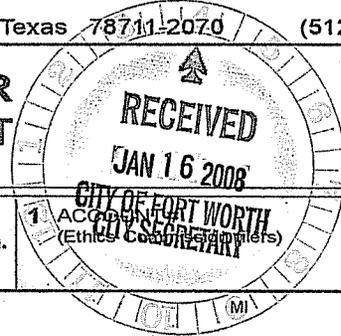


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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



The C/OH Instruction Guide explains how to complete this form.

1 ACCORDING TO THE INSTRUCTIONS (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

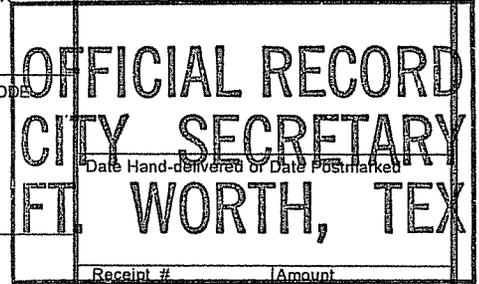
MS / MRS / MR: Mr. NICKNAME: Christopher
FIRST: Christopher
LAST: Turner
SUFFIX: (MI)

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
959 W Bluff St #107 Fort Worth TX 76102
 Change of Address



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 480-8677

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. NICKNAME: Holly
FIRST: Holly
LAST: Turner
SUFFIX: (MI)

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
959 W. Bluff St # 107 Fort Worth, TX 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 480-8677

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
10 / 28 / 07 THROUGH 1 / 15 / 08

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 06 / 07
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 9

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 Chris Turner **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 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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,50.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,674.35
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



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.

Chris Turner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Turner, this the 16 day of January 08, to certify which, witness my hand and seal of office.

