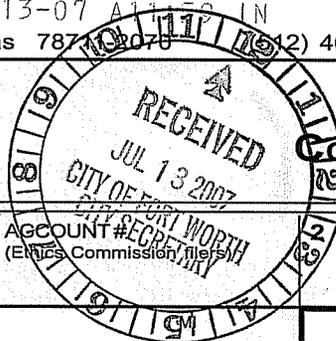


07-13-07 11:59 AM



# 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 # SECRETARY  
(Ethics Commission)

Total pages filed:

1 of 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Dalton

NICKNAME

LAST

Harrell

SUFFIX

Sr.

OFFICE USE ONLY

Date Received

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5028 Pallas Court  
Fort Worth, TX 76123

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 680-5352

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Lael

NICKNAME

LAST

Clark

MI

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8001 Meadow View Trail  
Fort Worth, TX 76120

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 896-3974

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 THROUGH Month Day Year

5 / 3 / 2007 THROUGH 7 / 15 / 2007

11 ELECTION

ELECTION DATE: Month Day Year    ELECTION TYPE

5 / 12 / 2007     Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 6

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 Dalton J. Harrell 16 ACCOUNT # (Ethics Commission Filers) 2 of 5

17 NOTICE FROM POLITICAL COMMITTEE(S)

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	
<input type="checkbox"/> SPECIFIC	
	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1306.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 348.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

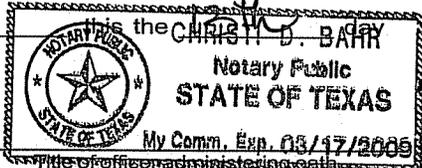
  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dalton J. Harrell of July, 2007, to certify which, witness my hand and seal of office.

Christi D. Barry  
Signature of officer administering oath

CHRISTI D BARRY  
Printed name of officer administering oath



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
**385**

2 FILER NAME **Dalton J. Harrell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/9/07</b>	5 Payee name <b>Vista Print</b>	7 Amount (\$) <b>206.69</b>
6 Payee address; City; State; Zip Code <b>95 Hayden Avenue Lexington, MA 02421</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Flyers</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/9/07</b>	Payee name <b>UPS Store</b>	Amount (\$) <b>67.39</b>
Payee address; City; State; Zip Code <b>209 W. 2nd St. Fort Worth, TX 76102</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Flyers</b> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/11/07</b>	Payee name <b>UPS Store</b>	Amount (\$) <b>25.89</b>
Payee address; City; State; Zip Code <b>209 W. 2nd St. Fort Worth, TX 76102</b>		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
**4 of 5**

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/8/07</b>	5 Payee name <b>Fedex Kinkos</b> 6 Payee address; City; State; Zip Code <b>901 Houston St. Fort Worth, TX 76102</b>	7 Amount (\$) <b>6.00</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Notary</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/9/07</b>	Payee name <b>Interactive Telesis</b> Payee address; City; State; Zip Code <b>2292 Faraday Ave, Suite 110 Carlsbad, CA</b>	Amount (\$) <b>534.03</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Campaign Calls</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/9/07</b>	Payee name <b>USPS</b> Payee address; City; State; Zip Code <b>3701 Attamesa Blvd. Fort Worth, TX 76133-5649</b>	Amount (\$) <b>234.00</b>
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Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>5 of 5</b>
2 FILER NAME <b>Dalton J. Harrell</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/14/07</b>	5 Payee name <b>Interactive Telesis</b> 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>199.34</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Electronic Calling (Campaign)</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/14/07</b>	Payee name <b>7-Eleven Store</b> Payee address; City; State; Zip Code <b>4500 Sycamore School Road Fort Worth, TX 76133</b>	Amount (\$) <b>14.69</b>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/14/07</b>	Payee name <b>Office Max</b> Payee address; City; State; Zip Code <b>5200 S. Hulen Street Fort Worth, TX 76132</b>	Amount (\$) <b>7.58</b>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/15/07</b>	Payee name <b>Interactive Telesis</b> Payee address; City; State; Zip Code	Amount (\$) <b>10.54</b>
Purpose of payment (See instructions regarding type of information required.) <b>Electronic Calling (Campaign)</b> (If travel outside of Texas, complete Schedule T)		<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