TO. CITY SECRETARY

FROM: Willie Hunter

RE: CANDIDATE CAMPAIGN FINANCE REPORT

DISTRICT "B"

14 pgs.

RECEIVED
OCT 12 2005
CITY SECRETARY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6800 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 OCT 12 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 STATE: TX ZIP CODE: 77050

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE / PHONE NUMBER: (281) 449-5403 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 STATE: TX ZIP CODE: 77584

8 CAMPAIGN TREASURER PHONE
AREA CODE / PHONE NUMBER: (713) 447 3850 EXTENSION:

9 REPORT TYPE
☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 10th 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: 6 / 10 / 05 THROUGH Month Day Year: 10 / 8 / 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 Use)

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) $ 6,025.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED $ —0—

4. TOTAL POLITICAL EXPENDITURES $ 5,851.40

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $ 173.60

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $ 0

19 AFFIDAVIT

NICCOL RENEE HINES
Notary Public, State of Texas
My Commission Expires
MAY 27, 2009

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 James Hunter, this the 11 day of Oct, 20 05, to certify which, witness my hand and seal of office.

Niccol Renee Hines — Signature of officer administering oath
Niccol Renee Hines — Printed name of officer administering oath
Notary — Title of officer administering oath

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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 ($)
7/4/05	OFFICE MAX W. GREY HOUSTON TX	26.00

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

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
7/6/05	H.L.P HOUSTON, TX.	72.00

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 ($)
7/9/05	FAMILY DOLLAR VAN ZANDT @ HOMESTEAD HOUSTON, TX	$3.26

Purpose of payment (See instructions regarding type of information required.): ENVELOPS FOR MAILOUTS

-- 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 ($)
7/12/05	CITY OF HOUSTON HSTN TX	70.00

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

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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 J. HUNTER

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	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
8/7/05	SAK-N-SAVE EASTEX FWY HSTN. TX	$10.55	CAMPAING EXPENSE	
8/08/05	DGI HOUSTON TX	$300.00	CAMPAGN (HANGERS)	
8/8/05	SACK-N-SAVE HOUSTON TX.	$12.02	CAMPAIGN EXPENSE (Food for W/K)	
8/8/05	WALMART HUMBLE TX.	$18.86	CAMPAIGN EXPENS (FUNDRAISER)	

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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 J. HUNTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
9/1/05	BRUCE GASTON 8920 Homestead Rd. Ci	300 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 ($)
9/2/05	Royal P. O STAMPS	$35.0

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 ($)
9/3/05	WALMART 1960 BYPASS Humble TX	$17.50

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 ($)
9/4/05	WALMART 1960 BYPASS Humble TX	14.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (Info for Primary)

-- 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

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 ($)
9/5/05	SUMMART HOUSTON TX.	16.20

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 ($)
9/7/05	FAMILY DOLLAR HOMESTEAD Rd @ LEY	10.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE PAPER)

-- 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 ($)
9/7/05	SAK-N-SAVE HOUSTON TX.	16.00

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 ($)
9/13/05	JIJI 7550 HOMESTEAD Rd (Food for Kids)	35.00

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

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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 items)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
9/14/05	10714 HIRSCH Rd. HOUSTON TX	$20.21

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (PAPER etc)

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 ($)
9/17/05	Food GAINT HOME	$11.37

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 ($)
9/18/05	Stop Shop HOUSTON TX	2.24

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (Pens)

-- 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 ($)
9/20/	HOUSTON Kirby HOUSTON, TX	$56.29

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (LUNCHEON)

-- 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: 6

2 FILER NAME: WILLIE J. HUNTER

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
9/21/05	G.P.I LABOR HOUSTON, TX	250 00

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (FLYERS, POSTAGE)

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 ($)
9/21/05	HOME DEPOT HOUSTON TX. 59 @ LITTLE YORK	275 00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE 2x4'S PLYWOOD 2x8'S BOARDS

-- 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 ($)
9/24/05	E.E.F LABOR HOUSTON, TX.	250 00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (FLYER POSTAGE)

-- 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 ($)
9/26/05	SPRINT PHONE	190 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

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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 ($)
9/26/05	PHONES NEXTEL PHONE	$200.00

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 ($)
9/27/05	Reliant Energy 8920 Homestead Rd.	70.00

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 ($)
9/30/05	DGI PRINTING SIGNS (YARD)	$600.00

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 ($)
9/3/05	WALMART	$20.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EXPENSE (office supplies)

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

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Revised 11/09/2003

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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 ($)
10/6/05	NEW faith CAMP KAYSIDE Dr. HOUSTON, TX	$150.00

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
POLITICAL FUNDRAISER	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/8/05	BRUCE EGASTON 8920 HOMESTEAD Rd.	$300.00

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
Campaing Expense	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/8/05	D.G.I (YARDS SIGN) HOUSTON TX	$540.00

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
CAMPAIGN EXPENSE	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/8/05	SPRINT PHONES	$440.00

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
Campaign Expense	

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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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/8/05	BRUCE GASTON (Rent) 8920 HOMESTEAD Rd.	300 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 ($)
10/8/05		540 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 ($)
10/8/05	SPRINT PHONES	440 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 ($)
10/8/05	S.W. B-TEL (INTERNET)	219.00

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

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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 FILER NAME: WILLIE J. 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)
7/30/05	E. FRANKLIN HOUSTON TX	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)
8/30/05	STELLA C. JIMENEZ [redacted] HOUSTON TX	100.00	

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)
8/30/05	FRED MARTINEZ HOUSTON TX	500.00	

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)
8/30/05	BONNIE BEDFORD HOUSTON TX.	500.00	

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)
9/1/05	LARRY JOHNSON / HELEN JOHNSON [redacted] HOUSTON. TX	1,500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2,700

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: WILLIE J. 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)
9/20/01	PAUL KWAN HOUSTON TX	1,000.00	

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)
9/21/01	ZAFAR IQBAL [redacted] FRIENDSWOOD TX	100.00	

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)
10/1/05	BRENDA SMITH [redacted] HOUSTON TX	25.00	

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)
10/4/01	DONALD W. MIDDLETON/TINA 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)
10/6/01	LINDA MURRY [redacted] HOUSTON TX	500.00	

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:

2 FILER NAME

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)
9/3	WILLIE HUNTER [redacted] HSTN	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)
9/4	TONY C. COUNCIL HOUSTON TX	150 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)
9/13	DAVE PETERS HOUSTON TX	150 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)
9/15	DAVID LEAL HOUSTON TX.	100 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)
9/18	WILLIE HUNTER [redacted]	1,000	

Principal occupation / Job title (See instructions) | Employer (See instructions) HSTN

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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