Erin Michelle Smith
Signature of officer administering oath

Erin Michelle Smith
Printed name of officer administering oath

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>Chris Turner</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/27/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Vince Puente</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>404 Forest River Circle Fort Worth TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Sales / Management</i>		10 Employer (See Instructions) <i>Southwest office Systems</i>	
Date <i>10/31/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Meeks</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1125 Hidden Oaks Dr. Bedford, TX 76002</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Lienbarger</i>	
Date <i>11-1-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Andrew Piel</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4402 Murwick Dr. Arlington, TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Harris & Steet</i>	
Date <i>11-2-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jack Huff</i>	Amount of contribution (\$) <i>1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Commerce St, Ste 1750 Fort Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Huff Real Estate</i>	
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		(If travel outside of Texas, complete Schedule T)	
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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Chris Turner		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/31	5 Payee name Costco 6 Payee address; City; State; Zip Code	7 Amount (\$) \$ 225.06
8 Purpose of payment (See instructions regarding type of information required.) volunteer-food (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/1	Payee name Republican Forum Payee address; City; State; Zip Code	Amount (\$) \$40.00
Purpose of payment (See instructions regarding type of information required.) Networking event. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/1	Payee name Tarrant County Medical Supply Payee address; City; State; Zip Code	Amount (\$) \$ 308.31
Purpose of payment (See instructions regarding type of information required.) Mailing Labels (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/1	Payee name Caro's Restaurant Payee address; City; State; Zip Code	Amount (\$) \$ 275.56
Purpose of payment (See instructions regarding type of information required.) Volunteer Meal (If travel outside of Texas, complete Schedule T)		** 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:
2 FILER NAME <i>Chris Turner</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11-8-07</i>	5 Payee name <i>Central Market</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$ 259.10</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Volunteer Food</i> (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Innovar</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$ 3282.12</i>
Purpose of payment (See instructions regarding type of information required.) <i>Marketing / Signs</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Graphics 2</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$10,791.70</i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Aaron Mullen</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$ 80.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		.. 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:
2 FILER NAME Chris Turner		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-5-07	5 Payee name AT&T <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code Campaign phone	7 Amount (\$) \$ 89.01
8 Purpose of payment (See instructions regarding type of information required.) Campaign phone <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-5-07	Payee name Party Warehouse <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code	Amount (\$) \$ 60.76
Purpose of payment (See instructions regarding type of information required.) Election Supplies <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-8-07	Payee name Voice Broadcasting <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code	Amount (\$) \$4,082.40
Purpose of payment (See instructions regarding type of information required.) Advertising <small>(If travel outside of Texas, complete Schedule T)</small>		** 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:
2 FILER NAME <i>Chris Turnen</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11-8-07</i>	5 Payee name <i>Barnett Smith</i>	7 Amount (\$) <i>\$ 120.00</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Volunteer Election Day</i> (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Aaron Walker</i>	Amount (\$) <i>\$40.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Ian Cannon</i>	Amount (\$) <i>\$100.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Nick Netiger</i>	Amount (\$) <i>\$ 120.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		.. 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:
2 FILER NAME <i>Chris Turner</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11-8-07</i>	5 Payee name <i>Central Market</i> <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$ 259.10</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Volunteer Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Innovar</i> <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code	Amount (\$) <i>\$3282.12</i>
Purpose of payment (See instructions regarding type of information required.) <i>Marketing / Signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Graphics 2</i> <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code	Amount (\$) <i>\$10,791.70</i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Aaron Mullen</i> <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code	Amount (\$) <i>\$ 80.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		** 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:
2 FILER NAME <i>Chris Turner</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11-8-07</i>	5 Payee name <i>Ben Witten</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$ 40.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Chad Dresser</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$160.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-8-07</i>	Payee name <i>Jace Thompson</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$240.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Election Day Volunteer</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11-11-07</i>	Payee name <i>Com. for Public Safety</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$1,500.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Contribution</i> (If travel outside of Texas, complete Schedule T)		** 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:
2 FILER NAME Chris Turner		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-10-07	5 Payee name AT&T 6 Payee address; City; State; Zip Code	7 Amount (\$) \$175.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Phone (If travel outside of Texas, complete Schedule T)	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 (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** 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.) (If travel outside of Texas, complete Schedule T)	** 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.) (If travel outside of Texas, complete Schedule T)	** 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 FILER NAME Chris Turner 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>9-5-07</u>	5 Payee name <u>Old South Pancake House</u> 6 Payee address; City; State; Zip Code	8 Amount (\$) <u>\$16.60</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Meeting</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>10-24-07</u>	Payee name <u>Pour House</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$22.22</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Republican Meeting</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-1-07</u>	Payee name <u>TCU Athletics</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$50.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Campaigning</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8-25-07</u>	Payee name <u>Central Market</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$123.16</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Volunteer Meeting Food</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>9-22-07</u>	Payee name <u>Taverna</u> Payee address; City; State; Zip Code	Amount (\$) <u>60.81</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Volunteer Meeting</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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 <i>Chris Turner</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10-6-07</i>	5 Payee name <i>Panera Bread</i> 6 Payee address; City; State; Zip Code	8 Amount (\$) <i>\$37.08</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer Food</i> (If travel outside of Texas, complete Schedule T)		
Date <i>12-14-07</i>	Payee name <i>Hallmark</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$81.19</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer Thank you supplies</i> (If travel outside of Texas, complete Schedule T)		
Date <i>10-15-07</i>	Payee name <i>Reata</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$85.09</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>photo shoot</i> (If travel outside of Texas, complete Schedule T)		
Date <i>10-12-07</i>	Payee name <i>Paris Coffee Shop</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$16.29</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer Food</i> (If travel outside of Texas, complete Schedule T)		
Date <i>9-19-07</i>	Payee name <i>Lili's Bistro</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$ 21.11</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer Food</i> (If travel outside of Texas, complete Schedule T)		

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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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Caros</i>	8 Amount (\$) <i>\$ 79.94</i>
<i>8-11-07</i>	6 Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Meeting</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <i>Panera</i>	Amount (\$) <i>\$ 20.84</i>
<i>16-11-07</i>	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer Food</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <i>Starbucks</i>	Amount (\$) <i>\$ 80.00</i>
<i>10-1-07</i>	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer Support</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <i>TCU Athletics</i>	Amount (\$) <i>\$ 104.00</i>
<i>10-2-07</i>	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>campaign excursion</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED