

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">3</div>																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>MS / MRS / MR</small></td> <td style="width:40%;"><small>FIRST</small></td> <td style="width:30%;"><small>MI</small></td> </tr> <tr> <td>Mr.</td> <td>Marc</td> <td></td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> </tr> <tr> <td></td> <td>Blum</td> <td></td> </tr> </table>	<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>	Mr.	Marc		<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>		Blum		<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> <p><small>Date Received</small></p> <p style="font-size: 24px; font-weight: bold; text-align: center;">APR 09 2015</p> <p style="text-align: right; margin-right: 20px;">5:00 PM AB</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><small>Date Hand-delivered or Postmarked</small></p> </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;"><small>Receipt #</small></td> <td style="width:50%;"><small>Amount</small></td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><small>Date Processed</small></p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><small>Date Imaged</small></p> </div>	<small>Receipt #</small>	<small>Amount</small>							
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12 OFFICE	<small>OFFICE HELD (if any)</small>	13 OFFICE SOUGHT (if known)																					
		City Council Place 1																					
GO TO PAGE 2																							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Marc Blum

15 ACCOUNT # (Ethics Commission Filers)

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 501

4. TOTAL POLITICAL EXPENDITURES \$ 501

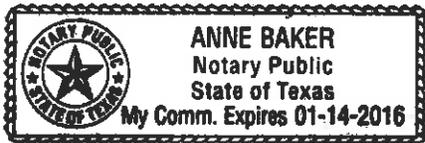
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

OUTSTANDING
LOAN TOTALS

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

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.

Marc Blum
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARC BLUM, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Anne Baker
Signature of officer administering oath

ANNE BAKER
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expenses | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Marc Blum		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/6/15		5 Payee name AMBUCS			
6 Amount (\$) 500		7 Payee address; City; State; Zip Code PO BOX 1343 Grapevine TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Sponsor at AMBUCS Golf Tourn <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Marc Blum City Council Place 1		Office sought Office held	
Date 4/7		Payee name Tarrant County Elections Admin			
Amount (\$) 1		Payee address; City; State; Zip Code 2700 Premier St Ft Worth TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Database for Voters <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Marc Blum		City Council Place 1 Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED