

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: **2/2**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MR** FIRST: **BRIAN** MI: _____
NICKNAME: _____ LAST: **CWEREN** SUFFIX: _____

OFFICE USE ONLY

Date Received: _____

Date Hand-dated: **JUL 18 2005** Date Postmarked: _____

CITY SECRETARY

Receipt #: _____

Date Processed: **7-15-05**

Date Imaged: _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #: **1 GREENWAY PLAZA** CITY: _____ STATE: _____ ZIP CODE: _____
SUITE 325 HOUSTON TX 77046

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(713)** PHONE NUMBER: **622-2111** EXTENSION: _____

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MR** FIRST: **SANFORD** MI: **L.**
NICKNAME: _____ LAST: **DOW** SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
8 GREENWAY PLAZA, 14TH FLOOR HOUSTON TX 77046

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(713)** PHONE NUMBER: **526-3700** EXTENSION: _____

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
03 / 10 / 2005 6 / 30 / 2005

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

11 / 8 / 2005 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HOUSTON CITY COUNCIL DISTRICT C

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

additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Brian Cwveren

16 ACCOUNT # (Ethics Commission files)

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)

\$ 19,684.99

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,672.63

CONTRIBUTION BALANCE

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

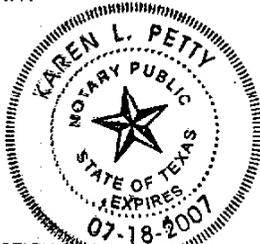
\$ 13,139.71

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

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.

Brian Cwveren

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian Cwveren this the 15th day of July, 20 05, to certify which, witness my hand and seal of office.

Karen L. Petty
Signature of officer administering oath

Karen L. Petty
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:

1 of 3

2 FILER NAME

BRIAN CWEREN

3 ACCOUNT # (Ethics Commission filers)

4 Date

6-30

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

Edgar Arthur

6 Contributor address: City: State: Zip Code

Houston TX 77005

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-22

Full name of contributor out-of-state PAC (ID#:

John A. MORITZ

Contributor address: City: State: Zip Code

Houston TX 77024-2140

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-01

Full name of contributor out-of-state PAC (ID#:

Mane and Gerson Cweren

Contributor address: City: State: Zip Code

Houston TX 77096

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-16

Full name of contributor out-of-state PAC (ID#:

Daniel Pickelner

Contributor address: City: State: Zip Code

Houston TX 77007

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18

Full name of contributor out-of-state PAC (ID#:

Gary Katz

Contributor address: City: State: Zip Code

Houston TX 77071

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

BRIAN CWEREN

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-9

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

JERRY FELDMAN

6 Contributor address; City; State; Zip Code

Bay City TX 77404-1432

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-26

Full name of contributor out-of-state PAC (ID#:

George Mickleis

Contributor address; City; State; Zip Code

Houston TX 77005-2933

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-9

Full name of contributor out-of-state PAC (ID#:

John Weinberg

Contributor address; City; State; Zip Code

Houston TX 77054

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-12

Full name of contributor out-of-state PAC (ID#:

Marcia Katz

Contributor address; City; State; Zip Code

Houston TX 77096-2510

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-02

Full name of contributor out-of-state PAC (ID#:

Jonathan Stogger

Contributor address; City; State; Zip Code

Houston TX 77002

Amount of contribution (\$)

34.99

In-kind contribution description (if applicable)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonathan Stoger 6 Contributor address: City, State, Zip Code [REDACTED] Houston TX 77002	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Pooch Contributor address: City, State, Zip Code [REDACTED] Sugarland TX 77479	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Leventhal Contributor address: City, State, Zip Code [REDACTED] Rancho Santa Fe CA 92067	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Cwernen Contributor address: City, State, Zip Code [REDACTED] Houston TX 77046	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Cwernen Contributor address: City, State, Zip Code [REDACTED] Houston TX 77046	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total per page 10f5

2 FILER NAME Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/23/05</u>	5 Payee name <u>KIGHT PRINTING</u>	7 Amount (\$) <u>64.97</u>
6 Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77036</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>PRINTING</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>6/24</u>	Payee name <u>THREE BROTHERS BAKERY</u>	Amount (\$) <u>17.95</u>
Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77025</u>		

Purpose of payment (See instructions regarding type of information required.) <u>FOOD</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>6/26</u>	Payee name <u>BRAESWOOD DEMOCRATS</u>	Amount (\$) <u>25.00</u>
Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77025</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Speaking Fee</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>4-04</u>	Payee name <u>W.C. Management Inc</u>	Amount (\$) <u>2,107.21</u>
Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77007</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Political Consulting</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2 of 5**

2 FILER NAME: **BRIAN SWEREN** 3 ACCOUNT # (Ethics Commission filers)

4 Date 5/12/05	5 Payee name KIGHT PRINTING	7 Amount (\$) 894.74
6 Payee address; City; State; Zip Code HOUSTON TX 77036		

8 Purpose of payment (See instructions regarding type of information required.) PRINTING	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date 5/13/05	Payee name LOBUE'S RUBBER STAMP	Amount (\$) 47.63
Payee address; City; State; Zip Code HOUSTON TX 77052		

Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date 5/13/05	Payee name OFFICE DEPOT	Amount (\$) 8.64
Payee address; City; State; Zip Code HOUSTON TX 77098		

Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date 5/17/05	Payee name MEYERLAND COMM. IMPROV. ASSO.	Amount (\$) 238.60
Payee address; City; State; Zip Code HOUSTON TX 77035		

Purpose of payment (See instructions regarding type of information required.) FOOD	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 5

2 FILER NAME
BRIAN CWEREN

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>5/20/05</u>	5 Payee name <u>KIGHT PRINTING</u>	7 Amount (\$) <u>281.45</u>
6 Payee address; City; State; Zip Code <u>HOUSTON TX 77036</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>PRINTING</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>5/27/05</u>	Payee name <u>TEJAS OFFICE PRODUCTS</u>	Amount (\$) <u>42.87</u>
Payee address; City; State; Zip Code <u>HOUSTON TX 77008</u>		

Purpose of payment (See instructions regarding type of information required.) <u>PLASTIC HOLDERS</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>6/8/05</u>	Payee name <u>STEVE PARK HURST</u>	Amount (\$) <u>50.00</u>
Payee address; City; State; Zip Code <u>HOUSTON TX 77057</u>		

Purpose of payment (See instructions regarding type of information required.) <u>DIST. MAPS</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>6/22/05</u>	Payee name <u>KIGHT PRINTING</u>	Amount (\$) <u>64.97</u>
Payee address; City; State; Zip Code <u>HOUSTON TX 77036</u>		

Purpose of payment (See instructions regarding type of information required.) <u>PRINTING</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4 of 5**

2 FILER NAME: **Brian Cweken**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-15	5 Payee name Steve Parkhurst 6 Payee address: City: State: Zip Code 425 Westheimer Rd Apt 2612 Houston TX 77057	7 Amount (\$) 500.⁰⁰
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8 Purpose of payment (See instructions regarding type of information required.) Campaign Consulting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-09	Payee name Friends of WHS Foundation Payee address: City: State: Zip Code POST AVE 5575 Gasmar Dr. Houston TX 77035	Amount (\$) 50.⁰⁰
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Purpose of payment (See instructions regarding type of information required.) Donation	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5-03	Payee name Steve Parkhurst Payee address: City: State: Zip Code 6425 Westheimer Apt 2612 Houston TX 77057	Amount (\$) 500.⁰⁰
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Purpose of payment (See instructions regarding type of information required.) Campaign Consulting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-14	Payee name Pinchak and Associates, P.C. Payee address: City: State: Zip Code 1E Greenway Plaza Houston TX 77046	Amount (\$) 300.⁰⁰
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Purpose of payment (See instructions regarding type of information required.) Office space	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 5

2 FILER NAME
Brian Cwernen

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/25

5 Payee name
Abbacus
6 Payee address; City; State; Zip Code
1 Shubh House Navrangpura Ahmedabad
17 Swastik Colony 380009 India
Opp. Fairdeal House

7 Amount (\$)
150.00

8 Purpose of payment (See instructions regarding type of information required.)
Technology Consultation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 2

2 FILER NAME

Brian Cweven

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
5/27	Bellaire Cafe 5422 Bissonnet Bellaire TX 77401 Purpose of expenditure (See instructions regarding type of information required.) Political	23.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/17	US Post office 2802 Timmons Lane Houston TX 77098 Purpose of expenditure (See instructions regarding type of information required.) Postage	37.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/18	Office Depot 3443 Kirby Dr. Houston TX 77098 Purpose of expenditure (See instructions regarding type of information required.) Supplies	14.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/20	T20.COM 78 Main St Peppereil, MA 01463 Purpose of expenditure (See instructions regarding type of information required.) Technology	24.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/13	Network Solutions 13200 Woodlawn Dark Drive Herndon, VA 20171 Purpose of expenditure (See instructions regarding type of information required.) Technology	40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 of 2

2 FILER NAME

Brian Cweven

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/21	5 Payee name Office Max	8 Amount (\$) 15.57
	6 Payee address; City; State; Zip Code 270 Meyerland Plaza Houston TX 77096	
7 Purpose of expenditure (See instructions regarding type of information required.) Supplies / photocopies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/24	Payee name Fast Signs	Amount (\$) 173.17
	Payee address; City; State; Zip Code 6823-B Spencer Hwy. Pasadena, TX 77505	
Purpose of expenditure (See instructions regarding type of information required.) Signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED