

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael	MI D
	NICKNAME	LAST Crain	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	[REDACTED ADDRESS]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 458-8446	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Wade	MI
	NICKNAME	LAST Chappell	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6329 Klamath Road Fort Worth Texas 76116		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 965-3524	EXTENSION
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2021 12 / 31 / 21		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Fort Worth City Council -District 3		
13 OFFICE SOUGHT (if known)			
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	

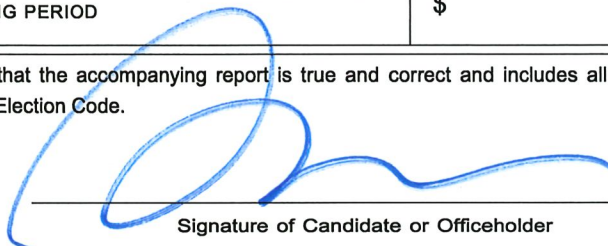
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Michael D. Crain		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,047.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52,074.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Crain this the 18th day of JANUARY, 2022, to certify which, witness my hand and seal of office.

B. Ellis
Signature of officer administering oath

Beth Ellis
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Michael D. Crain		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
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	\$ 2,047.50
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 Michael D. Crain		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Patricia Meadows 6 Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 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 (\$)
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 (\$)
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME Michael D. Crain	3 Filer ID (Ethics Commission Filers)
4 Date <u>Type text here</u>	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Expenses 7/1/21 - 12/31/21

DATE	AMOUNT	NAME	ADDRESS	CITY	STATE	ZIP	CATEGORY	DESCRIPTION
7/6/2021	\$ 2.12	Google	1600 Amphitheatre Parkv	Mountain View	CA		Office Overhead	Email Platform
7/7/2021	\$ 47.97	Constant Contact	1601 Trapelo Road, Ste 3	Waltham	MA	02451	Office Overhead	Email Platform
7/8/2021	\$ 12.78	Dropbox		San Francisco	CA		Office Overhead	Filing Storage
7/13/2021	\$ 250.00	Rodeo Sno	3917 Glenwood Dr	Fort Worth	TX	76109	Food/Beverage Exper	Event
7/19/2021	\$ 103.57	AT&T		Dallas	TX		Office Overhead	Phone
8/2/2021	\$ 14.00	Facebook	1 Hacker Way #15	Menlo Park	CA		Advertising	Post Boost
8/5/2021	\$ 2.12	Google	1600 Amphitheatre Parkv	Mountain View	CA		Office Overhead	Email Platform
8/5/2021	\$ 48.00	The Meat Board	6314 Camp Bowie Blvd.	Fort Worth	TX	76116	Food/Beverage Exper	Meeting
8/9/2021	\$ 12.78	Dropbox		San Francisco	CA		Office Overhead	Filing Storage
8/9/2021	\$ 47.97	Constant Contact	1601 Trapelo Road, Ste 3	Waltham	MA	02451	Office Overhead	Email Platform
8/9/2021	\$ 100.00	Hazel James					Contributions	Support
8/17/2021	\$ 110.66	AT&T		Dallas	TX		Office Overhead	Phone
8/25/2021	\$ 20.00	Ridglea Hills Elemen	6817 Cumberland Rd	Fort Worth	TX	76116	Contributions	PTA Support
9/7/2021	\$ 2.12	Google	1600 Amphitheatre Parkv	Mountain View	CA		Office Overhead	Email Platform
9/8/2021	\$ 12.78	Dropbox		San Francisco	CA		Office Overhead	Filing Storage
9/8/2021	\$ 150.00	Roy C. Brooks Campaign		Fort Worth	TX		Contributions	Support
9/8/2021	\$ 47.97	Constant Contact	1601 Trapelo Road, Ste 3	Waltham	MA	02451	Office Overhead	Email Platform
9/17/2021	\$ 110.66	AT&T		Dallas	TX		Office Overhead	Phone
9/29/2021	\$ 366.89	Capital Grille	800 Main Street	Fort Worth	TX	76102	Food/Beverage Exper	Meeting
10/5/2021	\$ 2.12	Google	1600 Amphitheatre Parkv	Mountain View	CA		Office Overhead	Email Platform
10/8/2021	\$ 12.78	Dropbox		San Francisco	CA		Office Overhead	Filing Storage
10/8/2021	\$ 47.97	Constant Contact	1601 Trapelo Road, Ste 3	Waltham	MA	02451	Office Overhead	Email Platform
10/18/2021	\$ 110.66	AT&T		Dallas	TX		Office Overhead	Phone
10/20/2021	\$ 4.00	Southside Bank	1000 Pennsylvania	Fort Worth	TX	76104	Fee	Bank Fee
11/1/2021	\$ 16.55	Office Depot	6680 West Freeway	Fort Worth	TX	76116	Office Overhead	Office Supplies
11/5/2021	\$ 2.12	Google	1600 Amphitheatre Parkv	Mountain View	CA		Office Overhead	Email Platform
11/8/2021	\$ 12.78	Dropbox		San Francisco	CA		Office Overhead	Filing Storage
11/8/2021	\$ 69.29	Constant Contact	1601 Trapelo Road, Ste 3	Waltham	MA	02451	Office Overhead	Email Platform
11/18/2021	\$ 110.66	AT&T		Dallas	TX		Office Overhead	Phone
12/6/2021	\$ 2.12	Google	1600 Amphitheatre Parkv	Mountain View	CA		Office Overhead	Email Platform
12/8/2021	\$ 12.78	Dropbox		San Francisco	CA		Office Overhead	Filing Storage
12/8/2021	\$ 69.29	Constant Contact	1601 Trapelo Road, Ste 3	Waltham	MA	02451	Office Overhead	Email Platform
12/17/2021	\$ 111.99	AT&T		Dallas	TX		Office Overhead	Phone
	\$2,047.50							