

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 8
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	BETH ANN	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	BLACKWOOD	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	5910 N. CENTRAL EXPY., STE. 700 DALLAS, TX 75206	Date Received
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	(214) 953-0000	Receipt #	Amount
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	LILA G	Date Processed
	NICKNAME LAST SUFFIX	COE	Date Imaged

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
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(214) 953-0000
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9 REPORT TYPE	<input checked="" 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 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	THROUGH	Month Day Year
	07 / 01 / 04		12 / 31 / 04

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 05 / 07 / 05	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) CITY COUNCIL DISTRICT 14
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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

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

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,950.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,229.25

CONTRIBUTION BALANCE

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

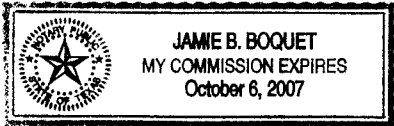
\$ 9,770.39

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 of Beth Ann Blackwood

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Ann Blackwood, this the 13th day of January, 20 05, to certify which, witness my hand and seal of office.

Handwritten signature of Jamie B. Boquet
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

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

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

4 Date 8/17/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD SIMMONS	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5430 LBJ FWY., STE. 1700 DALLAS, TX 75240			

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

Date 8/23/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. BRUCE MARTINDALE, III	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5949 SHERRY LN., STE. 600 DALLAS, TX 75225			

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

Date 8/23/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE MCCOY	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5950 BERKSHIRE LN., STE. 1400 DALLAS, TX 75225			

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

Date 8/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE W. BRAMLETT, JR.	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4515 HIGHLAND DR. DALLAS, TX 75205			

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

Date 9/02/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. MIKE BAGGETT	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 RENAISSANCE TOWER, 1201 ELM ST. DALLAS, TX 75270			

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 BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/02/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANCE C. MILLER 6 Contributor address; City; State; Zip Code 5001 SPRING VALLEY RD., STE. 1100W DALLAS, TX 75244	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/02/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESTONWOOD COUNTRY CLUB POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code P.O. BOX 796607 DALLAS, TX 75379-6607	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/08/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.M. RANKIN, JR. Contributor address; City; State; Zip Code 300 CRESCENT CT., STE. 875 DALLAS, TX 75201	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/08/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. MIKE WARD Contributor address; City; State; Zip Code 10100 N. CENTRAL EXPWY., STE. 400 DALLAS, TX 75231	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/08/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLYA WARD Contributor address; City; State; Zip Code 10100 N. CENTRAL EXPWY., STE. 400 DALLAS, TX 75231	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
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 BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/08/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANK S. WRIGHT	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3730 HOLLAND AVE., APT. A DALLAS, TX 75219			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEFFREY L. SWOPE	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3505 CARUTH BLVD. DALLAS, TX 75225-5002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANN L. SWOPE	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3505 CARUTH BLVD. DALLAS, TX 75225-5002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT H. LUTZ, JR.	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5807 WATSON AVE. DALLAS, TX 75225			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARVIN S. SLOMAN	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 CRESCENT CT., STE. 1500 DALLAS, TX 75201			
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: 2

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

4 Date 8/26/04 5 Payee name BRIAN HUTCHINSON 6 Payee address; City; State; Zip Code 4226 PURDUE ST. HOUSTON, TX 77005 7 Amount (\$) 890.00

8 Purpose of payment (See instructions regarding type of information required.) PRODUCTION OF SUMMER NEWSLETTER 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 8/26/04 Payee name DAVE DOLLAR Payee address; City; State; Zip Code 6366 SHADY BROOK, #1204 DALLAS, TX 75206 Amount (\$) 100.00

Purpose of payment (See instructions regarding type of information required.) VOICE OVER SERVICES FOR POLL ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 9/27/04 Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204 Amount (\$) 99.91

Purpose of payment (See instructions regarding type of information required.) WEB HOSTING & COURIER CHARGE ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 11/03/04 Payee name JAMES PRITCHARD, JR. Payee address; City; State; Zip Code 5910 N. CENTRAL EXPWY., STE. 700 DALLAS, TX 75206 Amount (\$) 35.80

Purpose of payment (See instructions regarding type of information required.) DOMAIN NAME REGISTRATION ** 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

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 11/18/04	5 Payee name EARTHLINK, INC.	7 Amount (\$) 26.95
6 Payee address; City; State; Zip Code P.O. BOX 530530 ATLANTA, GA 30353-0530		
8 Purpose of payment (See instructions regarding type of information required.) WEBSITE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/20/04	Payee name EARTHLINK, INC.	Amount (\$) 26.95
Payee address; City; State; Zip Code P.O. BOX 530530 ATLANTA, GA 30353-0530		
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	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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

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: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">BETH ANN BLACKWOOD</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/09/04	5 Payee name ALLYN & CO. ----- 6 Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204 7 Purpose of expenditure (See instructions regarding type of information required.) DISTRICT 14 NEWSLETTER	8 Amount (\$) 6,963.60 <input type="checkbox"/> Reimbursement from political contributions intended
Date 8/16/04	Payee name ALLYN & CO. ----- Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204 Purpose of expenditure (See instructions regarding type of information required.) WEBSITE HOSTING, DIST. 14 NEWSLETTER	Amount (\$) 76.04 <input type="checkbox"/> Reimbursement from political contributions intended
Date 7/31/04	Payee name TEXAS CAPITAL BANK ----- Payee address; City; State; Zip Code 6060 N. CENTRAL EXPY., STE. 800 DALLAS, TX 75206 Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) 10.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ----- Payee address; City; State; Zip Code ----- Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ----- Payee address; City; State; Zip Code ----- Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		