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: 7

OFFICE USE ONLY

Date Received: RECEIVED OCT 3 1 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

~~MS/MRS/~~ MR: Mr. NICKNAME | FIRST: Ray | MI: A | LAST: Jones | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address

ADDRESS / PO BOX: P.O. Box 667518 | APT / SUITE #: | CITY: Houston, Tex | STATE: | ZIP CODE: 77266

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (713) | PHONE NUMBER: 529-7887 | EXTENSION:

6 CAMPAIGN TREASURER NAME

~~MS/~~ MRS / ~~MR~~: Mrs NICKNAME | FIRST: Vonnie | MI: B | LAST: Jones | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3214 Ferndale | APT / SUITE #: | CITY: Houston, Texas | STATE: | ZIP CODE: 77098

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 529-7887 | 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: 10 / 01 / 2005 THROUGH Month Day Year: 10 / 28 / 2005

11 ELECTION

ELECTION DATE Month Day Year: 11 / 08 / 2005

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N. A

13 OFFICE SOUGHT (if known): Houston City Council district C

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name: N/A

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 RAY JONES

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	$ —
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 895.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ 1364.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 150.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ray Jones

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ray Jones, this the 31st day of October, 20 05, to certify which, witness my hand and seal of office.

JUDY E. REGISTER
Notary Public, State of Texas
My Commission Expires
May 12, 2008

Judy E Register — Signature of officer administering oath

Judy E. Register — Printed name of officer administering oath

Notary Public — 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: 2

2 FILER NAME: Ray Jones

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)
10/1 2005	Gloria Minnick [redacted] Houston, Tex 77098	250.00	

☐ out-of-state PAC (ID#:_____)

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)
10/7 2005	Rolf Lamb [redacted] Houston, Tex 77027	20.00	

☐ out-of-state PAC (ID#:_____)

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)
10/11 2005	Conrad Masterson [redacted] Houston, Tex 77098	100.00	

☐ out-of-state PAC (ID#:_____)

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)
10/11 2005	Greenway Animal Clinic LLC [redacted] Houston, Tex	300.00	

☐ out-of-state PAC (ID#:_____)

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)
10/25 2005	Glenn Bauries [redacted] Austin, Tex 78746	100.00	

☐ out-of-state PAC (ID#:_____)

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 FILER NAME Roy Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/25 2005	Sikes 6 Contributor address; City; State; Zip Code [redacted] Crystal Beach, Tx. 77650	100.00	

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)
10/25 2005	Wanda Atkins Contributor address; City; State; Zip Code [redacted] Austin, Tex 78729	25.00	

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)
	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)

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.

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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: Ray Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/14 2005	O K Paper Center 6300 Westpark Suite 100 Houston, Tex 77057	129.15

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

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 ($)
10/14 2005.	Pens Plus, Inc 5601 Bintliff Suite 520 Houston, Tex 77036	119.08

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

•• 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 ($)
10/15 2005	Arthur Brown	200.00

Purpose of payment (See instructions regarding type of information required.): milage 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 ($)
10/22 2005	Office Depot 3443 Kirby Drive Houston, Tx 77098	92.18

Purpose of payment (See instructions regarding type of information required.): Copies / Water

•• 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:

2 FILER NAME: Ray Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/25 2005	O.K. Paper 6300 West Park Suite #100 Houston, Tex 77057	134.77

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
paper	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25 2005	A+E 4235 Richmond Ave Houston, Tex 77227	72.50

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
Data	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: RAY JONES

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 ($)	Reimbursement from political contributions intended
10/20/05	ARTHUR BROWN [redacted] GREENVILLE, S.C. 29607	mileage	160.00	☑
10/26/05	TNT SHIRTS [redacted] HOUSTON, TX 77006	CAMPAIGN T-SHIRTS	133.12	☑
10/27/05	PENS PLUS INC [redacted] HOUSTON, TX 77036	PRINTING	173.20	☑
10/28/05	TNT-SHIRTS [redacted] HOUSTON, TX 77006	balance campaign T-SHIRTS	150.80	☑
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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