

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 345.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,203.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 301.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,091.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,963.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

NOTARY PUBLIC
Kyle Wayne McClure
State of Texas
My Commission Expires September 3, 2014

Cathy Hirst

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]

Signature of officer administering oath

Kyle McClure

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: <i>16 of 19</i>	
2 FILER NAME <i>Patly Hirt for Mayor</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/25/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tilden L Childs III</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2421 Colonial Parkway Ft Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/6/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ultimate Construction</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P O Box 7150 Ft Worth, TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/29/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Carrillo</i>	Amount of contribution (\$) <i>\$1,800.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2408 Dalford St Ft Worth, TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beverly Branham</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6487 Woodstock Ft Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/18/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Fonvielle</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>212 Casa Blanca Cir. Ft Worth, TX 76107</i>		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 19

2 FILER NAME

Cathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/9/2011

5 Full name of contributor out-of-state PAC (ID# _____)

MR + MRS ARTHUR ALLIS

6 Contributor address; City; State; Zip Code

3905 CLAYTON RD EAST
FORT WORTH, TX 76116

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/9/2011

Full name of contributor out-of-state PAC (ID# _____)

W. ROBERT GRAY

Contributor address; City; State; Zip Code

4204 HARTWOOD DR
FORT WORTH, TX 76109

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/2011

Full name of contributor out-of-state PAC (ID# _____)

GARY HAUENER + SUDELLE HAUENER

Contributor address; City; State; Zip Code

P.O. BOX 121969
FORT WORTH, TX 76121

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2011

Full name of contributor out-of-state PAC (ID# _____)

W.H. CARRELL + DEBRA LOCHTROG

Contributor address; City; State; Zip Code

P.O. BOX 150733
WHITE SETTLEMENT, TX 76108

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2011

Full name of contributor out-of-state PAC (ID# _____)

GERRY STEVENS + JOE STEVENS

Contributor address; City; State; Zip Code

3745 BEN CREEK CT
ALEDO, TX 76008

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
3 of 19

2 FILER NAME

Pathey Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/28/2011

5 Full name of contributor out-of-state PAC (ID# _____)

JENNIFER BLEY

6 Contributor address; City; State; Zip Code

462 LAFAYETTE AVE
FORT WORTH, TX 76107

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/12/2011

Full name of contributor out-of-state PAC (ID# _____)

CHAD MICHAELIS

Contributor address; City; State; Zip Code

1583 SCENIC VIEW DR
ALEDO, TX 76008

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2011

Full name of contributor out-of-state PAC (ID# _____)

WENDY BUECHELE

Contributor address; City; State; Zip Code

2340 WINTON TER W
FORT WORTH, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/2011

Full name of contributor out-of-state PAC (ID# _____)

JEFF MENGES

Contributor address; City; State; Zip Code

7704 MEADOWLARK DRIVE
FORT WORTH, TX 76133

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2011

Full name of contributor out-of-state PAC (ID# _____)

ANDREA TULLIS

Contributor address; City; State; Zip Code

3317 GALEMEADOW DR
FORT WORTH, TX 76123

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 19

2 FILER NAME

Lathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/19/11

5 Full name of contributor out-of-state PAC (ID# _____)

Cliff and Marina Beasley

6 Contributor address; City; State; Zip Code

4717 Harley Ave.
Fort Worth, TX 76107

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-18-11

Full name of contributor out-of-state PAC (ID# _____)

Mary Page

Contributor address; City; State; Zip Code

6713 Castle Creek Dr.
Fort Worth, TX 76132

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/11

Full name of contributor out-of-state PAC (ID# _____)

Mary Wyson

Contributor address; City; State; Zip Code

924 Raining Springs
Fort Worth, TX 76114

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/11

Full name of contributor out-of-state PAC (ID# _____)

Moses Davis

Contributor address; City; State; Zip Code

5501 Stafford Dr.
Fort Worth, TX 76134

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/11

Full name of contributor out-of-state PAC (ID# _____)

Shirley Granser

Contributor address; City; State; Zip Code

12316 Yellow Wood Dr.
Keller, TX 76244

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 19

2 FILER NAME

Kathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/11/11

5 Full name of contributor out-of-state PAC (ID# _____)

Kathy Kelly

6 Contributor address; City; State; Zip Code

P.O. Box 471365
Fort Worth, TX 76147

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/11/11

Full name of contributor out-of-state PAC (ID# _____)

Nancy Carefoot

Contributor address; City; State; Zip Code

P.O. Box 330848
Fort Worth, TX 76163

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/11

Full name of contributor out-of-state PAC (ID# _____)

Donald Woodard Jr.

Contributor address; City; State; Zip Code

3504 Elm Creek Court
Fort Worth, TX 76109

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/11

Full name of contributor out-of-state PAC (ID# _____)

Robert Small

Contributor address; City; State; Zip Code

6929 Allen Place Dr.
Fort Worth, TX 76116

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/11

Full name of contributor out-of-state PAC (ID# _____)

Dorothy Cecere

Contributor address; City; State; Zip Code

3201 Minot
Fort Worth, TX 76133

Amount of contribution (\$)

200.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
Pathey H. rt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4/15/11

5 Full name of contributor out-of-state PAC (ID# _____)
Amanda Daily

6 Contributor address; City; State; Zip Code
*3812 Trails Edge Rd.
Fort Worth, TX 76109*

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4/15/11

Full name of contributor out-of-state PAC (ID# _____)
Rita Atkins

Contributor address; City; State; Zip Code
*2005 Sparrow Point
Fort Worth, TX 76135*

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/16/11

Full name of contributor out-of-state PAC (ID# _____)
William Leary

Contributor address; City; State; Zip Code
*4456 Home Stead Dr.
Fort Worth, TX 76133*

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/20/11

Full name of contributor out-of-state PAC (ID# _____)
Dona Futch

Contributor address; City; State; Zip Code
*121 Driskell Dr.
Crowley TX 76036*

Amount of contribution (\$)
40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/29/2011

Full name of contributor out-of-state PAC (ID# _____)
Maudi Walsh Fleming

Contributor address; City; State; Zip Code
*14333 Cleburne Highway
Cresson, TX 76035*

Amount of contribution (\$)
\$5000.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7 of 19

2 FILER NAME

Pathey Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/18/2011

5 Full name of contributor out-of-state PAC (ID# _____)

Linda Brender

6 Contributor address; City; State; Zip Code

4121 Hampshire Blvd
Ft Worth, TX 76103

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/19/2011

Full name of contributor out-of-state PAC (ID# _____)

James Rau

Contributor address; City; State; Zip Code

9317 Heron Dr
Ft Worth, TX 76108

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2011

Full name of contributor out-of-state PAC (ID# _____)

Shirley Gunsser

Contributor address; City; State; Zip Code

12316 Yellow Wood Dr
Keller, TX 76244

Amount of contribution (\$)

\$ 75.00

meat and greet expenses

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2011

Full name of contributor out-of-state PAC (ID# _____)

Lon Burnum

Contributor address; City; State; Zip Code

P.O. Box 1894, Ft Worth TX
76101

Amount of contribution (\$)

\$ 520.00

Phone Bank space

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2011

Full name of contributor out-of-state PAC (ID# _____)

Robb Catalano

Contributor address; City; State; Zip Code

3841 Arroyo Rd
Ft Worth, TX 76109

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
8 of 19

2 FILER NAME
CATHY HIRT for MAYOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4/19/2011

5 Full name of contributor out-of-state PAC (ID#: _____)
Bette Mebane
6 Contributor address; City; State; Zip Code
101 Rivercrest Dr.
Ft Worth TX 76107

7 Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)
\$100.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4/16/2011

Full name of contributor out-of-state PAC (ID#: _____)
Michael and Janet Wall
Contributor address; City; State; Zip Code
4405 Overton Crest
Ft Worth TX 76109

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
\$1766.00
Event Expenses

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/2011

Full name of contributor out-of-state PAC (ID#: _____)
Philip Hirt
Contributor address; City; State; Zip Code
5330 25th St NE Seattle WA 98105

Amount of contribution (\$)
\$5000.00
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/14/2011

Full name of contributor out-of-state PAC (ID#: _____)
John Reynolds
Contributor address; City; State; Zip Code
6321 Darwood Ave
Ft Worth TX 76116

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
\$250.00
meet and greet

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/21/2011

Full name of contributor out-of-state PAC (ID#: _____)
Patricia Polenz
Contributor address; City; State; Zip Code
2424 College Ave
Ft Worth, TX 76110

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
\$600.00
meet and greet

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
9 of 19

2 FILER NAME

Cathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/13/2011

5 Full name of contributor out-of-state PAC (ID#: _____)

GALE CUPP

6 Contributor address; City; State; Zip Code

9225 HERON DR
FORT WORTH, TX 76108

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/16/2011

Full name of contributor out-of-state PAC (ID#: _____)

JERRY STEIN

Contributor address; City; State; Zip Code

8101 RAIN DANCE TRL
FORT WORTH, TX 76123

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/2011

Full name of contributor out-of-state PAC (ID#: _____)

KATHLEEN SHIDE

Contributor address; City; State; Zip Code

4617 BRIARHAVEN RD
FORT WORTH, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2011

Full name of contributor out-of-state PAC (ID#: _____)

NANCY SAENZ

Contributor address; City; State; Zip Code

4427 TAMWORTH ROAD
FORT WORTH, TX 76116

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2011

Full name of contributor out-of-state PAC (ID#: _____)

SUSAN BLUME

Contributor address; City; State; Zip Code

5401 SAM CALLOWAY RD
FORT WORTH, TX 76114

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>10 of 19</i>	
2 FILER NAME <i>Cathy Hirt for Mayor</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/8/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CYNTHIA MILLER</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3800 HOLLOW CREEK ROAD BED BROOK, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/8/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JOAN SCOTT</i>	Amount of contribution (\$) <i>\$ 2500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3872 BELLAIRE CIRCLE FORT WORTH, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/30/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jason CV Smith</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>\$ 175.00 meet and greet</i>
Contributor address; City; State; Zip Code <i>2230 College Ave Ft Worth TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/30/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Andrea Karnes</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>100.00 meet and greet</i>
Contributor address; City; State; Zip Code <i>2315 Irwin St Ft Worth TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Darrell Hirt</i>	Amount of contribution (\$) <i>\$5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 Hillcrest Ft Worth TX 76107</i>		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11 of 19

2 FILER NAME

Cathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/11

5 Full name of contributor out-of-state PAC (ID# _____)

Richard Dain - Hammer & Nails Club

6 Contributor address; City; State; Zip Code

7001 Boulevard 26, Suite 323
Fort Worth, TX 76180

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/25/11

Full name of contributor out-of-state PAC (ID# _____)

Edward Cook

Contributor address; City; State; Zip Code

6244 Westover Dr.
Fort Worth, TX 76107

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/11

Full name of contributor out-of-state PAC (ID# _____)

Thomas Byrne Reynolds

Contributor address; City; State; Zip Code

1605 Sunset Terrace
Fort Worth, TX 76102

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/11

Full name of contributor out-of-state PAC (ID# _____)

Nathan Galwitz

Contributor address; City; State; Zip Code

2417 Stadium Dr.
Fort Worth, TX 76109

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/11

Full name of contributor out-of-state PAC (ID# _____)

Patricia Nolan

Contributor address; City; State; Zip Code

1417 Indian Creek Dr
Fort Worth, TX 76107

Amount of contribution (\$)

50.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
12 of 19

2 FILER NAME

Cathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/16/11

5 Full name of contributor out-of-state PAC (ID# _____)

Shirley Gransser

6 Contributor address; City; State; Zip Code

12316 Yellow Wood Dr.
Keller, TX 76244

7 Amount of contribution (\$)

60.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/22/11

Full name of contributor out-of-state PAC (ID# _____)

Thomas Threatt

Contributor address; City; State; Zip Code

3912 Collinwood Ave
Fort Worth, TX 76107

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/11

Full name of contributor out-of-state PAC (ID# _____)

Phyllis Isbell

Contributor address; City; State; Zip Code

3475 Riverstone Court Apt. 1615
Fort Worth, TX 76116

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/11

Full name of contributor out-of-state PAC (ID# _____)

Lucy Darden

Contributor address; City; State; Zip Code

2107 Spanish Trail
Fort Worth, TX 76107

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/11

Full name of contributor out-of-state PAC (ID# _____)

Clarence Bercher

Contributor address; City; State; Zip Code

6803 Whittier Ln.
Colleyville, TX 76034

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13 of 19

2 FILER NAME

Party Hire for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/25/11

5 Full name of contributor out-of-state PAC (ID# _____)

Linda Clark

6 Contributor address; City; State; Zip Code

3030 Willing Ave.
Fort Worth, TX 76110

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/11

Full name of contributor out-of-state PAC (ID# _____)

Susan Murrin Pritchett

Contributor address; City; State; Zip Code

460 FM 2871
Fort Worth, TX 76126

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2011

Full name of contributor out-of-state PAC (ID# _____)

Gloria J. Spielman

Contributor address; City; State; Zip Code

4959 Overton Woods Ct
Ft Worth, TX 76109

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2011

Full name of contributor out-of-state PAC (ID# _____)

Teri and John Gray JR.

Contributor address; City; State; Zip Code

404 Wickham Lane
Southlake, TX 76092

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2011

Full name of contributor out-of-state PAC (ID# _____)

Greg and Mary Kay Hughes

Contributor address; City; State; Zip Code

2544 Stadium Drive
Ft Worth, TX 76109

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
14 of 19

2 FILER NAME
Patthy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4/19/2011

5 Full name of contributor out-of-state PAC (ID#: _____)
Sandra and Paul Dennehy

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3124 College Ave Fort Worth 76110

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4/28/2011

Full name of contributor out-of-state PAC (ID#: _____)
Mary K Hughes

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*2544 Stadium Dr
Ft Worth, TX 76109*

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/28/2011

Full name of contributor out-of-state PAC (ID#: _____)
Milton Bley

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*5847 Merrymount Rd
Ft Worth, TX 76107*

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/28/2011

Full name of contributor out-of-state PAC (ID#: _____)
Laura Bley

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*5847 Merrymount Rd
Ft Worth, TX 76107*

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/25/11

Full name of contributor out-of-state PAC (ID#: _____)
Robert Harnes

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*3917 Stonehenge
Ft Worth, TX 76109*

100.00

(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

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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:
150 F 19

2 FILER NAME
Cathy Hirt for Mayor

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 4/29/2011
5 Full name of contributor: out-of-state PAC (ID#: _____)
Mina Milburn
6 Contributor address; City; State; Zip Code
6204 Turnberry
Ft Worth, TX 76132

7 Amount of contribution (\$): 1000.00
8 In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

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

Date: 4/29/2011
Full name of contributor: out-of-state PAC (ID#: _____)
Wanda Woodard
Contributor address; City; State; Zip Code
3921 Stonehenge Dr.
Ft Worth, TX 76109

Amount of contribution (\$): 100.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

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

Date: 4/29/2011
Full name of contributor: out-of-state PAC (ID#: _____)
George Denkowski
Contributor address; City; State; Zip Code
2710 Heritage Hills DR
Ft Worth, TX 76109

Amount of contribution (\$): 250.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

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

Date: 4/29/2011
Full name of contributor: out-of-state PAC (ID#: _____)
Rocky Deutscher
Contributor address; City; State; Zip Code
2533 Walsh Ct
Ft. Worth, TX 76109

Amount of contribution (\$): 200.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

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

Date: 4/29/11
Full name of contributor: out-of-state PAC (ID#: _____)
Richard G Kubas
Contributor address; City; State; Zip Code
6801 River Park Circle
FtWorth TX 76116

Amount of contribution (\$): 1000.00
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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If contributor is out-of-state PAC, please see instruction guide for additional 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: <i>16 of 19</i>	
2 FILER NAME <i>Cathy Hirt for Mayor</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/3/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lillian Lynch</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7724 Lake Highlands Drive Fort Worth, TX 76179</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/3/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Althea L Alexis</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6100 Harris Pkwy STE 200 Fort Worth, TX 76132</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/3/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Ayres</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2728 Mercedes Ave Fort Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/3/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Karl Csaky</i>	Amount of contribution (\$) <i>5,400</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4000 Hanover St Dallas, TX 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/3/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donna Kolar</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6017 Annandale Dr Fort Worth, TX 76132</i>		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 17 of 19	
2 FILER NAME Patly Hirt for Mayor		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/3/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Doherty	7 Amount of contribution (\$) 10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2529 Glencrest Fort Worth, TX 76119		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byron L. Keil	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4101 Clayton Rd. E FtWorth TX 76116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/3/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHERINE HOLT TOLEDO	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3714 CLARKE AVE FT WORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MG + JK APPLEMAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 W 6TH ST - SUITE 300 FORT WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR DANIEL BARBARO + DR PEGGY BARBARO	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12 THORNHILL ROAD FORT WORTH, TX 76132		(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
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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: <i>18 of 19</i>	
2 FILER NAME <i>Cathy Hirt for Mayor</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/13/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Francis McNeely</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5720 Widgmont Cir. N. Ft Worth TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/19/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brendan Hayes</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4617 Briarhaven Rd Ft Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/18/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cyrena Nolan</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8 Glenshire Ct Dallas, TX 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl Hirt</i>	Amount of contribution (\$) <i>\$5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 Hillcrest Ft Worth TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/27/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine and Makeneie Carpenter</i>	Amount of contribution (\$) <i>15.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1821 Virginia Place Ft Worth, TX 76107</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: <i>19 of 19</i>	
2 FILER NAME <i>Cathy Hirt for Mayor</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/2/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Reynolds</i>		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>2587.00 video production expenses</i>
6 Contributor address; City; State; Zip Code <i>6321 Darwood Ave Ft Worth, TX 76116</i>			(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)				
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)				
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)				
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			(If travel outside of Texas, complete Schedule T)	
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: 10 of 18		2 FILER NAME Cathy Hurt for Mayor Campaign		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/7/2011		5 Payee name USPS			
6 Amount (\$) 5647.14		7 Payee address; City; State; Zip Code USPS			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other		(b) Description (If travel outside of Texas, complete Schedule T) Postage Mader	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/6/2011		Payee name Staples			
Amount (\$) \$ 1.75		Payee address; City; State; Zip Code 1600 S University Ft Worth TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing exp		Description (If travel outside of Texas, complete Schedule T) report	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/6/2011		Payee name Bill Reprographics			
Amount (\$) \$ 10.83		Payee address; City; State; Zip Code 126 S Main St Ste 110 Ft Worth TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing exp.		Description (If travel outside of Texas, complete Schedule T) report	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/8/2011		Payee name Pritchett Campaign Strategies			
Amount (\$) \$ 2217.00		Payee address; City; State; Zip Code 6836 Brants Lane, Ft Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Phone banks	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: <i>2 of 18</i>	2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date <i>04/06/2011</i>	5 Payee name <i>Mama Mia Italian</i>
------------------------------------	--

6 Amount (\$) <i>\$50.77</i>	7 Payee address; City; State; Zip Code <i>1000 W. Magnolia Fort Worth, TX 76104</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Expense Phone Bank</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food for Phone Bank</i>
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>04/07/2011</i>	Payee name <i>Arlington Hts Finance</i>
----------------------------------	---

Amount (\$) <i>\$57.50</i>	Payee address; City; State; Zip Code <i>Fort Worth, TX 76107</i>
--------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other Purchase Postage Stamps</i>	Description (If travel outside of Texas, complete Schedule T) <i>Purchase Postage Stamps</i>
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>04/09/2011</i>	Payee name <i>John D. Belknap</i>
----------------------------------	---

Amount (\$) <i>\$163.00</i>	Payee address; City; State; Zip Code <i>2520 Willing Ave. Fort Worth, TX 76110</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other Misc. Sign Materials</i>	Description (If travel outside of Texas, complete Schedule T) <i>Misc. Sign Materials</i>
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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 <i>04/12/2011</i>	Payee name <i>Fast Signs</i>
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Amount (\$) <i>\$4,627.69</i>	Payee address; City; State; Zip Code <i>Fast Signs - Camp Bowie 5601 Locke Ave., Suite 131, Fort Worth, TX, 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense Yard Signs</i>	Description (If travel outside of Texas, complete Schedule T) <i>Yard Signs</i>
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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: <i>3 of 18</i>	2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date <i>04/05/2011</i>	5 Payee name <i>Fed Ex Office</i>
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6 Amount (\$) <i>\$53.57</i>	7 Payee address; City; State; Zip Code <i>6020 Camp Bowie Blvd. Fort Worth, TX 76116</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense Campaign Mail Piece</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mail Piece</i>
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>04/05/2011</i>	Payee name <i>Staples</i>
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Amount (\$) <i>\$116.80</i>	Payee address; City; State; Zip Code <i>1600 So. University Drive Fort Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Paper, Pens, etc.</i>
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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 <i>04/07/2011</i>	Payee name <i>Fast Signs</i>
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Amount (\$) <i>\$2,223.46</i>	Payee address; City; State; Zip Code <i>Fast Signs - Camp Bowie 5601 Locke Ave, Suite 131, Fort Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense 4'x8' Signs</i>	Description (If travel outside of Texas, complete Schedule T) <i>4'x8' Signs</i>
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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 <i>04/11/2011</i>	Payee name <i>Atmos Energy</i>
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Amount (\$) <i>\$75.47</i>	Payee address; City; State; Zip Code <i>atmosenergy.com</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other Gas Bill</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas Bill</i>
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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: 4 of 18		2 FILER NAME Kathy Hirt for Mayor Campaign		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/2011		5 Payee name Willie Mae Prescott			
6 Amount (\$) \$160.00		7 Payee address; City; State; Zip Code 5715 Libbey Ft Worth TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Phone Bank	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/11/2011		Payee name Robyne Jolley			
Amount (\$) \$160.00		Payee address; City; State; Zip Code 5836 Blackmore Ave. Ft Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/11/2011		Payee name Bobbie Johnson			
Amount (\$) \$160.00		Payee address; City; State; Zip Code 5808 Houghton Ave Ft Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/13/2011		Payee name USPS			
Amount (\$) 5647.14		Payee address; City; State; Zip Code Bulk Mail			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Postage Mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: <i>5 of 18</i>		2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/11/2011</i>		5 Payee name <i>Straight Talk</i>			
6 Amount (\$) <i>201.52</i>		7 Payee address; City; State; Zip Code <i>9700 NW 112th St Miami, FL 33178</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Other</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Phones for phone banks</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/12/2011</i>		Payee name <i>Stream Energy</i>			
Amount (\$) <i>\$265.82</i>		Payee address; City; State; Zip Code <i>1950 Stemmons Freeway ste 3000 Dallas TX 75207</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Office Overhead</i>		Description (If travel outside of Texas, complete Schedule T) <i>Electric bill</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/12/2011</i>		Payee name <i>Dwnby Consulting</i>			
Amount (\$) <i>\$800.00</i>		Payee address; City; State; Zip Code <i>208 Blair Ln Arlington, TX 76014</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Fee</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign Placement</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/11/2011</i>		Payee name <i>Sophonan Webber</i>			
Amount (\$) <i>\$112.00</i>		Payee address; City; State; Zip Code <i>5916 Goodman Ave. Ft Worth, TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Phone bank</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: <i>6 of 18</i>	2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/20/2011</i>	5 Payee name <i>Print Pointe</i>
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6 Amount (\$) <i>\$175.54</i>	7 Payee address; City; State; Zip Code <i>2901 Alta Mere, Ft Worth, TX 76116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Flyers</i>
