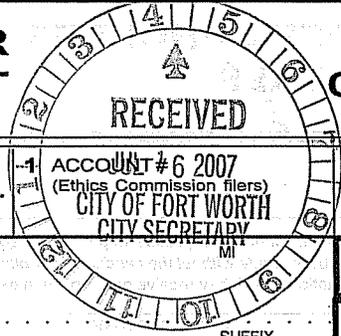


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



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

2 Total pages filed: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR.** FIRST
NICKNAME LAST SUFFIX
CHUCK SILCOX

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4221 SELKIRK DR. West
FORT WORTH, TX 76109

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 925-2006

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Same** FIRST MI
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
() Same

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 / 05 / 07 THROUGH **7 / 15 / 07**

11 ELECTION

ELECTION DATE: Month Day Year **5 / 12 / 07**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
City Council - Dist. 3

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** 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

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME _____ **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. ••

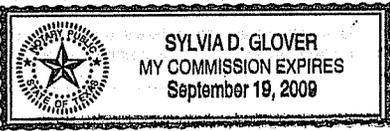
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	XXXXXX XXXXX
<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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9815.23
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,034.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 106,551.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2

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.



SYLVIA D. GLOVER
MY COMMISSION EXPIRES
September 19, 2009

Chuck Silcox
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chuck Silcox, this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

Sylvia Glover Signature of officer administering oath Sylvia Glover 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: 3	
2 FILER NAME CHUCK SILCOX		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-18-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer & Nails Club PAC	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6464 Brentwood Stair #100 FORT WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-4-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Police Officers Assn.	Amount of contribution (\$) 2000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 904 Collier Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-5-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL W. GOLDMAN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4455 KIRKLAND DR. FW, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-7-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE R. Newton	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2432 Medford Ct. FW, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-8-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale L. WHITE	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1141 LONG Ave FW, TX 76114		(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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CHUCK SILCOX</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-8-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAMES R. DUNAWAY</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>777 TAYLOR, STE 1040 FW, TX 76102-4910</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Perdue Brackett Flores UH</i>	Amount of contribution (\$) <i>1500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>307 W. 7th St, Ste 1225 FW, TX 76102-5110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arnold Gachman</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1229 Shady Oaks Ln. FW, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hunter Barrett</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5100 Turtle Creek Ct. FW TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/18/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Ryffel</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3113 S. University #60 FW, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CHUCK SILCOX		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6-6-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WASTE MGMT PAC	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 701 PENNSYLVANIA AVE #590 Washington, DC 20004		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-18-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERNELL STURNS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 HIGWOODS TRAIL FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-29-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW POA	Amount of contribution (\$) 3,525.23	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 904 Collier FW, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW FIRE FIGHTERS PAC	Amount of contribution (\$) 140⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 417 N. RETTA FW, TX. 76111		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

6150

366523

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

9815.23

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>CHUCK SILCOX</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>5-21-07</u>	5 Payee name <u>CHUCK SILCOX</u> 6 Payee address; City; State; Zip Code <u>4221 SELKIRK DR. WEST FORT WORTH, TX 76109</u>	7 Amount (\$) <u>125.48</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>REIMBURSE for meals for CAMPAIGN WORKERS</u> (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 <u>6-07</u>	Payee name <u>J.D. JOHNSON GOLF TOURNAMENT</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$200.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>DONATION</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>4-30-07</u> <u>5-10-07</u>	Payee name <u>GRAPHICS 2</u> Payee address; City; State; Zip Code <u>507 S. Main St. FW, TX. 76104</u>	Amount (\$) <u>2479.72</u> <u>2479.72</u>
Purpose of payment (See instructions regarding type of information required.) <u>Printing/POSTAGE for mailouts</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>5-17-07</u>	Payee name <u>TRAVIS FARMER</u> Payee address; City; State; Zip Code <u>P.O. Box 11517 FW, TX. 76110</u>	Amount (\$) <u>6750⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Pol. Campaign Consultant</u> (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		

12034.92