

030679

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM C/OH

COVER SHEET PG 1

2005 MAR 31 AM 9:58

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

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
BETH ANN  
NICKNAME LAST SUFFIX  
BLACKWOOD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
5910 N. CENTRAL EXPY., STE. 700  
DALLAS, TX 75206

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 953-0000

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
LILA G  
NICKNAME LAST SUFFIX  
COE

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
5910 N. CENTRAL EXPY., STE. 700  
DALLAS, TX 75206

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 953-0000

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01 / 01 / 05 THROUGH 03 / 31 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
05 / 07 / 05

12 OFFICE

OFFICE HELD (if any)  
N/A

13 OFFICE SOUGHT (if known)

CITY COUNCIL - UNDESIGNATED

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

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

SECRETARY  
DALLAS TEXAS

003001

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

BETH ANN BLACKWOOD

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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) \$ 500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 21,305.97

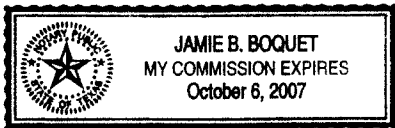
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Ann Blackwood, this the 31st day of March, 2005, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Jamie Boquet  
Printed name of officer administering oath

notary public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule A: 1	
<b>2</b> FILER NAME BETH ANN BLACKWOOD		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 1/13/05	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANTHONY ATWELL	<b>7</b> Amount of contribution (\$) 500.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 3901 TURTLE CREEK BLVD. #6 DALLAS, TX 75219			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> 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)	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/12/05	5 Payee name JAMES PRITCHARD, JR. 6 Payee address; City; State; Zip Code 5910 N. CENTRAL EXPWY., STE. 700 DALLAS, TX 75206	7 Amount (\$)  103.73
8 Purpose of payment (See instructions regarding type of information required.)  REIMBURSEMENT FOR OFFICE SUPPLIES		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 1/21/05	Payee name EARTHLINK, INC. Payee address; City; State; Zip Code P.O. BOX 530530 ATLANTA, GA 30353-0530	Amount (\$)  26.95
Purpose of payment (See instructions regarding type of information required.)  WEBSITE		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 2/07/05	Payee name GO DADDY.COM Payee address; City; State; Zip Code 14455 N. HAYDEN RD., STE. 219 SCOTTSDALE, AZ 85260	Amount (\$)  52.20
Purpose of payment (See instructions regarding type of information required.)  WEBSITE REGISTRATION		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 2/07/05	Payee name VIDEO MONITORING SERVICES OF AMERICA, LP Payee address; City; State; Zip Code P.O. BOX 34618 NEWARK, NJ 07189-4618	Amount (\$)  146.14
Purpose of payment (See instructions regarding type of information required.)  DIGITAL VIDEO CONVERSION		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
2

2 FILER NAME  
BETH ANN BLACKWOOD

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2/10/05

5 Payee name  
THE EPPSTEIN GROUP  
6 Payee address; City; State; Zip Code  
4055 INTERNATIONAL PLAZA, STE. 520  
FT. WORTH, TX 76109

7 Amount (\$)  
8500.00

8 Purpose of payment (See instructions regarding type of information required.)  
SURVEY

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

Date  
2/11/05

Payee name  
HAROLD SIMMONS  
Payee address; City; State; Zip Code  
5430 LBJ FWY., STE. 1700  
DALLAS, TX 75240

Amount (\$)  
1000.00

Purpose of payment (See instructions regarding type of information required.)  
RETURN OF POLITICAL CONTRIBUTION

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

Date  
2/11/05

Payee name  
J. BRUCE MARTINDALE, III  
Payee address; City; State; Zip Code  
5949 SHERRY LN., STE. 600  
DALLAS, TX 75225

Amount (\$)  
100.00

Purpose of payment (See instructions regarding type of information required.)  
RETURN OF POLITICAL CONTRIBUTION

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

Date  
2/11/05

Payee name  
MIKE MCCOY  
Payee address; City; State; Zip Code  
5950 BERKSHIRE LN., STE. 1400  
DALLAS, TX 75225

Amount (\$)  
341.37

Purpose of payment (See instructions regarding type of information required.)  
RETURN OF POLITICAL CONTRIBUTION

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule G: **3**

**2** FILER NAME: **BETH ANN BLACKWOOD** **3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 2/11/05	<b>5</b> Payee name MIKE MCCOY	<b>8</b> Amount (\$)  658.63
	<b>6</b> Payee address; City; State; Zip Code 5950 BERKSHIRE LN., STE. 1400 DALLAS, TX 75225	
<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/11/05	Payee name GEORGE W. BRAMLETT, JR.	Amount (\$)  1000.00
	Payee address; City; State; Zip Code 4515 HIGHLAND DR. DALLAS, TX 75205	
Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/11/05	Payee name W. MIKE BAGGETT	Amount (\$)  100.00
	Payee address; City; State; Zip Code 5400 RENAISSANCE TOWER, 1201 ELM ST. DALLAS, TX 75270	
Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/11/05	Payee name B.M. RANKIN, JR.	Amount (\$)  500.00
	Payee address; City; State; Zip Code 300 CRESCENT CT., STE. 875 DALLAS, TX 75201	
Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/11/05	Payee name FRANK S. WRIGHT	Amount (\$)  250.00
	Payee address; City; State; Zip Code 3730 HOLLAND AVE., APT. A DALLAS, TX 75219	
Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
3

2 FILER NAME  
BETH ANN BLACKWOOD

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/11/05	5 Payee name JEFFREY L. SWOPE	8 Amount (\$)  1000.00
	6 Payee address; City; State; Zip Code 3505 CARUTH BLVD. DALLAS, TX 75225-5002	
	7 Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION	<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/11/05	Payee name ANN L. SWOPE	Amount (\$)  1000.00
	Payee address; City; State; Zip Code 3505 CARUTH BLVD. DALLAS, TX 75225-5002	
	Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION	<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/11/05	Payee name MARVIN S. SLOMAN	Amount (\$)  1000.00
	Payee address; City; State; Zip Code 200 CRESCENT CT., STE. 1500 DALLAS, TX 75201	
	Purpose of expenditure (See instructions regarding type of information required.) RETURN OF POLITICAL CONTRIBUTION	<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/28/05	Payee name CITIZENS FOR A STRONG MAYOR	Amount (\$)  5000.00
	Payee address; City; State; Zip Code 5910 N. CENTRAL EXPWY., STE. 700 DALLAS, TX 75206	
	Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION	<input type="checkbox"/> Reimbursement from political contributions intended

Date 3/01/05	Payee name CITIZENS FOR A STRONG MAYOR	Amount (\$)  500.00
	Payee address; City; State; Zip Code 5910 N. CENTRAL EXPWY., STE. 700 DALLAS, TX 75206	
	Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
3

2 FILER NAME  
BETH ANN BLACKWOOD

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/21/05	5 Payee name EARTHLINK, INC.	8 Amount (\$) 26.95
	6 Payee address; City; State; Zip Code P.O. BOX 530530 ATLANTA, GA 30353-0530	
7 Purpose of expenditure (See instructions regarding type of information required.) WEBSITE		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

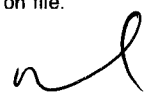
The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**  
BETH ANN BLACKWOOD

**2 ACCOUNT #** (Ethics Commission filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder