



CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY	
Date Received	
HD / PM	
Date Processed	
Date Imaged	

1 ACCOUNT NUMBER: (Ethics Commission Filers)	2 TYPE OF FILER: <input checked="" type="checkbox"/> CANDIDATE <small>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</small> <input type="checkbox"/> POLITICAL COMMITTEE <small>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</small>		
3 NAME OF CANDIDATE (Please type or print) Rev. Kirklin Cross, Sr.	TITLE (Dr., Mr., Ms., etc.) FIRST MI Rev. Kirklin NICKNAME LAST SUFFIX (Sr., Jr., III, etc.) CROSS SR.		
4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE PHONE NUMBER EXTENSION (817) 517-2506		
5 ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 312 Mansfield Rd. Cleburne Texas 76031		
6 OFFICE SOUGHT BY CANDIDATE (Please type or print)	COUNCILMAN SMD 4		
7 NAME OF COMMITTEE (Please type or print)			
8 NAME OF CAMPAIGN TREASURER (Please type or print)	TITLE (Dr., Mr., Ms., etc.) FIRST MI Mrs. Peggy T. NICKNAME LAST SUFFIX (Sr., Jr., III, etc.) CROSS		

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

3-3-08

Date

Ray K. C. C.

Signature

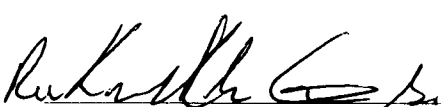


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

See CTA Instruction Guide for detailed instructions.		1	Total pages filed:
2	CANDIDATE NAME MS / MRS / MR FIRST MI Rev. Kirklin NICKNAME LAST SUFFIX CROSS SR.	OFFICE USE ONLY	
		Acct. # Date Received	
3	CANDIDATE MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 312 Mansfield Rd. Cleburne, TX 76031	HD/PM Date Processed Date Imaged	
4	CANDIDATE PHONE AREA CODE PHONE NUMBER EXTENSION (817) 517 2506		
5	OFFICE HELD (if any)		
6	OFFICE SOUGHT (if known)	COUNCILMAN SMD 4	
7	CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX MRS. Peggy T CROSS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 312 Mansfield Rd. Cleburne Texas 76031	
		AREA CODE PHONE NUMBER EXTENSION (817) 517-2506	
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 312 Mansfield Rd. Cleburne Texas 76031		
9	CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 517-2506		
10	CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. <u>Kirklin</u> Signature of Candidate	3-3-08 Date Signed	
GO TO PAGE 2			

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

<p>11 CANDIDATE NAME</p>	
<p>12 MODIFIED REPORTING DECLARATION</p>	<p style="text-align: center;">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p style="text-align: center;">** This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</p> <p style="text-align: center;">** The modified reporting option is valid for one election cycle only. ** (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p style="text-align: center;">** Candidates for the office of state chair of a political party and candidates for county chair of a political party may <u>NOT</u> choose modified reporting. **</p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p style="text-align: center;"> <u>2008</u> Year of election(s) or election cycle to which declaration applies </p> <p style="text-align: center;">  Signature of Candidate </p>
<p style="text-align: center;">This appointment is effective on the date it is filed with the appropriate filing authority.</p>	



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 # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Rev. Kirklin NICKNAME LAST SUFFIX CROSS Sr.	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="color: red; font-weight: bold; text-align: center;">RECEIVED</p> <p style="color: red; font-weight: bold; text-align: center;">APR 10 2008</p> <p style="color: red; font-weight: bold; text-align: center;">CITY SECRETARY</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 312 Mansfield Rd. Cleburne TX 76031		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 517-2506		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI - Peggy T. NICKNAME LAST SUFFIX CROSS		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE 312 Mansfield Rd. Cleburne TX 76031		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 517-2506		
9 REPORT TYPE	<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 checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 06 / 08 THROUGH 04 / 10 / 08		
11 ELECTION	ELECTION DATE Month Day Year 05 / 10 / 08	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) Councilman SMD 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

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

\$

in kind 700

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

in kind 700

CONTRIBUTION BALANCE

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

\$

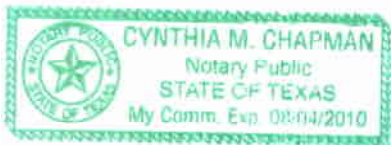
OUTSTANDING LOAN TOTALS

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

\$

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kirklin Cross, this the 10 day of April, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed 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 FILER NAME <i>Rep. Kirklin Cross, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) [REDACTED]	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code: [REDACTED]		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) [REDACTED]	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) [REDACTED]	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DON Rice</i>	Amount of contribution (\$) <i>700</i>	In-kind contribution description (if applicable) <i>Signs & Ads</i>
	Contributor address; City; State; Zip Code <i>West Hill, Club 76033</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) [REDACTED]	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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 # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Rev.</i> FIRST: <i>Kirklin</i> MI: _____ NICKNAME: _____ LAST: <i>Cross</i> SUFFIX: <i>Sr.</i>	OFFICE USE ONLY <hr/> Date Received  Date Hand-delivered or Delivered by Mail: _____ 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 <i>312 Mansfield Rd, Cleburne TX 76631</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 517-2506</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <i>Peggy</i> MI: _____ NICKNAME: _____ LAST: <i>Cross</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>312 Mansfield Rd, Cleburne, TX. 76031</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 517-2506</i>		
9 REPORT TYPE	<input 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 checked="" 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 <i>04/01/08 04/30/08</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05/10/08</i>	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) <i>COUNCILMAN SMD 4</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- 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: _____ <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

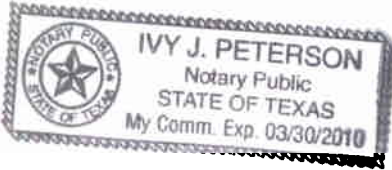
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
--------------	---

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 45
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1195
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2
	4. TOTAL POLITICAL EXPENDITURES	\$ 912
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 283
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Kirklin Cross, Sr, this the 2nd day of May, 2008, to certify which, witness my hand and seal of office.

Ivy Peterson Ivy Peterson Texas Notary Public
 Signature of officer administering oath Printed 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 FILER NAME <i>Revi Kirklin Cross, Sr</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Pedigo</i>	7 Amount of contribution (\$) <i>\$300</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>607 Hyde Park Cleb, Tx 76033</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa J Blackwell</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1901 CR 312 Cleb, Tx 76031</i>		(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#: _____) <i>Alden Nellis</i>	Amount of contribution (\$) <i>\$45</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>603 S. Walnut Cleb, Tx 76033</i>		(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#: _____) <i>Dani Rice</i>	Amount of contribution (\$) <i>\$600</i>	In-kind contribution description (if applicable) <i>SIGNS & ADS</i>
Contributor address; City; State; Zip Code <i>Westhill Cleb, Tx 76033</i>		(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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.