*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Monnie Gilliam, this the 29<sup>th</sup> day of April, 20 05, 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 A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>MONNIE D. GILLIAM</b>				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FUNICE GIVENS</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>FT WORTH, TEXAS</b>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>G. WEN DOLYN NEAL</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>FT. WORTH, TEXAS</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE EPPS</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>FT. WORTH, TEXAS</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BOB BONILLA</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>7801 GRASSLAND DR FT. WORTH, TEXAS 76113</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOSE DAVIS</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>5507 STAFFORD DR FT. WORTH TEXAS 76134</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

CASH AMERICA INTERL 250<sup>00</sup>  
1600 W 7<sup>TH</sup> ST  
FT. WORTH, TEXAS

JAMES SNYDER 250<sup>00</sup>  
16 FAIRVIEW LANE  
ALEDO, TEXAS 76008

CARMELE TAYLOR PORTER 250<sup>00</sup>  
701 N BOWEN  
ARLINGTON, TEXAS 76102

DR. STEVEN J MEYERS 1000<sup>00</sup>  
14 LOMBARDY TER.  
FT. WORTH, TEXAS 76132

JUANETTE RIXON 25<sup>00</sup>  
1421 ROBINWOOD DR  
FT. WORTH, TEXAS 76111

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>MONNIE Q. GILLIAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$ <i>900</i> <sup>00</sup>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MONNIE Q. GILLIAN</i>	9 Loan Amount (\$)	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>1100 VICKI WANE, FT. WORTH, TEXAS 76104</i>	10 Interest rate <i>0</i>	11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor <i>N/A</i>	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	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>X</b>
2 FILER NAME <i>Monnie Q. Gilliam</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3/7/05</i>	5 Payee name <i>CITY OF FT. WORTH</i>	8 Amount (\$) <i>100.00</i>
	6 Payee address; City; State; Zip Code <i>1000 THROCKMORTON ST. FT. WORTH TEXAS 76102</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>FILEING FEE</i>	
Date <i>3/16/05</i>	Payee name <i>J.P.S. PRINTING, INC.</i>	Amount (\$) <i>48.37</i>
	Payee address; City; State; Zip Code <i>3825 ASHFORD AVE FT. WORTH TEXAS 76133</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>CAMPAIGN FLYERS</i>	
Date <i>4/10/05</i>	Payee name <i>FED EX KINKO'S</i>	Amount (\$) <i>109.98</i>
	Payee address; City; State; Zip Code <i>901 HOUSTON ST. FT. WORTH TEXAS 76102</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>CAMPAIGN FLYERS</i>	
Date <i>4/23/05</i>	Payee name <i>THE HOME DEPOT</i>	Amount (\$) <i>108.02</i>
	Payee address; City; State; Zip Code <i>SOUTH FREEWAY FT. WORTH TEXAS</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>SUPPLIES FOR CAMPAIGN SIGNS</i>	
Date	Payee name <i>LOWES</i>	Amount (\$) <i>72.59</i>
	Payee address; City; State; Zip Code <i>BURLESON TEXAS</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>SUPPLIES FOR CAMPAIGN SIGNS</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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 <i>MONNIE Q. GILLIAN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/16/05</i>	5 Business name <i>CREATIVE GRAFF</i> 6 Business address; City; State; Zip Code	7 Amount (\$) <i>132.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN CAPS AND T-SHIRTS</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>4/15/05</i>	Business name <i>D.S.P.</i> Business address; City; State; Zip Code <i>300 BOONERD BURLESON TEXAS 76028</i>	Amount (\$) <i>2676.59</i>
Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN YARD SIGNS</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED