

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
City of Fort Worth
City Secretary
at 4:35 p.m. MI

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST NICKNAME SUFFIX
Chuck Silcox

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4221 Selkirk Dr. W.
Fort Worth, TX 76109

Date Hand-delivered or Date Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST NICKNAME SUFFIX
Chuck Silcox

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) Same

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
01/16/05 THROUGH 06/30/05

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
/ / Primary Runoff General Special

12 OFFICE

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

13 OFFICE SOUGHT (if known)

NA

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

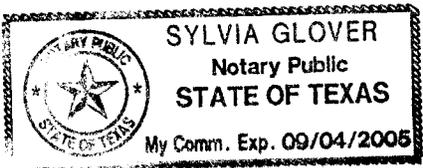
| | |
|--------------|---|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission filers) |
|--------------|---|

| | | |
|---|---|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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 | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5,625.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,682.51 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Chuck Silcox
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Chuck Silcox, this the 15th day of July, 2005, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 3 | |
| 2 FILER NAME CHUCK SILCOX | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 2005 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Steele | 7 Amount of contribution (\$) 25⁰⁰ | 8 In-kind contribution description (if applicable) |
| 3/7 | 6 Contributor address; City; State; Zip Code 4349 Whitfield Ave FW, TX, 76109 | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/1 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY McBRIDE | Amount of contribution (\$) 50⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code PO Box 1199 FW, TX, 76101 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 12/3/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS THOMAS | Amount of contribution (\$) 100⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 329 TREMBLE Rd Weatherford, Tx 76085-8225 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/28 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Hodges | Amount of contribution (\$) 300⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 115 W. 7th ST., #1310 FW, TX 76102 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Gov. Fund | Amount of contribution (\$) 1000⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 201 MAIN ST. #2500 FW, TX 76102 - 3194 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 3 | |
| 2 FILER NAME CHUCK SILCOX | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date 2005 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER-BURGESS Political Comm. | 7 Amount of contribution (\$) 500⁰⁰ | 8 In-kind contribution description (if applicable) |
| 4/5 | 6 Contributor address; City; State; Zip Code FW, TX. 76102 | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OP Leonard, Jr. Account | Amount of contribution (\$) 300⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code PO BOX 1718 FW, TX. 76101 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRGINIA Leonard Acct. | Amount of contribution (\$) 300⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code PO Box 1718 FW, TX 76101 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. ANTHONY | Amount of contribution (\$) 300⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 7900 MONTICELLO DR. Granbury TX 76049 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE SANDS | Amount of contribution (\$) 250⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 2525 RIDGMAR BLVD, #405 FW, TX. 76116 | | |
| 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: 3 | |
| 2 FILER NAME CHUCK SILCOX | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 2005 4/13 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GFWAR-PAC | 7 Amount of contribution (\$) 2500⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 2650 PARKVIEW DR. FW, TX 76102 | | | |
| 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) | | 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) | | 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) | | 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) | | Employer (See Instructions) | |

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POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: <u>1</u> |
| 2 FILER NAME <u>CHUCK SILCOX</u> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <u>2005</u> <u>2/8</u> | 5 Payee name <u>City of Fort Worth</u> 6 Payee address; City, State; Zip Code <u>1000 THROCKMORTON</u> <u>FW, TX 76102</u> | 7 Amount (\$) <u>100⁰⁰</u> |
| 8 Purpose of payment (See instructions regarding type of information required.) <u>Filing Fee</u> | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <u>CHUCK SILCOX</u> Office sought: <u>City Council</u> Office held: <u>same</u> <u>DIST. 3</u> |
| Date <u>3/17</u> | Payee name <u>TARRANT County Rep. PARTY</u> Payee address; City, State; Zip Code <u>FW, TX. 76102</u> | Amount (\$) <u>150⁰⁰</u> |
| Purpose of payment (See instructions regarding type of information required.) <u>Lincoln Day DINNER</u> | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date <u>6/27</u> | Payee name <u>DEL FRISCO'S RESTURANT</u> Payee address; City, State; Zip Code <u>FW, TX.</u> | Amount (\$) <u>1432.51</u> |
| Purpose of payment (See instructions regarding type of information required.) <u>APPRECIATION DINNER FOR COFW STAFF.</u> | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City, State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |

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