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

RECEIVED
JUN 5 2009
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: 4

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: Mr. | FIRST: Eric | MI: V

NICKNAME | LAST: Fox | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

3513 Overton Park Dr E Ft Worth, Texas 76109

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 925-3742 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs | FIRST: Elyn | MI: Honts

NICKNAME | LAST: McCall | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

4016 Tamworth Road Ft Worth, Texas 76116

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 738-6158 | EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month 05 / Day 02 / Year 09 THROUGH Month 06 / Day 05 / Year 09

11 ELECTION

ELECTION DATE: Month 06 / Day 13 / Year 09

ELECTION TYPE: ☐ Primary ☒ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): City Council District 3

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
Eric Fox

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made 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

☐ additional pages

COMMITTEE NAME
Fox for Fort Worth

COMMITTEE ADDRESS
3513 Overton Park Dr E Ft Worth, Texas 76209

COMMITTEE CAMPAIGN TREASURER NAME
Elyn Honts McCall

COMMITTEE CAMPAIGN TREASURER ADDRESS
4016 Tamworth Road
Fort Worth, Texas 76116

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	$ 40.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 319.20
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

GENA ATTEBERY NOTARY PUBLIC STATE OF TEXAS EXPIRES 03-28-2012

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Eric Fox
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eric V Fox, this the 5th day of June, 20 09, to certify which, witness my hand and seal of office.

Gena Attebery	Gena Attebery	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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

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
Eric V. fox

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
05/07/09	American Airlines PO Box 619612 DFW Airport, TX 75261	Travel	$319.20	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐
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 ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐
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

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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME
Eric V. Fox

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Eric V. Fox

5 Contribution / Expenditure reported on:

- [ ] Schedule A
- [ ] Schedule B
- [ ] Schedule C
- [ ] Schedule D
- [ ] Schedule F
- [x] Schedule G
- [ ] Schedule H
- [ ] Schedule N
- [ ] COH-UC
- [ ] COH-T
- [ ] PAC-C
- [ ] PAC-E

6 Dates of travel
5/7/09 -5/8/09

7 Name of person(s) traveling
Eric V. Fox

8 Departure city or name of departure location
DFW

9 Destination city or name of destination location
Washington, DC

10 Means of transportation
Air

11 Purpose of travel (including name of conference, seminar, or other event)
Fundraising Event

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- [ ] Schedule A
- [ ] Schedule B
- [ ] Schedule C
- [ ] Schedule D
- [ ] Schedule F
- [ ] Schedule G
- [ ] Schedule H
- [ ] Schedule N
- [ ] COH-UC
- [ ] COH-T
- [ ] PAC-C
- [ ] PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- [ ] Schedule A
- [ ] Schedule B
- [ ] Schedule C
- [ ] Schedule D
- [ ] Schedule F
- [ ] Schedule G
- [ ] Schedule H
- [ ] Schedule N
- [ ] COH-UC
- [ ] COH-T
- [ ] PAC-C
- [ ] PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED