

**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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr  
NICKNAME: Bernie  
FIRST: Bernd  
LAST: Scheffler  
MI: R  
SUFFIX:

OFFICE USE ONLY

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2260 5<sup>th</sup> Ave; Fort Worth; TX; 76110

Change of Address

Date Received  
Date Hand-delivered by  
Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 401 0146

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms  
NICKNAME: Laurie  
FIRST: Laurie  
LAST: Bates  
MI:  
SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2262 5<sup>th</sup> Ave; Fort Worth; TX; 76110

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 991 9858

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  
9 / 28 / 07 THROUGH 10 / 28 / 07

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)

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

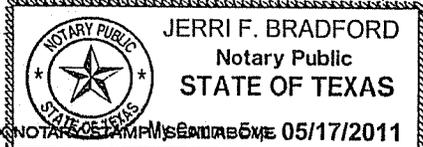
15 C/OH NAME <i>Bernie Schffler</i>	16 ACCOUNT # (Ethics Commission file#)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / 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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$ 114
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1214
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 809.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 543.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 SEAL HERE

*Bernie Schffler*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Candidate, this the 29th day of October, 2007, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Bernie Scheffler</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/2/2007</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>B.J. Lacasse</u>	7 Amount of contribution (\$) <u>\$1000</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3709 W Seventh St; FW, TX 76107</u>			
9 Principal occupation / Job title (See Instructions) <u>owner, PID Productions</u>		10 Employer (See Instructions) <u>Self-employed/Photographer</u>	
Date <u>10/10/2007</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George Chiles</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2236 Jensen Rd; Fort Worth, TX 76112</u>			
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)	
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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: <u>1</u>
<b>2</b> FILER NAME <u>Bernie Schoffler</u>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <u>9/30/2007</u>	<b>5</b> Payee name <u>Boom Ink, LLC</u>	<b>7</b> Amount (\$) <u>809.60</u>
<b>6</b> Payee address; City; State; Zip Code <u>912 Court St Ste. 104; Clearwater, FL 33755</u>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <u>Postcard printing, shipping, &amp; mailing</u>	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
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