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

RECEIVED OCT 9 2007 CITY OF FORT WORTH CITY SECRETARY

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 4

OFFICE USE ONLY

Date Received

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr; FIRST: Bernd; MI: R; NICKNAME: Bernie; LAST: Scheffler; SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2260 5th Ave; Fort Worth, TX 76110
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817); PHONE NUMBER: 401 0146; EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms; FIRST: Laurie; MI: ; NICKNAME: ; LAST: Bates; SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 2262 5th Ave, Fort Worth, TX 76110
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817); PHONE NUMBER: 991 9858; EXTENSION:
9 REPORT TYPE	☐ January 15 ☑ 30th day before election ☐ Final report (Attach C/OH - FR) ☐ Exceeded $500 limit ☐ July 15 ☐ 8th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
10 PERIOD COVERED	Month Day Year: 7/16/2007 THROUGH Month Day Year: 9/27/2007
11 ELECTION	ELECTION DATE Month Day Year: 11/6/07; ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☑ Special
12 OFFICE	OFFICE HELD (if any): ; 13 OFFICE SOUGHT (if known): City Council Dist 9 (Fort Worth)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	•• 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:

GO TO PAGE 2

10-09-07 POSTAL IN

Revised 10/02/2006

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Bernie Scheffler

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	$ 563.67
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1613.67

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 155.53
4.	**TOTAL POLITICAL EXPENDITURES**	$ 975.00

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 138.67

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.

NOTARY PUBLIC STATE OF TEXAS
JERRI F. BRADFORD
Notary Public
STATE OF TEXAS
My Comm. Exp. 05/17/2011

AFFIX NOTARY STAMP / SEAL ABOVE

Bernie Scheffler
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bernie Scheffler, this the 9th day of October, 20 07, to certify which, witness my hand and seal of office.

Jerri F. Bradford — Signature of officer administering oath
Jerri F. Bradford — Printed name of officer administering oath
Notary Public — 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 Schedule A: 1

2 FILER NAME: Bernie Scheffler

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
9/5/07	Jim Marshall 2216 Hawthorne Ave	100.00		Retired	N/A
9/10/07	Ralph Waterston 1801 College Ave; Fort Worth, TX 76110	100.00		Self-employed	Owner, Old Home Supply
9/12/07	Thomas Daniels 626 Larkwood Dr; San Antonio, TX 78209	250.00		Chauffer	Rolls Royce Limousine Service
9/24/07	Bret Starr 1412 W Magnolia Ave Ste 200; Fort Worth, TX 76104	500.00	Printed Campaign Materials	Self-employed	Principal, Starr-Tincup
9/18/07	Jim Loveless 2911 Sixth Ave; Fort Worth, TX 76110	100.00		Self Employed	Attorney

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Bernie Scheffler

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/5/07	U.S. Postmaster Eighth Avenue Station, Fort Worth, TX 76110-9998	615 00

8 Purpose of payment (See instructions regarding type of information required.): First Class letter postage
(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 ($)
9/10/07	U.S. Postmaster 8th Ave. Station; Fort Worth, TX 76110-9998	82 00

Purpose of payment (See instructions regarding type of information required.): First Class Letter Postage
(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 ($)
9/18/07	U.S. Postmaster 8th Ave Station; Fort Worth, TX 76110-9998	123 00

Purpose of payment (See instructions regarding type of information required.): First Class Letter Postage
(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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED