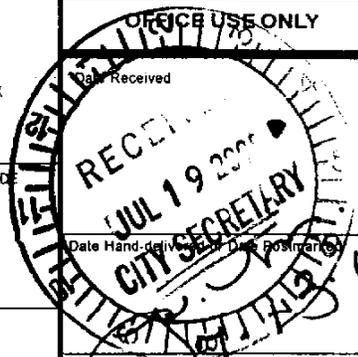


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: Jarvis LAST: Johnson NICKNAME: MI: D SUFFIX:	<b>OFFICE USE ONLY</b>  Date Received: Date Hand-delivered: Date Postmarked: Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 507 Brinkman APT / SUITE #: Apt CITY: Houston STATE: TX ZIP CODE: 77009 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (713) PHONE NUMBER: 957-5113 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: Velika LAST: Hines NICKNAME: MI: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 3442 Kennonview APT / SUITE #: CITY: Houston STATE: TX ZIP CODE: 77068		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (281) PHONE NUMBER: 924-0098 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 4 / 19 / 05 THROUGH Month Day Year: 7 / 15 / 05		
11 ELECTION	ELECTION DATE Month Day Year: 11 / 8 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any):	13 OFFICE SOUGHT (if known): City Council Dist 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: <input type="checkbox"/> additional pages		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

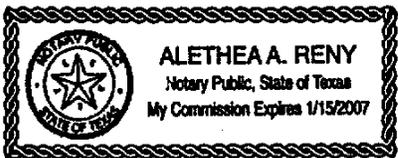
## FORM C/OH COVER SHEET PG 2

<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission filers)
---------------------	--

<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** 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. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

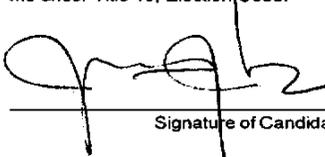
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,740
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,033.78
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,706.22
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**

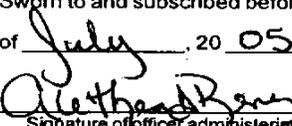


AFFIX NOTARY STAMP / SEAL ABOVE

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 Jarvis Diablo Johnson, this the 13<sup>th</sup> day of July, 20 05, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Alethea A. Reny  
 Printed name of officer administering oath

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

**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 Jarvis Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date  
1/2/05

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Cleo McLaughlin

7 Amount of contribution (\$) \$500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED] Hb TX 77091

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
1/2/05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Krista Levi

Amount of contribution (\$) \$60

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED] Hb TX 77091

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/2/05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Jerrilyn Hayes

Amount of contribution (\$) \$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED] Hb TX 77060

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)

Contributor address; City; State; Zip Code

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)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jarvis Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date  
5/20/05

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

V L Burton

6 Contributor address; City; State; Zip Code

[Redacted]  
Hou TX 77036

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/1/05

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

Henry Josef

Contributor address; City; State; Zip Code

[Redacted] Hou TX 77004

Amount of contribution (\$)

\$1500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/05

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

Dwayne Anderson

Contributor address; City; State; Zip Code

[Redacted] Stafford TX 77477

Amount of contribution (\$)

\$1500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/05

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

John Glenn

Contributor address; City; State; Zip Code

[Redacted] Fresno, TX 77545

Amount of contribution (\$)

\$2500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/05

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

Robert Melvin

Contributor address; City; State; Zip Code

[Redacted] Hou TX 77026

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jarvis Johnson</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/25/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>GBR Real Estate Investment</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>[Redacted] HbV TX 77584</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carla Reed</i>	Amount of contribution (\$) <i>\$30</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>[Redacted] HbV TX 77004</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/1/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hubert Hines</i>	Amount of contribution (\$) <i>\$2000</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>[Redacted] HbV TX 77068</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/1/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Rasmus</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>[Redacted] HbV TX 77091</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charlse Clack</i>	Amount of contribution (\$) <i>\$1000</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
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.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.					<b>1</b> Total pages Schedule B:				
<b>2</b> FILER NAME					<b>3</b> ACCOUNT # (Ethics Commission filers)				
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$									
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Pledgor address;    City;   State;   Zip Code			<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)			
<b>10</b> Principal occupation / Job title (See Instructions)					<b>11</b> Employer (See Instructions)				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address;    City;   State;   Zip Code			Amount of pledge (\$)	In-kind description (if applicable)			
Principal occupation / Job title (See Instructions)					Employer (See Instructions)				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address;    City;   State;   Zip Code			Amount of pledge (\$)	In-kind description (if applicable)			
Principal occupation / Job title (See Instructions)					Employer (See Instructions)				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address;    City;   State;   Zip Code			Amount of pledge (\$)	In-kind description (if applicable)			
Principal occupation / Job title (See Instructions)					Employer (See Instructions)				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address;    City;   State;   Zip Code			Amount of pledge (\$)	In-kind description (if applicable)			
Principal occupation / Job title (See Instructions)					Employer (See Instructions)				
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Pledgor address;    City;   State;   Zip Code			Amount of pledge (\$)	In-kind description (if applicable)			
Principal occupation / Job title (See Instructions)					Employer (See Instructions)				

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
---	---------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
---	----

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y      N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
--	--------------------------------

14 Description of Collateral <input type="checkbox"/> none
---

15 GUARANTOR INFORMATION  <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> none
--

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
--	--	------------------------

Principal Occupation	Employer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Jarvis Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/24/05</u>	5 Payee name <u>SBC</u>	7 Amount (\$) <u>\$132.<sup>70</sup></u>
6 Payee address; City; State; Zip Code		

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

Date <u>6/20/05</u>	Payee name <u>DB Printing</u>	Amount (\$) <u>\$120.</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <u>Business Card</u>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <u>7/2/05</u>	Payee name <u>US Postal Service</u>	Amount (\$) <u>\$300</u>
Payee address; City; State; Zip Code		

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

Date <u>7/2/05</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>\$481.<sup>08</sup></u>
Payee address; City; State; Zip Code		

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

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

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name  6 Payor address; City; State; Zip Code  7 Reason for credit	8 Amount (\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**