Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

RECEIVED 8:00 am
APR 16 2007
CITY OF FORT WORTH
CITY SECRETARY

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: 2

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR. FIRST: CHARLES MI:
NICKNAME: LAST: HIBBLER SUFFIX: III

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 4940 CALLAHAN STREET APT / SUITE #: CITY: FORTWORTH, STATE: TEXAS ZIP CODE: 76105

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (469) PHONE NUMBER: 4419748 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR FIRST: CHARLES MI:
NICKNAME: LAST: HIBBLER SUFFIX: III

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 4940 CALLAHAN STREET APT / SUITE #: CITY: FORTWORTH, STATE: TEXAS ZIP CODE: 76105

8 CAMPAIGN TREASURER PHONE
AREA CODE: (469) PHONE NUMBER: 4419748 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 / 2 / 2007 THROUGH Month Day Year: 04 / 12 / 2007

11 ELECTION
ELECTION DATE Month Day Year: 05 / 12 / 2007
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any):
13 OFFICE SOUGHT (if known): MAYOR

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: CHARLES HIBBLER III

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	$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	TOTAL POLITICAL EXPENDITURES	$ 600.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Charles Hibbler III
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Hibbler, this the 13th day of April, 2007, to certify which, witness my hand and seal of office. Comm. Exp. 3-6-2009

Kay M Shade	Kay M Shade	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Revised 10/02/2006

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: CHARLES HABLER III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount ($)	Reimbursement from political contributions intended
04/10/2007	CHARLES HABLER 4940 CALLAHAN STREET FORT WORTH, TX 76105	SIGNS (CAMPAIGN)	500.00	☑
04/12/2007	CHARLES 4940 CALLAHAN STREET, FORT WORTH, TX 76105	FILE FEE	100.00	☑
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED