

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS**

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

5

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR LEE
HENDERSON

OFFICE USE ONLY

Date Received

RECEIVED
MAY - 6 2011

Date Hand-delivered or Date Postmarked

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

1709 RIDGMAR BLVD
FORT WORTH TX 76116

Receipt #

Amount

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 896-4900

Date Processed

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Susan
OBERHOFER-MAGEN

Date Imaged

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3901 EL CAMPO
FORT WORTH TX 76107

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 975-4266

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 Day Year

THROUGH

Month Day Year

4 / 5 / 2011 THROUGH 5 / 4 / 2011

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

Primary

Runoff

General

Special

5 / 04 / 2011

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FORT WORTH CITY COUNCIL # 7

**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 LEE HENDERSON **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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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)	\$ 650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,205.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5.00
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.



Lee Henderson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Henderson, this the 6th day of May, 20 11, to certify which, witness my hand and seal of office.

Carolyn Hastings Signature of officer administering oath
 Carolyn Hastings Printed name of officer administering oath
 _____ 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: 1	
2 FILER NAME LEE HENDERSON			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL ASSI-SKY	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 6417 VIRGINIA CT HOUSTON TX 77005		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) RETIRED		
Date 5/1/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY DANIELS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4630 COLLINGSWOOD AVE FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) Self Employed		
Date 5/2/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DEMOCRATIC PARTY	Amount of contribution (\$) 450⁰⁰	In-kind contribution description (if applicable) Voter File Access	
Contributor address; City; State; Zip Code 505 W 12th St Suite 200 AUSTIN TX 78701		(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)		
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME LEE HENDERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/2	5 Payee name NGP VAN, Inc
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6 Amount (\$) \$24.27	7 Payee address; City; State; Zip Code 48 GROVE ST # 202 SOMERVILLE MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) COMMUNICATIONS / PHONES	(b) Description (If travel outside of Texas, complete Schedule T) ROBODIAL
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/3	Payee name DOT-IT FUFILLMENT
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Amount (\$) \$769.50	Payee address; City; State; Zip Code 2001 E. RANDOL MILL # 135 ARLINGTON TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) YARD SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/4	Payee name NGP VAN, Inc
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Amount (\$) \$242.09	Payee address; City; State; Zip Code 48 GROVE ST # 202 SOMERVILLE MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) COMMUNICATIONS / PHONES	Description (If travel outside of Texas, complete Schedule T) ROBODIAL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/4	Payee name NGP VAN, Inc
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Amount (\$) \$25 45.22	Payee address; City; State; Zip Code 48 GROVE ST # 202 SOMERVILLE MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) COMMUNICATIONS / PHONES	Description (If travel outside of Texas, complete Schedule T) AUTODIALIC
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>LEE HENDERSON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/27/11</i>	5 Payee name <i>TEXAS DEMOCRATIC PARTY</i>
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6 Amount (\$) <i>\$125.00</i>	7 Payee address; City; State; Zip Code <i>505 W. 12th St #200 Austin TX 78701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>DATA</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>VOTERFILE ACCESS</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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