

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:

15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr

Brian

P

NICKNAME

LAST

SUFFIX

Cweven

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

One Greenway Plaza Suite 325

Change of Address

Houston TX 77046

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

622 2111

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Sanford

L

NICKNAME

LAST

SUFFIX

DOW

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

PHONE NUMBER

EXTENSION

(713)

526-3700

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

10 / 02 / 05

THROUGH

Month Day Year

10 / 30 / 05

11 ELECTION

ELECTION DATE

Month Day Year

11 / 08 / 05

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District C

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

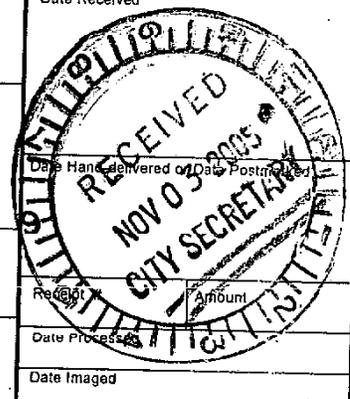
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

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 Cweren

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

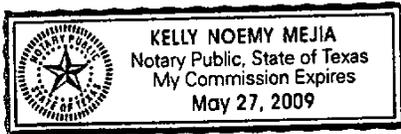
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5411.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 13002.45
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6263.96
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

Brian Cweren

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Cweren, this the 31st day of October, 2005, to certify which, witness my hand and seal of office.

Kelly Mejia

Signature of officer administering oath

Kelly Mejia

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 4

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-11

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

Joseph Kuniansky

7 Amount of contribution (\$)

50.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Memon, Station PA 19066

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-6

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

Charlett Frumin

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Sugar Land TX 77479-6323

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5

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

Sandra Reckles

Amount of contribution (\$)

25.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston TX 77096-5110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5

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

Patrick Crossman

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston TX 77071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-4

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

Juanita Kelly

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston TX 77080

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 4

2 FILER NAME

Brian Cwernen

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-10

5 Full name of contributor

out-of-state PAC (ID#)

Stephen M. Mellon

6 Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77096

7 Amount of contribution (\$)

100.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-08

Full name of contributor

out-of-state PAC (ID#)

Simone Berry

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77056-2138

Amount of contribution (\$)

36.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-08

Full name of contributor

out-of-state PAC (ID#)

Michelle Greenberg

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77025

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-11

Full name of contributor

out-of-state PAC (ID#)

Gary Markowitz

Contributor address; City; State; Zip Code

[REDACTED]
Bellaire, TX 77401

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-11

Full name of contributor

out-of-state PAC (ID#)

Marshall J. Levit

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77096

Amount of contribution (\$)

100.⁰⁰

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 4

2 FILER NAME

Brian Cweven

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-08

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

Daniel B. Siine

6 Contributor address; City; State; Zip Code

Houston TX 77071-1413

7 Amount of contribution (\$)

50.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-16

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

Dell Coleman

Contributor address; City; State; Zip Code

Manvel TX 77578

Amount of contribution (\$)

50.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18

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

Gerald Womaek

Contributor address; City; State; Zip Code

Houston TX 77004

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-21

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

Ruth Hurst

Contributor address; City; State; Zip Code

Houston TX 77071

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18

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

Patrick Crossman

Contributor address; City; State; Zip Code

New York, NY 10027

Amount of contribution (\$)

150.⁰⁰

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 4

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-23

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

David Devido

6 Contributor address; City; State; Zip Code

Houston TX 77056

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-14

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

Dr. Larry Rose

Contributor address; City; State; Zip Code

Houston TX 77096

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-13

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

Brian Cweren

Contributor address; City; State; Zip Code

Houston TX 77046

Amount of contribution (\$)

3,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 pages Schedule F: 1 of 9

2 FILER NAME
Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-07</u>	5 Payee name <u>Joe Williams</u>	7 Amount (\$) <u>250.⁰⁰</u>
6 Payee address; City; State; Zip Code <u>17519 Lonesome Dove Trail Houston TX 77095</u>		

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

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

Date <u>10-11</u>	Payee name <u>Joe Williams</u>	Amount (\$) <u>250.⁰⁰</u>
Payee address; City; State; Zip Code <u>17519 Lonesome Dove Trail Houston TX 77095</u>		

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

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

Date <u>10-14</u>	Payee name <u>Patrick Crossman</u>	Amount (\$) <u>246.⁸¹</u>
Payee address; City; State; Zip Code <u>8102 Braesview Lane Houston TX 77071</u>		

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

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

Date <u>10-14</u>	Payee name <u>Chabid</u>	Amount (\$) <u>800.⁰⁰</u>
Payee address; City; State; Zip Code <u>10900 Fondren Rd Houston TX 77096</u>		

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

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 9

2 FILER NAME
Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-14</u>	5 Payee name <u>Joe Williams</u>	7 Amount (\$) <u>250.⁰⁰</u>
6 Payee address; City; State; Zip Code <u>17519 Lonesome Dove Trail Houston TX 77095</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Staff</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>10-15</u>	Payee name <u>Lowell Delivery Service</u>	Amount (\$) <u>175.⁰⁰</u>
Payee address; City; State; Zip Code <u>5750 Bintliff Dr. Houston TX 77036</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Delivery</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <u>10-18</u>	Payee name <u>Patrick Crossman</u>	Amount (\$) <u>112.⁶⁷</u>
Payee address; City; State; Zip Code <u>8102 Braesview Lane Houston TX 77071</u>		

