

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)

additional pages

*** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)	\$ 1,000.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 29,312.98
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 2nd day of July, 2004, to certify which, witness my hand and seal of office.

Carol Camp
Signature of officer administering oath

CAROL CAMP
Notary Public, State of Texas
My Commission Expires **May 24, 2005**
Title of officer administering oath

000002

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT B. HOLLAND	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2911 TURTLE CREEK BLVD., STE. 925 DALLAS, TX 75219			
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)	

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: 4
2 FILER NAME BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/12/04	5 Payee name LASER IMAGE 6 Payee address; City; State; Zip Code c/o ALLYN & CO. 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	7 Amount (\$) 1,309.33
8 Purpose of payment (See instructions regarding type of information required.) POSTAGE FOR NEWSLETTER		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/12/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 270.00
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 3/11/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 3,500.00
Purpose of payment (See instructions regarding type of information required.) WEBSITE DEVELOPMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/11/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 11,843.60
Purpose of payment (See instructions regarding type of information required.) NEWSLETTER DESIGN & PRINTING		** 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: 4
2 FILER NAME BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/3/04	5 Payee name ALLYN & CO. 6 Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	7 Amount (\$) 2,165.00
8 Purpose of payment (See instructions regarding type of information required.) PRINTING/BUSINESS CARDS, LETTERHEAD ENVELOPES		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/5/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 1,466.81
Purpose of payment (See instructions regarding type of information required.) POSTAGE/NEWSLETTER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/14/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 6,674.35
Purpose of payment (See instructions regarding type of information required.) PRINTING/NEWSLETTER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/25/04	Payee name TEXAS ETHICS COMMISSION Payee address; City; State; Zip Code P.O. BOX 12070 AUSTIN, TX 78711-2070	Amount (\$) 8.42
Purpose of payment (See instructions regarding type of information required.) DISCLOSURE FILINGS		** 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: 4
2 FILER NAME BETH ANN BLACKWOOD		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/25/04	5 Payee name BRIAN HUTCHINSON 6 Payee address; City; State; Zip Code 4226 PURDUE ST. HOUSTON, TX 77005	7 Amount (\$) 800.00
8 Purpose of payment (See instructions regarding type of information required.) NEWSLETTER		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/25/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 622.43
Purpose of payment (See instructions regarding type of information required.) VIDEO MONITORING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/1/04	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVE., STE. 230 DALLAS, TX 75235	Amount (\$) 324.75
Purpose of payment (See instructions regarding type of information required.) RECORDS/DATA CONVERSION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/16/04	Payee name ALLYN & CO. Payee address; City; State; Zip Code 3232 MCKINNEY AVE., STE. 660 DALLAS, TX 75204	Amount (\$) 119.75
Purpose of payment (See instructions regarding type of information required.) WEB HOSTING, COURIER FEES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule F:
4

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

4 Date 6/28/04	5 Payee name LOGOLINK	7 Amount (\$) 151.55
6 Payee address; City; State; Zip Code 3001 LBJ FWY., STE. 103 DALLAS, TX 75234		

8 Purpose of payment (See instructions regarding type of information required.) BUSINESS CARDS	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 1/30/04 - 6/30/04	Payee name TEXAS CAPITAL BANK	Amount (\$) 56.99
Payee address; City; State; Zip Code 6060 N. CENTRAL EXPY., STE. 800 DALLAS, TX 75206		

Purpose of payment (See instructions regarding type of information required.) BANK CHARGES ON CHECKING ACCOUNT	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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
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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
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