

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 7 of 7

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR LEE	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX HENDERSON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1709 RIDGEMAR BLVD FORT WORTH TX 76116	Date Received JUL 13 2011	Date Hand-delivered or Date Postmarked
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 896 4900	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SUSAN	Date Processed	Date Imaged
	NICKNAME LAST SUFFIX OBERHOFER-MABEN		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3901 EL CAMPO FORT WORTH TEXAS 76107		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 975 4266		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 5 / 5 / 2011	THROUGH	Month Day Year 06 / 30 / 2011
11 ELECTION	ELECTION DATE Month Day Year 05 / 14 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FORT WORTH CITY COUNCIL MEMBER D7
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box Apt / Suite # City State Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME LEE HENDERSON 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 237 ⁷⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16 ³⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 ⁰⁰

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Lee Henderson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Henderson, this the 13 day of July, 20 11, to certify which, witness my hand and seal of office.

Keith K. Annis Signature of officer administering oath
 Keith K Annis Printed name of officer administering oath
 Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
1 of 1

2 FILER NAME LEE HENDERSON 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>6/14/2011</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN C MAXWELL</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3904 DRISKELL Blvd FORT WORTH TEXAS 76107</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/10/2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeffrey Rodriguez</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5612 ODEM AVE FORT WORTH TEXAS 76114</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) PUBLIC RELATIONS Employer (See Instructions)
CITY OF FORT WORTH

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 3</i>	2 FILER NAME Lee Henderson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/10/2011	5 Payee name NGP VAN, Inc.
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6 Amount (\$) \$13.50	7 Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Communications / Phones	(b) Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/10/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$18.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/10/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$18.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/11/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$27.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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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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 3</i>	2 FILER NAME Lee Henderson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/11/2011	5 Payee name NGP VAN, Inc.
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6 Amount (\$) \$18.00	7 Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Communications / Phones	(b) Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/12/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$27.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/12/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$27.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/12/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$13.50	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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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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 3</i>	2 FILER NAME Lee Henderson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/13/2011	5 Payee name NGP VAN, Inc.
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6 Amount (\$) \$15.79	7 Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Communications / Phones	(b) Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/13/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$27.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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 05/14/2011	Payee name NGP VAN, Inc.
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Amount (\$) \$33.00	Payee address; City; State; Zip Code 48 Grove #202 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Communications / Phones	Description (If travel outside of Texas, complete Schedule T) Autodialing / Predictive Dialing
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

LEE HENDERSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30

5 Payor name

NGP VAN, Inc

6 Payor address; City; State; Zip Code

418 Grove St, #202 Somerville MA 02144

8 Amount (\$)

11.92

7 Reason for credit

Phone Services Advance Depos. L

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED