

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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

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

1 Filer ID (Texas Commission Filer)

2 Total pages filed

4

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <i>Mr.</i>	FIRST <i>Millennium</i>	MI <i>C</i>	OFFICE USE ONLY	
		NICKNAME	LAST <i>Woods</i>	SUFFIX <i>Jr</i>	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX		APT / SUITE #	CITY	STATE
		<i>2837 Avenue H,</i>			<i>Fort Worth TX</i>	<i>76105</i>
<input type="checkbox"/> Change of Address		AREA CODE		PHONE NUMBER	EXTENSION	
5 CANDIDATE / OFFICEHOLDER PHONE		<i>(817)</i>		<i>768-0183</i>		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>Mrs.</i>	FIRST <i>Caresse</i>	MI <i>L.</i>	OFFICE USE ONLY	
		NICKNAME	LAST <i>Washington</i>	SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE
		<i>2330 Debra Court Dr.</i>			<i>Fort Worth</i>	<i>Texas</i>
(Residence or Business)		AREA CODE		PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE		<i>(817)</i>		<i>640-3476</i>		
9 REPORT TYPE		<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Month	Day	Year	THROUGH	Month
		<i>03</i>	<i>105</i>	<i>2020</i>		<i>04</i>
11 ELECTION		ELECTION DATE		ELECTION TYPE		
		Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<i>05</i>	<i>01</i>	<i>2021</i>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
				<i>District 8 City Council</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			



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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Millennium Woods</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 90.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 90.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Millennium Woods

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Millennium woods, and my date of birth is 01/01/2000
 My address is 2837 Avenue H, Fort worth, Tx 76105, United states
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 1 day of April, 2021.
(month) (year)

Millennium Woods
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Millennium Woods		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 90.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME: Millennium Woods		3 Filer ID (Ethics Commission Filers)
4 Date: 03/14/2021	6 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton Davis	7 Amount of contribution (\$): \$100
	6 Contributor address; City; State; Zip Code 4404 Foxfire Way Fort Worth Tx 76133	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date: 03/15/2021	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) Antanette Woods	Amount of contribution (\$): \$30
	Contributor address; City; State; Zip Code 5450 Boca Bay Dr. Apt 1011 Fort Worth Tx 76112	
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 (\$)
	Contributor address; City; State; Zip Code	
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 (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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