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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 <i>4/17/2011</i>	Payee name <i>Willie Mae Prescott</i>
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Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>5715 Libbey, Ft Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>phone bank</i>
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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 <i>4/17/2011</i>	Payee name <i>Bobbie Johnson</i>
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Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>5808 Houghton Ave. Ft Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>phone bank</i>
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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 <i>4/17/2011</i>	Payee name <i>Kathryn Jolley</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>5836 Blackmore Ave. Ft Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>7 of 18</i>	2 FILER NAME <i>Cathy Hit for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>04/19/2011</i>	5 Payee name <i>P.S. The Letter</i>
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6 Amount (\$) <i>\$1,097.25</i>	7 Payee address; City; State; Zip Code <i>5136 Camp Bowie Blvd Fort Worth, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Invitations - Fund Raiser</i>
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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 <i>04/21/2011</i>	Payee name <i>John D. Belknap</i>
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Amount (\$) <i>\$254.00</i>	Payee address; City; State; Zip Code <i>2520 Willing Ave. Fort Worth, TX 76110</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Misc. Sign Materials</i>
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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 <i>04/25/2011</i>	Payee name <i>Staples</i>
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Amount (\$) <i>\$86.85</i>	Payee address; City; State; Zip Code <i>1600 South University Drive Fort Worth, TX, 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies</i>
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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 <i>04/27/2011</i>	Payee name <i>U.S. Post Office</i>
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Amount (\$) <i>\$88.00</i>	Payee address; City; State; Zip Code <i>Trinity River Station</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Purchase Postage Stamps</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8 of 18	2 FILER NAME Cathy Hirt for Mayor Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/28/2011	5 Payee name Staples
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6 Amount (\$) 25.98	7 Payee address; City; State; Zip Code 16005 University, Ft Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) GOTV project
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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 4/17/2011	Payee name Tom Thumb
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Amount (\$) \$24.06	Payee address; City; State; Zip Code 6377 Camp Bowie Blvd Ft Worth, TX 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food + Beverage	Description (If travel outside of Texas, complete Schedule T) HQ
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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 4/19/2011	Payee name USPS
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Amount (\$) \$44.00	Payee address; City; State; Zip Code Trinity River Station, Ft Worth TX 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Stamps
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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 4/6/2011	Payee name Target
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Amount (\$) \$43.53	Payee address; City; State; Zip Code 301 Carroll St Ft Worth TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office	Description (If travel outside of Texas, complete Schedule T) Supplies
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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: <i>9 of 18</i>	2 FILER NAME <i>Cathy Hurt For Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/13/2011</i>	5 Payee name <i>Harland Clarke</i>
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6 Amount (\$) <i>\$ 10.77</i>	7 Payee address; City; State; Zip Code <i>10931 Laureate DR San Antonio TX 78249</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Checks</i>
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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 <i>4/22/2011</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$ 44.00</i>	Payee address; City; State; Zip Code <i>Arlington Heights Ft Worth TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>
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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 <i>4/14/2011</i>	Payee name <i>FedEx Office</i>
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Amount (\$) <i>\$ 17.44</i>	Payee address; City; State; Zip Code <i>6020 Camp Bowie Blvd Ft Worth, TX 76116</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Financial Report</i>
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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 <i>4/19/2011</i>	Payee name <i>Att</i>
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Amount (\$) <i>\$ 339.74</i>	Payee address; City; State; Zip Code <i>P O BOX 5001, Carol Stream IL 60197</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone</i>
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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: <i>10 of 18</i>	2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/17/2011</i>	5 Payee name <i>Sophonan Webber</i>
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6 Amount (\$) <i>\$ 112.00</i>	7 Payee address; City; State; Zip Code <i>5916 Goodman Av. Ft Worth, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank</i>
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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 <i>4/22/2011</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$ 4795.39</i>	Payee address; City; State; Zip Code <i>Bulk Mail</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage/Mailer</i>
