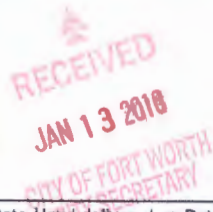


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 05092015	2 Total pages filed: 8													
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Anthony <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Steve Thornton	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY </div> <div style="text-align: center; padding: 5px;"> Date Received  </div> <div style="text-align: center; padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged								
Receipt #	Amount \$															
Date Processed																
Date Imaged																
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1701 Lee Ave Fort Worth Texas 76164															
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 925-6100															
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Phillip <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Lancarte															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2308 Winton Terrace East Fort Worth Texas 76109															
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 626-4356															
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<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)						
<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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">7 /</td> <td style="text-align: center;">1 /</td> <td style="text-align: center;">2015</td> <td></td> <td style="text-align: center;">12 /</td> <td style="text-align: center;">31 /</td> <td style="text-align: center;">2015</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	7 /	1 /	2015		12 /	31 /	2015
Month	Day	Year	THROUGH	Month	Day	Year										
7 /	1 /	2015		12 /	31 /	2015										
11 ELECTION	ELECTION DATE Month Day Year 5 / 9 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Worth City Council D2														

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Thornton, Anthony** 15 Filer ID (Ethics Commission Filers) **05092015**

16 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	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE Fort Worth Firefighters Committee for Responsible Government
		COMMITTEE NAME Fort Worth Firefighters Committee for Responsible Government
		COMMITTEE ADDRESS 3855 Tulsa Way Fort Worth Texas 76107
		COMMITTEE CAMPAIGN TREASURER NAME Kriss, Brian
		COMMITTEE CAMPAIGN TREASURER ADDRESS 3855 Tulsa Way Fort Worth Texas 76107

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8813.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 656.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Anthony Thornton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANTHONY S. THORNTON this the 13th day of JAN., 2016, to certify which, witness my hand and seal of office.

Donna D. Rees
Signature of officer administering oath

Printed name of officer administering oath DONNA D. REES NOTARY PUBLIC

Notary Seal: Donna D Rees, Notary Public, State of Texas, My Commission Expires: October 14, 2017

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Thornton, Anthony

20 Filer ID (Ethics Commission Filers)

05092015

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8813.29
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015
4 Date 10-1-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Firefighters Committee for Responsible Government 6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth Texas 76107	7 Amount of contribution (\$) \$1000
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

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: 4	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 7-10-15	5 Payee name Anthony Thornton	
6 Amount (\$) 7093.29	7 Payee address; City; State; Zip Code 1701 Lee Ave Fort Worth Texas 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LoanRepayment/Reimbursement	(b) Description <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	
Date 7-14-2015	Candidate / Officeholder name Glen Ellman	
Amount (\$) 150	Payee address; City; State; Zip Code PO Box 126081 Benbrook Texas 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <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	
Date 7-22-2015	Candidate / Officeholder name Tarrant County Elections	
Amount (\$) 255	Payee address; City; State; Zip Code 2700 Premier St, Fort Worth Texas 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Thornton, Anthony	05092015
4 Date	5 Payee name	
7-23-2015	Juntos Se Puede	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
150	2621 NW 29th Street Fort Worth Texas 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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	
8-04-2015	Glen Ellman	
Amount (\$)	Payee address; City; State; Zip Code	
300	PO Box 126081 Benbrook Texas 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	<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	
8-11-2015	Hispano Exito	
Amount (\$)	Payee address; City; State; Zip Code	
150	2200 NE 28th Street Fort Worth Texas 76106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 10-06-2015	5 Payee name Derico Gonzales	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 1713 Grand Ave Fort Worth Texas 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Labor	(b) Description <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 11-04-2015	Payee name North Side High Legacy Foundation	
Amount (\$) 50	Payee address; City; State; Zip Code PO Box 4148 Fort Worth Texas 76164	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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 12-11-2015	Payee name Juntos Se Puede	
Amount (\$) 100	Payee address; City; State; Zip Code 2621 NW 29th Street Fort Worth Texas 76106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 7-13-2015	5 Payee name Derico Gonzales	
6 Amount (\$) 315	7 Payee address; City; State; Zip Code 1713 Grand Ave Fort Worth Texas 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Labor	(b) Description <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
	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
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED