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)

2 Total pages filed:

OFFICE USE ONLY

Date Received

RECEIVED JUL 22 2005 CITY SECRETARY

Date hand-delivered or postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

~~MS / MRS~~ / MR: FIRST: Willie MI: J

NICKNAME LAST: Hunter SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address

ADDRESS / PO BOX: 6722 MOSS OAKS APT / SUITE #: CITY: Houston, Texas STATE: ZIP CODE: 77050

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281) PHONE NUMBER: 449-5603 EXTENSION: —

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: FIRST: LONNIE MI:

NICKNAME LAST: WILLIAMS SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 9710 COTTAGE ST. APT / SUITE #: CITY: PEARLAND, TX. STATE: ZIP CODE: 77584

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 447-3850 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: 02 / 11 / 05 THROUGH Month Day Year: 06 / 10 / 05

11 ELECTION

ELECTION DATE Month Day Year: 11 / 8 / 05

ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): CITY COUNCIL DISTRICT "B"

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 7,641.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5,000.00

19 AFFIDAVIT

TROY D. LEEON NOTARY PUBLIC STATE OF TEXAS EXPIRES 06-08-2008

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.

Willie J. Hunter

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Willie J. Hunter, this the 22 day of July, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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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: WILLIE HUNTER

3 ACCOUNT # (Ethics Commission filers)

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)
2/11	WILLIE HUNTER [redacted] HOU., TX. 77050	$500.00	

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)
2/15	DAVID LEAL HOUSTON, TX.	$500.00	

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)
2/15	KEVIN SPENCER [redacted] HOU., TX. 77060	$500.00	

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)
3/26	MADELINE MAUK [redacted] HOU. TX. 77025	$500.00	

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)
5/06	WILLIE HUNTER [redacted] HOU., TX. 77050	$200.00	

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.

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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: WILLIE HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/16	CHAUNCEY HUNTER [redacted] HOU. TX. 77050	$100.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/19	WILLIE HUNTER [redacted] HOU. TX. 77050	50.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31	DWIGHT OSBORNE [redacted] SPRING, TX. 77379	25.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/03	MARTHA HUNTER [redacted] HOU. TX. 77050	150.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/10	WILLIE HUNTER [redacted] HOU. TX. 77050	50.00	

Principal occupation / Job title (See Instructions)	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 Total pages Schedule A: 3 OF 3

2 FILER NAME: WILLIE HUNTER

3 ACCOUNT # (Ethics Commission filers)

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)
5/29	FLORIDA CORNELIUS-COOPER [redacted] HOU. TX. 77288	125.00	

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)
5/29			

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)

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)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: WILLIE J HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/16	Office Max W. GRAY. HOU, TX.	54.00

8 Purpose of payment (See instructions regarding type of information required.) Binders, Tape, Pens

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 ($)
2/17	CHARMAYNE SPENCER 12415 SWAN RIVER HOU, TX, 77050	92.50

Purpose of payment (See instructions regarding type of information required.) CLASS + SEMINAR FOR Campaign Position

•• 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 ($)
3/8	KROGER Food MKT ALDINE BENDER HOU, TX. 77050	75.00

Purpose of payment (See instructions regarding type of information required.) food for Campaign Buffet - Kickoff

•• 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 ($)
3/10	ACRES Home - Chamber of Comm. WHEATLEY HOU, TX.	240.00

Purpose of payment (See instructions regarding type of information required.) ACRES HOME - CHAMBER OF COMMERCE Fund-Raiser, Shirts etc

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: WILLIE HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/13	MR. ERVIN JONES + WIFE 6519 Hanley HOU, TX, 77016	200.00

8 Purpose of payment (See instructions regarding type of information required.) MR. + MRS ERVIN JONES Meeting Room + SPEAKER FOR STAFF

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 ($)
3/22	DGI PRINTING 2715 DOVE WOOD SPRING TX, 77373	230.00

Purpose of payment (See instructions regarding type of information required.) FLYERS, POSTALS, etc

-- 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 ($)
4/4	KAROLYN MOORE + CHARMAYNE SPENCER 12415 SWAN RIVER HOU. TX. 77050	151.51

Purpose of payment (See instructions regarding type of information required.) Expenses for Scheduler + Campaign Secretary food + gas

-- 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 ($)
4/6	LONNIE WILLIAMS + Candidate HUNTER 6722 MOSS OAKS HOU. TX 77050	23.00

Purpose of payment (See instructions regarding type of information required.) TICKETS + Food Political - SEMINAR (Show BRADY ALLEN)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: WILLIE HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/8	Home Depot HUMBLE TX.	43.53

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
PAINT for CAMPAIGN OFFICE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/20	Mary Grubbs Jones 6579 HANley HOU TX 77016	79.89

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
DINNER, + Sodas FOR WORKERS at CAMPAIGN Meeting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/21	Home Depot Humble, TX	39.85

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
LOCKS for Campaign Ofc.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/29	SPRINT Cel Phone Co.	138.03

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
Tele Svcs	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/9	Willie J. Hunter / wife	31.50

8 Purpose of payment (See instructions regarding type of information required.): Ticket to appear at a Political Function

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Willie J. Hunter
Office sought: Councilman
Office held: Dist B

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/12	WalMART + Family DoL HUMBLE, TX.	267.00

Purpose of payment (See instructions regarding type of information required.): Funds to Walmart, Family dollar for Rally + Car Wash. Expenses

