Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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): 00000011

2 PAGE #: 1 of 28

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: John MI:
NICKNAME: LAST: Elford SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3405 Edloe St
Ste 380
Houston, TX 77027-6523

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: John MI:
NICKNAME: LAST: Elford SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3405 Edloe St
Ste 380
Houston, TX 77027-6523

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 526-3399

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/2005 09/30/2005

10 ELECTION

ELECTION DATE Month Day Year: 11/08/2005

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Council, At Large, Dist 2

13 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

OFFICE USE ONLY

Date Received

RECEIVED
OCT 11 2005
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

Electronic Filing Version

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Elford, John (Mr.)

15 ACCOUNT # (Ethics Commission filers) 00000011

16 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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	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	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,381.87
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 15,729.25
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,851.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

18 AFFIDAVIT

LAURAN HELMS NOTARY PUBLIC STATE OF TEXAS EXPIRES 02-27-2008

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 John Elford, this the 10th day of October, 20 05, to certify which, witness my hand and seal of office.

Lauran Helms	Lauran Helms	Notary
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

Electronic Filing Version

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/6 Report: 3/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers) 00000011

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/03/2005	Betz, Raymond 6 Contributor address; City; State; Zip Code [redacted] Houston, TX 77067	$200.00	
9 Principal occupation / Job title (See Instructions) Businessman	10 Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
08/08/2005	Boma-BAC-PAC Contributor address; City; State; Zip Code [redacted] Houston, TX 77057	$500.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions) PAC		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2005	Burke, Brian David Contributor address; City; State; Zip Code [redacted] Houston, TX 77027	$250.00	
Principal occupation / Job title (See Instructions) Businessman	Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2005	Costello, Stephen Contributor address; City; State; Zip Code [redacted] Houston, TX 77042	$1,000.00	
Principal occupation / Job title (See Instructions) Engineer	Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2005	Edmondson, Samuel Contributor address; City; State; Zip Code [redacted] Scottsdale, AZ 85260	$1,000.00	
Principal occupation / Job title (See Instructions) Businessman	Employer (See Instructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/6 Report: 4/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers) 00000011

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/16/2005	Gardenol, Glenwood 6 Contributor address; City; State; Zip Code [redacted] Houston, TX 77074	$250.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2005	Hotze, Bruce Contributor address; City; State; Zip Code [redacted] Houston, TX 77056	$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Compressor Engineering	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2005	Houston Realty Breakfast Club Contributor address; City; State; Zip Code [redacted] Houston, TX 77227	$2,500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PAC	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2005	Kensinger & Co. Contributor address; City; State; Zip Code [redacted] Houston, TX 77056	$250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
07/15/2005	Kornegay, Dale Contributor address; City; State; Zip Code [redacted] Houston, TX 77057	$500.00	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/6 Report: 5/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers) 00000011

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/16/2005	Macey, Louis [redacted] Houston, TX 77056	$250.00	

9 Principal occupation / Job title (See Instructions): Businessman

10 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)
09/09/2005	Montalbano, John J. [redacted] Houston, TX 77007	$86.87	Sign Posts

Principal occupation / Job title (See Instructions): Executive

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)
07/15/2005	Nizzi, Frank [redacted] Kingwood, TX 77339	$100.00	

Principal occupation / Job title (See Instructions): Businessman

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)
08/26/2005	O'Toole, Austin [redacted] Houston, TX 77007	$20.00	

Principal occupation / Job title (See Instructions): Businessman

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)
08/22/2005	Patterson, Parke [redacted] Sugarland, TX 77479	$250.00	

Principal occupation / Job title (See Instructions): Businessman

Employer (See Instructions):

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/6 Report: 6/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers) 00000011

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/09/2005	R-Club PAC [redacted] Houston, TX 77054	$250.00	

9 Principal occupation / Job title (See Instructions)	10 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)
09/21/2005	Rose, Daniel [redacted] Corpus Christi, TX 78414	$100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Businessman	

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)
09/13/2005	Rushing, Thomas [redacted] Houston, TX 77005	$250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Businessman	

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)
08/25/2005	Simmons, Charles E. [redacted] Houston, TX 77098	$1,000.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Businessman	

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)
09/09/2005	Strake, Jr., George W. [redacted] Houston, TX 77002-3291	$150.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self-Employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/6 Report: 7/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers) 00000011

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/14/2005	Tholstrup, Richard J. [redacted] Houston, TX 77002	$100.00	

9 Principal occupation / Job title (See Instructions): Attorney

10 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)
08/17/2005	Trammell, Ann [redacted] Houston, TX 77027	$150.00	

Principal occupation / Job title (See Instructions): Businesswoman

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)
07/10/2005	Upchurch, Haden J. [redacted] Houston, TX 77002	$25.00	

Principal occupation / Job title (See Instructions): Businessman

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)
07/19/2005	Weekley, Richard W. [redacted] Houston, TX 77055	$500.00	

Principal occupation / Job title (See Instructions): Businessman

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)
07/14/2005	Willis, Neria [redacted] Houston, TX 77026	$100.00	

Principal occupation / Job title (See Instructions): Businesswoman

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/6 Report: 8/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/08/2005	Worsham, Jean M. 6 Contributor address; City; State; Zip Code [redacted] Houston, TX 77237	$100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Businessman	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 9/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers) 00000011

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
09/12/2005	Fish, Brad [redacted] Houston, TX 77061	$1,000.00	

10 Principal occupation / Job title (See Instructions): Businessman

11 Employer (See Instructions):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
09/27/2005	Moody, Jr., Dan M. [redacted] Houston, TX 77098-2001	$250.00	

Principal occupation / Job title (See Instructions): Real Estate Development

Employer (See Instructions):

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/3 Report: 10/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨ $

5 Date of loan
08/17/2005

7 Name of lender ☐ out-of-state PAC (ID#_____)
Elford, John (Mr.)

9 Loan Amount ($)
$100.00

6 Is lender a financial Institution?
No

8 Lender address; City; State; Zip Code
5107 Austin
Houston, TX 77004

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)

14 Description of Collateral
☒ none

15 GUARANTOR INFORMATION
☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
09/04/2005

Name of lender ☐ out-of-state PAC (ID#_____)
Elford, John (Mr.)

Loan Amount ($)
$500.00

Is lender a financial Institution?
No

Lender address; City; State; Zip Code
5107 Austin
Houston, TX 77004

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)

Description of Collateral
☒ none

GUARANTOR INFORMATION
☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 11/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨ $

5 Date of loan
09/08/2005

7 Name of lender ☐ out-of-state PAC (ID#_____)
Elford, John (Mr.)

9 Loan Amount ($)
$100.00

6 Is lender a financial Institution?
No

8 Lender address; City; State; Zip Code
5107 Austin
Houston, TX 77004

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)

14 Description of Collateral
☒ none

15 GUARANTOR INFORMATION
☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
09/15/2005

Name of lender ☐ out-of-state PAC (ID#_____)
Elford, John (Mr.)

Loan Amount ($)
$300.00

Is lender a financial Institution?
No

Lender address; City; State; Zip Code
5107 Austin
Houston, TX 77004

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)

Description of Collateral
☒ none

GUARANTOR INFORMATION
☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 12/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨ $

5 Date of loan
09/15/2005

7 Name of lender ☐ out-of-state PAC (ID#_____)
Elford, John (Mr.)

9 Loan Amount ($)
$240.00

6 Is lender a financial Institution?
No

8 Lender address; City; State; Zip Code
5107 Austin
Houston, TX 77004

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)

14 Description of Collateral
☒ none

15 GUARANTOR INFORMATION
☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
09/30/2005

Name of lender ☐ out-of-state PAC (ID#_____)
Elford, John (Mr.)

Loan Amount ($)
$1,700.00

Is lender a financial Institution?
No

Lender address; City; State; Zip Code
5107 Austin
Houston, TX 77004

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)

Description of Collateral
☒ none

GUARANTOR INFORMATION
☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/16 Report: 13/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2005	Jordan, Justin 14516 Sweetwater View Houston, TX 77047	$200.00

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

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 ($)
08/08/2005	Acadian Bakers 604 west Alabama Houston, TX 77006	$16.24

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** 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 ($)
07/01/2005	Antonetti-Elford, Emily 1830 De Milo Houston, TX 77018	$215.00

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

** 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 ($)
07/15/2005	Antonetti-Elford, Emily 1830 De Milo Houston, TX 77018	$250.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/16 Report: 14/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/29/2005	Antonetti-Elford, Emily 1830 De Milo Houston, TX 77018	$400.00

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

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 ($)
08/14/2005	Antonetti-Elford, Emily 1830 De Milo Houston, TX 77018	$100.00

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

** 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 ($)
09/12/2005	Austin Motel 1220 So. Congress Austin, TX 78702	$85.00

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

** 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 ($)
07/14/2005	Benjy's 2424 Dunstan Houston, TX 77005	$39.00

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/16 Report: 15/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2005	Blakemore & Associates 3405 Edloe St. Suite 380 Houston, TX 77027	$2,500.00

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

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 ($)
07/22/2005	Blakemore & Associates 3405 Edloe St. Suite 380 Houston, TX 77027	$1,000.00

Purpose of payment (See instructions regarding type of information required.)
Fundraising:Event Fee

** 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 ($)
09/01/2005	Blakemore & Associates 3405 Edloe St. Suite 380 Houston, TX 77027	$2,500.00

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

** 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 ($)
08/18/2005	Café Toulouse 5750 Woodway Houston, TX 77056	$17.04

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/16 Report: 16/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2005	Cingular P.O. Box 8229 Aurora, IL 60572	$150.00

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies

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 ($)
08/15/2005	Cingular P.O. Box 8229 Aurora, IL 60572	$150.00

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

** 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 ($)
09/15/2005	Cingular P.O. Box 8229 Aurora, IL 60572	$150.00

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

** 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 ($)
08/29/2005	Color Copies 6439 Westheimer Houston, TX 77057	$102.84

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/16 Report: 17/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/18/2005	Daughters of Liberty 10670 Northbrook Houston, TX 77043	$100.00

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

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 ($)
09/08/2005	Doubletree Hotel 5353 Westheimer Houston, TX 77056	$14.00

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

** 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 ($)
07/12/2005	Doubletree Suites 5353 Westheimer Houston, TX 77056	$14.00

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** 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 ($)
08/15/2005	Elford, John 5107 Austin Houston, TX 77004	$380.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/16 Report: 18/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/08/2005	FedexKinkos 5616 Westheimer Houston, TX 77056	$26.53

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

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 ($)
09/27/2005	FedexKinkos 2200 SW Frwy Houston, TX 77098	$15.58

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

** 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 ($)
08/18/2005	Gernand, Tricia 1414 Castle Court #8 Houston, TX 77006	$54.13

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

** 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 ($)
07/29/2005	Goode Company Taquiera 4902 Kirby Dr. Houston, TX 77098	$18.62

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/16 Report: 19/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2005	Harris County Republican Party 3311 Richmond Suite 218 Houston, TX 77098	$50.00

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies

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 ($)
09/03/2005	Home Depot 5445 West Loop South Houston, TX 77081	$55.27

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

** 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 ($)
07/15/2005	JECA, Inc. 5107 Austin ST Houston, TX 77004	$756.00

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

** 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 ($)
08/19/2005	Jordan, Justin 14516 Sweetwater View Houston, TX 77047	$200.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/16 Report: 20/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/01/2005	Koenning Consulting P.O. Box 70073 Houston, TX 77270	$500.00

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

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 ($)
07/18/2005	La Griglia 2002 West Gray Houston, TX 77019	$722.92

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

** 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 ($)
08/02/2005	LePeep Restaurant 3801 Farnham Houston, TX 77098	$19.16

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** 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 ($)
07/11/2005	Levine, Burt 3207 Rimrock Houston, TX 77459	$200.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/16 Report: 21/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/04/2005	Levine, Burt 3207 Rimrock Houston, TX 77459	$200.00

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

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 ($)
09/04/2005	Levine, Burt 3207 Rimrock Houston, TX 77459	$200.00

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

** 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 ($)
08/30/2005	Michael Franks Printing 602 Koehl Wharton, TX 77488	$750.00

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

** 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 ($)
09/20/2005	Michael Franks Printing 602 Koehl Wharton, TX 77488	$995.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/16 Report: 22/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/28/2005	Office Depot 3443 Kirby Houston, TX 77098	$59.82

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies

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 ($)
08/02/2005	Office Depot 3443 Kirby Houston, TX 77098	$18.59

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

** 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 ($)
08/18/2005	Office Depot 3443 Kirby Houston, TX 77098	$28.02

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

** 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 ($)
07/16/2005	Pappas BBQ 7007 SWFreeway Houston, TX 77074	$14.88

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/16 Report: 23/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/01/2005	Paul Bettencourt-Tax Assessor Collector 1001 Presto Suite 200 Houston, TX 77002	$20.00

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies

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 ($)
08/08/2005	Piatto Restaurant 4925 West Alabama Houston, TX 77056	$18.00

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** 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 ($)
07/01/2005	Printing Communications Inc 5601 Central Crest Houston, TX 77092	$143.97

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

** 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 ($)
07/19/2005	Printing Communications Inc 5601 Central Crest Houston, TX 77092	$1,050.03

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/16 Report: 24/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/18/2005	Rapid Delivery PO Box 571267 Houston, TX 77257	$51.73

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

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 ($)
08/18/2005	Rapid Delivery PO Box 571267 Houston, TX 77257	$1.52

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

** 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 ($)
09/14/2005	Sandy King Photography 2610 Pittsburg Houston, TX 77005	$324.75

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

** 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 ($)
07/15/2005	SBC P.O. Box 650487 Dallas, TX 75265	$75.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/16 Report: 25/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2005	SBC P.O. Box 650487 Dallas, TX 75265	$75.00

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

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 ($)
09/15/2005	SBC P.O. Box 650487 Dallas, TX 75265	$75.00

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

** 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 ($)
08/19/2005	The Breakfast Klub 3711 Travis Houston, TX 77004	$22.46

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** 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 ($)
09/08/2005	The Home Depot 5445 West loop South Houston, TX 77081	$40.75

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/16 Report: 26/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2005	Time Warner 8400 W Tidwell Houston, TX 77040	$75.00

8 Purpose of payment (See instructions regarding type of information required.)
Miscellaneous Communications:Internet

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 ($)
08/15/2005	Time Warner 8400 W Tidwell Houston, TX 77040	$75.00

Purpose of payment (See instructions regarding type of information required.)
Miscellaneous Communications:Internet

** 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 ($)
09/15/2005	Time Warner 8400 W Tidwell Houston, TX 77040	$75.00

Purpose of payment (See instructions regarding type of information required.)
Miscellaneous Communications:Internet

** 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 ($)
07/15/2005	T-Mobile P.O. Box 790047 St. Louis, MO 63179	$75.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/16 Report: 27/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2005	T-Mobile P.O. Box 790047 St. Louis, MO 63179	$75.00

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies

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 ($)
09/15/2005	T-Mobile P.O. Box 790047 St. Louis, MO 63179	$75.00

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

** 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 ($)
07/28/2005	US Postal Service 6400 Unity Houston, TX 77057	$42.40

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

** 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 ($)
07/28/2005	US Postal Service 6400 Unity Houston, TX 77057	$37.00

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

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/16 Report: 28/28

2 FILER NAME Elford, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000011

4 Date	5 Payee name	7 Amount ($)
08/25/2005	US Postal Service 6 Payee address; City; State; Zip Code 6400 Unity Houston, TX 77057	$34.00

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held: