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 MAY 7 2007 CITY OF FORT WORTH CITY SECRETARY

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

1 ACCESS NO. (Ethics Commission files)

2 Total pages filed: 7

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: FIRST: Dalton MI: J NICKNAME: LAST: Harrell SUFFIX: Sr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5028 Pallas Court Fort Worth, TX 76123
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 680-5352 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: Lael MI: NICKNAME: LAST: Clark SUFFIX:
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: (972) PHONE NUMBER: 896-3974 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: 4 / 3 / 2007 THROUGH Month Day Year: 5 / 2 / 2007
11 ELECTION	ELECTION DATE Month Day Year: 5 / 12 / 2007 ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any):
13 OFFICE SOUGHT (if known)	Fort Worth City Council, Dist 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): 2of7

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	$ 0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,830.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2667.84

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,654.20

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, this the MAY day of 7, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Taquita McGee

Printed name of officer administering oath: TAQUITA MCGEE

Title of officer administering oath: NOTARY PUBLIC STATE OF TEXAS — TAQUITA S MCGEE My Commission Expires December 12, 2010

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3 of 7

2 FILER NAME: Dalton J. Harrell

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)
3-28-07	Richardson Funeral Home P.O. Box 911 Amite, LA 70422	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/5/07	Selvin Cox P.O. Box 1171 Amite, LA 70422	5.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/23/07	Richardson Funeral Home 1112 Jefferson Hwy River Ridge, LA 70123	1000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/31/07	Brad + Myrtis Quillen 212 Antrim Baton Rouge, LA 70815	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/6/07	Faye Brumfield P.O. Box 1171 Amite, LA 70422	100.00	

(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 foradditional 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: 4 of 7

2 FILER NAME Dalton J. Harrell

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)
4/10/07	Paul Johnson P.O. Box 1171 Amite, LA 70422	25.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/07	Dalton + Danyatta Harrell 5028 Pallas Court Fort Worth, TX 76123	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 7

2 FILER NAME: Dalton J. Harrell

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/26/07	Terry Cooper 820 Windy Meadow Desoto, TX 75115	100.00

8 Purpose of payment (See instructions regarding type of information required.): Website

(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 ($)
4/26/07	Texas Democratic Party 707 Rio Grande St. Austin, TX 78701	75.00

Purpose of payment (See instructions regarding type of information required.): Voter File

(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 ($)
4/27/07	UPC - Vistaprint.com 100 Hayden Avenue Lexington, MA 02421	360.14

Purpose of payment (See instructions regarding type of information required.): Signs

(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 ($)
4/23/07	Tractor Supply Co 324 SW Wilshire Blvd Burleson, TX 76028	21.64

Purpose of payment (See instructions regarding type of information required.): Signs and post

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/07	Tractor Supply Co 324 SW Wilshire Blvd Burleson, TX 76028	66.35

8 Purpose of payment (See instructions regarding type of information required.): signs and post

(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 ($)
4/19/07	Premium Graphix 5200 Mitchelldale Suite F-18 Houston, TX 77092	823.75

Purpose of payment (See instructions regarding type of information required.): Flyers / buttons

(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 ($)
4/17/07	Premium Graphix 5200 Mitchelldale Suite F18 Houston, TX 77092	64.95

Purpose of payment (See instructions regarding type of information required.): Flyers / buttons

(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 ($)
4/13/07	Fedex Kinkos 901 Houston St. Fort Worth, TX 76102	2.26

Purpose of payment (See instructions regarding type of information required.): Notary / Website / Internet

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 7

2 FILER NAME: Dalton J. Harrell

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/13/07	Fedex Kinkos 901 Houston St. Fort Worth, TX 76102	6.00

8 Purpose of payment (See instructions regarding type of information required.): Internet Usage / Notary

(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 ($)
4/13/07	Premium Graphix 5200 Mitchelldale Suite F-18 Houston, TX 77092	968.08

Purpose of payment (See instructions regarding type of information required.): Signs / Flyers

(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 ($)
4/12/07	Office Max 5200 S. Hulen Street Fort Worth, TX 76132	179.67

Purpose of payment (See instructions regarding type of information required.): Flyers / Shirts

(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