-- 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 ($)
6/6	AOL	60.00

Purpose of payment (See instructions regarding type of information required.): INTERNET FOR CAMPAIGN INFO + WORK

-- 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 ($)
5/30	Clarion INN @ Bush Intercont Airport 500 N Sam Houston Pkwy	$320.00

Purpose of payment (See instructions regarding type of information required.): Announcement for Hsin C.C. Dist. B

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/22	Media Svc/Clarion Hotel Shelby Toll @ Sam Hr Houston TX	$350.00

8 Purpose of payment (See instructions regarding type of information required.): Media Service Clarion Hotel

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 ($)
6/22	Sak & Save Homestead Rd/ 59. Houston TX	$100.00

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

-- 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 ($)
6/22	David Bruce Gaston Car @ 300.00 mo 3 mo pd. 8920 Homestead Road Campaign Hqt.	$900.00

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

-- 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 ($)
6/23	Kroger Food MKT 0	$41.50

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/23	DGI PRINTING HOUSTON TX.	$290.00

8 Purpose of payment (See instructions regarding type of information required.): PRINTING CAMPAIGN MATERIAL

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 ($)
6/23	SAM CLUB HUMBLE, TX	$72.39

Purpose of payment (See instructions regarding type of information required.): Campaign Lunch for Workers

•• 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 ($)
6/23	Walmart Humble, Tx	$86.02

Purpose of payment (See instructions regarding type of information required.): ITEM FOR FUNDRAISER

•• 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 ($)
6/23	Wal Mart Houston, TX	22.86

Purpose of payment (See instructions regarding type of information required.): ITEMS FOR FUNDRAISER

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/23	Sha Personal Designs P.O. Box 61126 Lockwood@Kelly	357.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Campaign Literature Card/Flyer	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/23	X PEDX Graphics + Printing Houston	59.56

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
Permit for Sundrees/Flyers	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/28	City of Houston 611 Walker	10.00

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
Fundraising Permit (Sign)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/28	City of Houston 611 Walker	60.00

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
Permit (Food for fundraiser)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/24	FIESTA 59 @ Parker	65.00

8 Purpose of payment (See instructions regarding type of information required.): Campaing expense; Misc. Paper Goods

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 ($)
6/24	DGI Graphics Houston Texas	364.00

Purpose of payment (See instructions regarding type of information required.): Sign; lettering; posters

•• 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 ($)
6/24	Sak E Sam 59 @ Parker Rd. Houston TX.	11.00

Purpose of payment (See instructions regarding type of information required.): PINS; paper TOLiety

•• 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 ($)
6/24/05	Kroger Aldine Mail Rd @ 59 Houston Tx.	24.00

Purpose of payment (See instructions regarding type of information required.): Snack for Campaing Workers

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/24	IVORY Mayhorn VAN Zandt	$600.00

8 Purpose of payment (See instructions regarding type of information required.): Computer Software @ 8920 HMSTD

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 ($)
6/24	Lubbock Rent 59 @ Mt. Houston Rd	$30.98

Purpose of payment (See instructions regarding type of information required.): Campaign expense for 4wk

-- 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 ($)
6/27	U.S.P.O. BOX Little York @ 59. Houston TX	$40.00

Purpose of payment (See instructions regarding type of information required.): P.O. Box Set up

-- 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 ($)
6/27	FAMILY DOLLAR HOUSTON TX (HOMESTEAD @ VAN ZANDT	100.00

Purpose of payment (See instructions regarding type of information required.): Envelopes Misc Paper Stamps @ Mailouts

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

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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 Total pages Schedule F: 10

2 FILER NAME: Willie J Hunter

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/25	Office Max 1400 W Green	50.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
6/25	Office Depot Humble Tx	75.00

Purpose of payment (See instructions regarding type of information required.): Paper, folders, tape

•• 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 ($)
6/25	Sprint Phone	125.00

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

•• 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 ($)
6/25	Kroger Food Aldine Market	38.50

Purpose of payment (See instructions regarding type of information required.): Flyer - Paper

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Total pages Schedule F: 11

2 FILER NAME Willie J. Hunter

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/28	Sprint	180.00

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

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 ($)
6/29	Family Dollar Vanbrandt @ Henestell	40.96

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

•• 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 ($)
6/30	Sprint	202.00

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

•• 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 ($)
6/29	X.P.E. DX Graphic & Printing Houston TX	169.19

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 12

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/29	Karolyn Moore Etc. / Houston, Tx. 77016	800.00

8 Purpose of payment (See instructions regarding type of information required.): Campain Setup Misc Items office Sp.

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 ($)
6/29	WALMART / Humble Tx	199.00

Purpose of payment (See instructions regarding type of information required.): office Supplies/Rents

-- 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 ($)
6/29	OFFICE DEPOT / HUMBLE, TX	29.85

Purpose of payment (See instructions regarding type of information required.): Misc. office Spplies

-- 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 ($)
6/29	IMAGES by COURTNEY	175.00

Purpose of payment (See instructions regarding type of information required.): Photo Bger Campaign

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Total pages Schedule E: 1

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ —

5 Date of loan: 6/16/05

6 Is lender a financial institution? Y (N)

7 Name of lender: Martha L. Hunter ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 6722 MOSS OAK

9 Loan Amount ($): 5,000.00

10 Interest rate: 0%

11 Maturity date: Nov 30 2005

12 Principal occupation / Job title (See Instructions): Retired S.W.B Employee

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

Name of lender ☐ out-of-state PAC (ID#:)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.