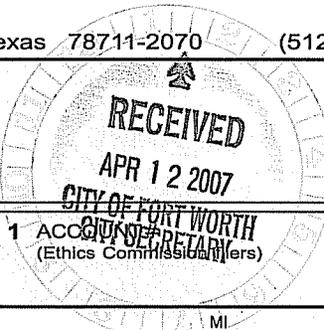


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1



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

1 ACCOUNTING (Ethics Commissioners)

2 Total pages filed:

1 of 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Dalton J.  
NICKNAME LAST SUFFIX

Harrell

OFFICE USE ONLY

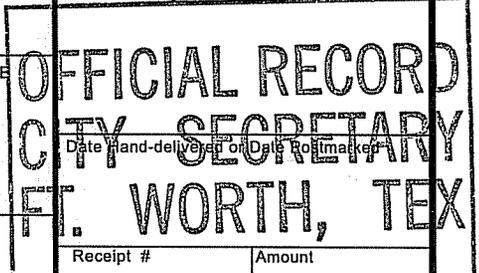
Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

5028 Pallas Ct.  
Fort Worth, TX 76123

Change of Address



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 680-5352

Date Hand-delivered or Date Postmarked

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
MR. Lael M  
NICKNAME LAST SUFFIX

Clark

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 MONTH DAY YEAR  
3 / 2 / 07 THROUGH 4 / 2 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 12 / 07  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)

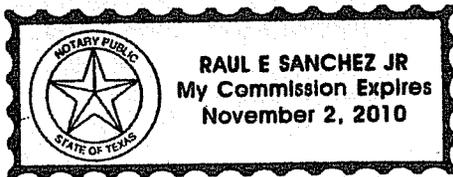
additional pages

•• 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)	\$ 3,113.30
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 621.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,492.04
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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dalton J. Harrell, this the 12 day of May, 2007, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

RAUL SANCHEZ  
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: <span style="font-size: 1.5em; margin-left: 100px;">3 of 5</span>	
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Dalton J. Harrell</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em; margin-left: 10px;">3/29/07</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; margin-left: 20px;">Dalton J. + Danyatta Harrell</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 10px;">1,000.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">5028 Pallas Ct. Fort Worth, TX 76123</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em; margin-left: 10px;">3/23/07</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; margin-left: 20px;">Su Casa Custom</span>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 10px;">213.30</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">925 Fiero Dr. Arlington, TX 76001</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em; margin-left: 10px;">3/26/07</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; margin-left: 20px;">Earl or Dianne Richardson</span>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 10px;">200.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">P.O. Box 1171 Amite, LA 70422</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em; margin-left: 10px;">3/19/07</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; margin-left: 20px;">Robert F. Payne</span>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 10px;">100.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">22585 Hollow Oak Ln Unit B Saint Robert, MO 65584</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em; margin-left: 10px;">3/26/07</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; margin-left: 20px;">Earl or Dianne Richardson</span>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 10px;">500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">P.O. Box 1171 Amite, LA 70422</span>		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4 of 5</b>	
2 FILER NAME <b>Dalton J. Harrell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/23/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pro Maintenance Care</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>11064 Conti Road Amite, LA 70422</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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: <b>5 of 5</b>
2 FILER NAME <b>Dalton J. Harrell</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3-23-07</b>	5 Payee name <b>Vista Print.com</b> 6 Payee address; City; State; Zip Code <b>100 Hayden Avenue Lexington, MA 02421</b>	7 Amount (\$) <b>475.18</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Printing / Supplies / 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
Date <b>3-26-07</b>	Payee name <b>Office Max</b> Payee address; City; State; Zip Code <b>5200 South Hulen Street Fort Worth, TX 76132</b>	Amount (\$) <b>96.08</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing / Supplies / 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
Date <b>3-29-07</b>	Payee name <b>Tastebud's Eatery</b> Payee address; City; State; Zip Code <b>7674 McCart Ave. Fort Worth, Texas 76133</b>	Amount (\$) <b>50.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Committee Meeting Refreshments</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
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)		<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**