

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

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

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

1 ACCOUNT #
(Ethics Commission filers)
~~11111111~~ N/A

2 PAGE #
1 of 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mr. FIRST Lee MI
NICKNAME LAST Henderson SUFFIX

OFFICE USE ONLY
Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1709 Ridgmar Blvd
Fort Worth, TX 76116-2016

RECEIVED
APR 14 2011
CITY OF FORT WORTH
CITY SECRETARY
Date Hand Delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST Susan MI
NICKNAME LAST Oberhofer-Maben SUFFIX

Receipt # Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
3901 El Campo
Fort Worth, TX 76107

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 975-4266

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
03/14/2011 04/04/2011

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
05/14/2011 Primary Runoff General Special

11 OFFICE OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Fort Worth City Council D. 7

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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

14 C/OH NAME Henderson, Lee (Mr.)

15 ACCOUNT # (Ethics Commission filers)
.11111111

16 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 0.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 1,010.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 0.00**

CONTRIBUTION BALANCE

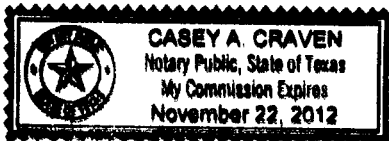
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 1,010.00**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

18 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.



Lee Henderson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Henderson, this the 14th day of April, 2011, to certify which, witness my hand and seal of office.

Casey A. Craven
Signature of officer administering oath

Print name of officer administering oath

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:

2

2 FILER NAME

Lee Henderson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/4/11

5 Full name of contributor out-of-state PAC (ID# _____)

JAMES, CINDY

6 Contributor address; City; State; Zip Code

5816 Wedgewood
Fort Worth 76133

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Retired

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

Foley, Linda

Contributor address; City; State; Zip Code

1012 Burton Hill Rd
Fort Worth TX 76114

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

Stover, Linda

Contributor address; City; State; Zip Code

8325 Astor Ct
Fort Worth TX 76126

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3/24/11

Full name of contributor out-of-state PAC (ID# _____)

Pierce, Jo

Contributor address; City; State; Zip Code

308 Astor Dr
Fort Worth TX 76040

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

ABRAMS, RICHARD

Contributor address; City; State; Zip Code

6145 Wedgewood
Fort Worth TX 76133

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Finance

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

2

2 FILER NAME

Lee Henderson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/4/11

5 Full name of contributor out-of-state PAC (ID# _____)

BRILES, DAVID

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2400 INDIAN COUN
FORT WORTH TX 76108

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Retired

Date

3/24/11

Full name of contributor out-of-state PAC (ID# _____)

PENNEY, PHYLLIS

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3300 ANDOVER RD
BEDFORD TX 76021

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/11

Full name of contributor out-of-state PAC (ID# _____)

ANNIS, KEITH

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1917 FAIRMOUNT AVE
FORT WORTH, TX 76110

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EXECUTIVE DIRECTOR

Employer (See Instructions)

TARRANT COUNTY DEMOCRATIC PARTY

Date

3/24/11

Full name of contributor out-of-state PAC (ID# _____)

THOMPSON, KATHLEEN

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 891
GRAPEVINE TX 76051

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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