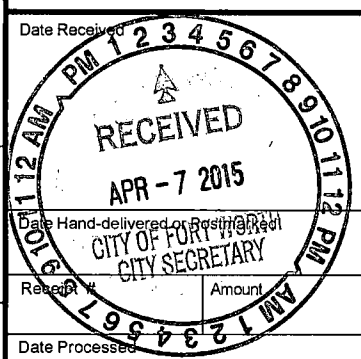


**OFFICIAL RECORD
CANDIDATE /
CITY SECRETARY
CAMPAIGN
FORT WORTH, TX**

**OFFICEHOLDER
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: 5								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. ANTHONY S. ----- NICKNAME LAST SUFFIX STEVE THORNTON		<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p style="text-align: center;">Date Received</p>  <p style="text-align: center;">Date Hand-delivered or Postmarked</p> <p style="text-align: center;">Receipt # Amount</p> <p style="text-align: center;">Date Processed</p> <p style="text-align: center;">Date Imaged</p> </div>								
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 TX 76164										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 925-6100										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. PHILLIP ----- NICKNAME LAST SUFFIX LANCARTE										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2320 WINTON TERRACE E. FORT WORTH TX 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 type="checkbox"/> January 15</td> <td><input checked="" 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 type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> January 15	<input checked="" 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 02 / 27 / 2015 03 / 30 / 2015										
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FORT WORTH CITY COUNCIL DISTRICT 2									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME STEVE THORNTON	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 5,250.⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,983.⁵⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,766.⁴⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,100.⁰⁰

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.

Anthony S. 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 7th day of April, 20 15, to certify which, witness my hand and seal of office.

Arline Denise Lange

Signature of officer administering oath

Arline Denise Lange

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:	
2 FILER NAME STEVE THORNTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/16/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FEDERICO GONZALES	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1713 GRAND AVE. FORT WORTH, TX 76164		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PERSONAL ASSISTANT		10 Employer (See Instructions) THORNTON WEALTH MANAGEMENT	
Date 03/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEN GEORGE	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 502 N. CANYON WOOD DRIPPING SPRINGS, TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions) SELF-EMPLOYED	
Date 03/21/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH RETIRED FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 TIERNEY RD. FORT WORTH, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME STEVE THORNTON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/20/15	5 Payee name DESIGNER GRAPHICS	
6 Amount (\$) 3,095.75	7 Payee address; City; State; Zip Code 12404 FRANKSTON HWY. TYLER, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN YARD SIGNS <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 03/20/15	Payee name DESIGNER GRAPHICS	
Amount (\$) 5,568.08	Payee address; City; State; Zip Code 12404 FRANKSTON HWY. TYLER, TX 75703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN LARGE SIGNS <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 03/26/15	Payee name JOHN SONS PRESS	
Amount (\$) 3,919.73	Payee address; City; State; Zip Code 3300 SOUTH FWY. FORT WORTH, TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN PUSH CARDS <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 03/28/15	Payee name AMY'S PLACE	
Amount (\$) 400.00	Payee address; City; State; Zip Code 1537 N. MAIN ST. FORT WORTH, TX 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) BREAKFAST WITH VOTERS <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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME **STEVE THORNTON**

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
03/16/15

7 Name of lender out-of-state PAC (ID# _____)
STEVE THORNTON (SELF)

9 Loan Amount (\$)
100.⁰⁰

6 Is lender a financial institution?
Y (N)

8 Lender address; City; State; Zip Code
**1701 LEE AVE.
FORT WORTH, TX 76164**

10 Interest rate
Ø
11 Maturity date
N/A

12 Principal occupation / Job title (See Instructions)
FINANCIAL ADVISOR

13 Employer (See Instructions)
THORNTON WEALTH MANAGEMENT

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
03/17/15

Name of lender out-of-state PAC (ID# _____)
STEVE THORNTON (SELF)

Loan Amount (\$)
15,000.⁰⁰

Is lender a financial institution?
Y (N)

Lender address; City; State; Zip Code
**1701 LEE AVE.
FORT WORTH, TX 76164**

Interest rate
Ø
Maturity date
N/A

Principal occupation / Job title (See Instructions)
FINANCIAL ADVISOR

Employer (See Instructions)
THORNTON WEALTH MANAGEMENT

Description of Collateral
 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION
 not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.