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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 <i>4/26/2011</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$ 44.00</i>	Payee address; City; State; Zip Code <i>Arlington Heights Ft Worth TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>
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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 <i>4/23/2011</i>	Payee name <i>Paige Hendricks PR</i>
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Amount (\$) <i>\$ 720.00</i>	Payee address; City; State; Zip Code <i>1253 W. Magnolia Ave. Ft Worth, TX 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>Publicity</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>11 of 19</i>	2 FILER NAME <i>Cathy Hitt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>04/27/2011</i>	5 Payee name <i>Print Pointe</i>
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6 Amount (\$) <i>\$267.29</i>	7 Payee address; City; State; Zip Code <i>2901 Alta Mere Fort Worth, TX 76116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense Spanish Letter</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Spanish Letter Piece</i>
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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 <i>04/29/2011</i>	Payee name <i>SMIT Panorama de Nuevos Horizontes</i>
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Amount (\$) <i>\$195.00</i>	Payee address; City; State; Zip Code <i>3501 Williams Rd Fort Worth, TX, 76116</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense Purchase News Paper Space</i>	Description (If travel outside of Texas, complete Schedule T) <i>Purchase News Paper Space</i>
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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 <i>05/02/2011</i>	Payee name <i>Costco</i>
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Amount (\$) <i>\$60.27</i>	Payee address; City; State; Zip Code <i>5300 Overton Ridge Blvd. Fort Worth, TX 76132</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense HQ Supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>HQ Supplies</i>
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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 <i>05/02/2011</i>	Payee name <i>Tom Thumb</i>
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Amount (\$) <i>\$92.45</i>	Payee address; City; State; Zip Code <i>3000 S. Helen St. Fort Worth, TX 76109</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense Phone Bank & HQ Volunteers</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank & HQ Volunteers</i>
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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: <i>12 of 19</i>		2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>04/29/2011</i>		5 Payee name <i>Central Market</i>			
6 Amount (\$) <i>\$125.78</i>		7 Payee address; City; State; Zip Code <i>4651 W. Freeway, Ste A Fort Worth, TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense Fundraising Beverages</i>		(b) Description (if travel outside of Texas, complete Schedule T) <i>Fundraising Beverages</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>04/30/2011</i>		Payee name <i>Swiss Pastry House</i>			
Amount (\$) <i>\$17.50</i>		Payee address; City; State; Zip Code <i>3936 W. Vickery Blvd. Fort Worth, TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense Headquarter Coffee</i>		Description (if travel outside of Texas, complete Schedule T) <i>Headquarter Coffee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>05/04/2011</i>		Payee name <i>Dog On Good Mobile Catering</i>			
Amount (\$) <i>\$324.76</i>		Payee address; City; State; Zip Code <i>P.O. BOX 162382 Fort Worth, TX 76161</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense Voter Appreciation Rally</i>		Description (if travel outside of Texas, complete Schedule T) <i>Voter Appreciation Rally</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>05/04/2011</i>		Payee name <i>Dog On Good Mobile Catering</i>			
Amount (\$) <i>\$649.50</i>		Payee address; City; State; Zip Code <i>P.O. BOX 162382 Fort Worth, TX 76161</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense Voter Appreciation Rally</i>		Description (if travel outside of Texas, complete Schedule T) <i>Voter Appreciation Rally</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: <i>13 of 18</i>	2 FILER NAME <i>Cathy Hint for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>04/28/2011</i>	5 Payee name <i>Fast Signs</i>
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6 Amount (\$) <i>\$169.77</i>	7 Payee address; City; State; Zip Code <i>Fast Signs - Camp Bowie 5601 Locke Ave., Suite 131, Fort Worth, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense 'Cathy Got My Vote' Cards</i>	(b) Description (if travel outside of Texas, complete Schedule T) <i>'Cathy Got My Vote' Cards</i>
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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 <i>4/6/2011</i>	Payee name <i>Fort Worth Water Department</i>
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Amount (\$) <i>\$ 46.89</i>	Payee address; City; State; Zip Code <i>P O BOX 870 Ft Worth TX 76101</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (if travel outside of Texas, complete Schedule T) <i>water B, 11</i>
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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 <i>4/26/2011</i>	Payee name <i>Staples</i>
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Amount (\$) <i>\$ 25.95</i>	Payee address; City; State; Zip Code <i>1600 S University Ft Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	Description (if travel outside of Texas, complete Schedule T) <i>Envelopes</i>
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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 <i>4/15/2011</i>	Payee name <i>Staples</i>
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Amount (\$) <i>42.95</i>	Payee address; City; State; Zip Code <i>1600 S University, Ft. Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	Description (if travel outside of Texas, complete Schedule T) <i>Envelopes</i>
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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: <i>14 of 18</i>	2 FILER NAME <i>Cathy Hirt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5/3/2011</i>	5 Payee name <i>Bobbie Johnson</i>	
6 Amount (\$) <i>\$104.00</i>	7 Payee address; City; State; Zip Code <i>5808 Houghton Ave Ft Worth, TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/3/2011</i>	Payee name <i>Robyne Jolley</i>	
Amount (\$) <i>96.00</i>	Payee address; City; State; Zip Code <i>5836 Blackmore Ave. Ft Worth, TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/2/2011</i>	Payee name <i>Debby Stein</i>	
Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>2417 Stadium Dr Ft Worth, TX 76109</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Community Coordinator</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/13/2011</i>	Payee name <i>Authnet Gateway</i>	
Amount (\$) <i>15.65</i>	Payee address; City; State; Zip Code <i>808 E Utah Valley Dr., American Fork UT 84003</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising Exp.</i>	Description (If travel outside of Texas, complete Schedule T) <i>Online Processing Fee</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <i>15 of 18</i>	2 FILER NAME <i>Cathy Hurt For Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/26/2011</i>	5 Payee name <i>Pritchett Campaign Strategies</i>
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6 Amount (\$) <i>\$6944.03</i>	7 Payee address; City; State; Zip Code <i>6836 Brants Lane Ft Worth TX 76116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Mailers</i>
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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 <i>5/02/2011</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$44.00</i>	Payee address; City; State; Zip Code <i>Trinity River Station Ft Worth TX 76109</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>
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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 <i>5/2/2011</i>	Payee name <i>Straight Talk</i>
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Amount (\$) <i>\$100.76</i>	Payee address; City; State; Zip Code <i>9700 NW 12th Ave Miami, FL 33178</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phones for Phone Bank</i>
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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 <i>4/26/2011</i>	Payee name <i>Baptist Minister Union</i>
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Amount (\$) <i>\$80.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>tickets</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>16 of 18</i>	2 FILER NAME <i>Lathia Hurt for Mayor Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/3/2011</i>	5 Payee name <i>Discover Card</i>
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6 Amount (\$) <i>\$ 28.09</i>	7 Payee address; City; State; Zip Code <i>online</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Online Processing Fee</i>
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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 <i>5/2/2011</i>	Payee name <i>Pritchett Consulting Services</i>
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Amount (\$) <i>\$ 7527.72</i>	Payee address; City; State; Zip Code <i>6836 Brants Lane Ft Worth TX 76116</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Exp.</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Banks/Mailers</i>
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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 <i>5/3/2011</i>	Payee name <i>Sophonan Webber</i>
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Amount (\$) <i>\$ 64.00</i>	Payee address; City; State; Zip Code <i>5916 Goodman Ave. Ft Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone bank</i>
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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 <i>5/3/2011</i>	Payee name <i>Willie Mae Prescott</i>
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Amount (\$) <i>\$ 104.00</i>	Payee address; City; State; Zip Code <i>5715 Libbey, Ft Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone bank</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>17 of 18</i>		2 FILER NAME <i>Cathy Holt for Mayor Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/2/2011</i>		5 Payee name <i>Catherine Holt Toledo</i>			
6 Amount (\$) <i>\$1,500.00</i>		7 Payee address; City; State; Zip Code <i>2608 Museum Way #3407 Ft Worth TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Manager</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/17/2011</i>		Payee name <i>Fort Worth Republican Women</i>			
Amount (\$) <i>\$ 76.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>FWRW Fundraiser</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/27/2011</i>		Payee name <i>Fort Worth Water Dept.</i>			
Amount (\$) <i>\$ 110.68</i>		Payee address; City; State; Zip Code <i>P O Box 870 Ft Worth, TX 76101</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Office Overhead</i>		Description (If travel outside of Texas, complete Schedule T) <i>Water Bill</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/28/2011</i>		Payee name <i>Esperanza's Mexican Cafe</i>			
Amount (\$) <i>\$ 250.00</i>		Payee address; City; State; Zip Code <i>1601 Park Place Ft Worth, TX 76110</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Deposit Voter Rally</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: <i>18 of 18</i>	2 FILER NAME <i>Lizthy Hirt for Mayor</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/14/2011</i>	5 Payee name <i>Print Pointe</i>
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6 Amount (\$) <i>53.38</i>	7 Payee address; City; State; Zip Code <i>2901 Alta Mare Ft Worth TX 76116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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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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