Purpose of payment (See instructions regarding type of information required.) <u>toner reimbursement</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>10-18</u>	Payee name <u>Elizabeth Leventhal</u>	Amount (\$) <u>300.⁴⁹</u>
Payee address; City; State; Zip Code <u>PO Box 1258 Rancho Santa Fe CA 92067</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Supplies reimbursement</u>	** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 9

2 FILER NAME
Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-20

5 Payee name
City of Houston
6 Payee address; City; State; Zip Code
PO Box 1562
Houston TX 77251

7 Amount (\$)
12.⁰⁰

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

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

Date
10-24

Payee name
Home Depot
Payee address; City; State; Zip Code
5445 West Loop
Houston TX 77081

Amount (\$)
96.¹⁴

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

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

Date
10-22

Payee name
Christine Levin
Payee address; City; State; Zip Code
11619 Landsdowne
Houston TX 77046

Amount (\$)
1,000.⁰⁰

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

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

Date
10-22

Payee name
Joe Williams
Payee address; City; State; Zip Code
17519 Lonesome Dove trail
Houston TX 77095

Amount (\$)
350.⁰⁰

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

** 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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedules 9

2 FILER NAME
Brian Cweven

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-22

5 Payee name
Eddie Mayo
6 Payee address; City; State; Zip Code
One Greenway Plaza
Houston TX 77046

7 Amount (\$)
414.⁰⁰

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

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

Date
10-23

Payee name
Houston Highlights Publishing
Payee address; City; State; Zip Code
957 Nasa Parkway #251
Houston TX 77058

Amount (\$)
325.⁰⁰

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

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

Date
10-24

Payee name
Tejas Office Products
Payee address; City; State; Zip Code
1225 W. 20th St.
Houston TX 77008

Amount (\$)
51.⁰⁵

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

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

Date
10-24

Payee name
City of Houston
Payee address; City; State; Zip Code
Po Box 1562
Houston TX 77251

Amount (\$)
37.⁵⁰

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

-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME
Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-24

5 Payee name
A - Direct Door to Door

7 Amount (\$)
12200.⁰⁰

6 Payee address; City; State; Zip Code
1602 Walton St
Houston TX 77009

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

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

Date
10-24

Payee name
Lowe's
Payee address; City; State; Zip Code
1521 N. Loop W.
Houston TX 77008

Amount (\$)
105.²⁸

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

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

Date
10-24

Payee name
Larchmont Civic Assoc.
Payee address; City; State; Zip Code
5434 Pagewood
Houston TX 77056

Amount (\$)
200.⁰⁰

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

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

Date
10-26

Payee name
Sams
Payee address; City; State; Zip Code
5310 S. Rice Ave.
Houston TX 77081

Amount (\$)
123.²⁰

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

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 9

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

10-28

Eddie Mayo

7 Amount (\$)

6 Payee address; City; State; Zip Code

One Greenway Plaza
Houston TX 77046

350.00

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

Sign Installation

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

Date

Payee name

10-28

International Mailing Systems

Amount (\$)

Payee address; City; State; Zip Code

815 Live Oak St.
Houston TX 77003

5,461.89

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

Mailing

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

Date

Payee name

10-28

United States Inc

Amount (\$)

Payee address; City; State; Zip Code

6740 Harwin Dr. #13
Houston TX 77836

352.90

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

T-shirts

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

Date

Payee name

10-28

Wal-Mart

Amount (\$)

Payee address; City; State; Zip Code

9555 S. Post Oak Rd
Houston TX 77096

43.72

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

Supplies

** 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

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F: **9**

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

10-14

Standard Parking

7 Amount (\$)

6 Payee address; City; State; Zip Code

**One Greenway Plaza
Houston TX 77046**

81.00

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

Volunteer Parking

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

Date

Payee name

10-10

Standard Parking

Amount (\$)

Payee address; City; State; Zip Code

**One Greenway Plaza
Houston TX 77046**

7.00

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

Volunteer Parking

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

Date

Payee name

10-18

Standard Parking

Amount (\$)

Payee address; City; State; Zip Code

**One Greenway Plaza
Houston TX 77046**

4.00

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

Volunteer Parking

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

Date

Payee name

10-06

Standard Parking

Amount (\$)

Payee address; City; State; Zip Code

**One Greenway Plaza
Houston TX 77046**

7.00

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

Volunteer Parking

-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 9

2 FILER NAME
Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-30

5 Payee name
Minority Print Media
6 Payee address; City; State; Zip Code
5750 Bintliff Dr.
Houston TX 77036

7 Amount (\$)
400.⁰⁰

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

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

Date
10-24

Payee name
Standard Parking
Payee address; City; State; Zip Code
One Greenway Plaza
Houston TX 77046

Amount (\$)
4.⁰⁰

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

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

Date
10-20

Payee name
Standard Parking
Payee address; City; State; Zip Code
One Greenway Plaza
Houston TX 77046

Amount (\$)
5.⁰⁰

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

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

Date
10-17

Payee name
Standard Parking
Payee address; City; State; Zip Code
One Greenway Plaza
Houston TX 77046

Amount (\$)
7.00

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

**** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 9

2 FILER NAME

Brian Cwerch

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-12

5 Payee name

Standard Parking

7 Amount (\$)

7.⁰⁰

6 Payee address; City; State; Zip Code

One Greenway Plaza
Houston TX 77046

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

Volunteer Parking

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10-30

Payee name

Wal-Mart

Amount (\$)

14.⁴²

Payee address; City; State; Zip Code

9555 S. Post Oak Rd.
Houston TX 77096

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

Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10-21

Payee name

Target

Amount (\$)

31.³⁸

Payee address; City; State; Zip Code

8500 S. Main St.
Houston TX 77025

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

Table

** Complete 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 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