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: 24

OFFICE USE ONLY

Date Received

RECEIVED JAN 10 2005 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Shelley | MI

NICKNAME | LAST: SeKula-Gibbs, M.D. | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 890954
Houston, Texas 77289-0954

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281) | PHONE NUMBER: 480-5633 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Graciela | MI

NICKNAME | LAST: Saenz | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

440 Louisiana, Ste. 200 Houston Texas 77002

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 650-2737 | 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: 07 / 01 / 2004 THROUGH Month Day Year: 12 / 31 / 2004

11 ELECTION

ELECTION DATE Month / Day / Year

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Houston City Council, AT LARGE, Pos. 3

13 OFFICE SOUGHT (if known)

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

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

15 C/OH NAME: Shelley Sekula-Gibbs, M.D.

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)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 16,358.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

TROY D. LEMON 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.

Shelley Sekula-Gibbs, M.D.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, M.D., this the 10th day of January, 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

Printed on recycled paper

Revised 11/05/2003

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/02/04	Paychex 11777 Katy Frwy. #200 Houston, Texas 77079-1703	$8.79

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

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 ($)
07/02/04	Andrea L. Ramirez 725 FM 1959 Rd #1516 Houston Texas 77034	$48.48

Purpose of payment (See instructions regarding type of information required.): Labor - Payroll

•• 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 ($)
07/02/04	Kight Printing 5750 Bintliff, Ste 202 Houston Texas 77036	$285.78

Purpose of payment (See instructions regarding type of information required.): Design + Printing 4th of July Banner + magnets

•• 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 ($)
07/07/04	Alan Ou 15415 Bay Green Ct. Houston, Texas 77059	$9.22

Purpose of payment (See instructions regarding type of information required.): Reimbursement for developing film

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/12/04	Paychex 11777 Katy Fwy, #200 Houston Texas 77079	$101.38

8 Purpose of payment (See instructions regarding type of information required.): Monthly fees - Payroll service

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 ($)
07/13/04	The Bridge - A Refuge for Women P.O. Box 3488 Pasadena, Texas 77501	$50.00

Purpose of payment (See instructions regarding type of information required.): Donation - Event tickets for 01-29-04

•• 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 ($)
07/13/04	National MS Society - Lone Star Chapter P.O. Box 4585 Houston Texas 77210-4585	$50.00

Purpose of payment (See instructions regarding type of information required.): Donation - BPMS 150

•• 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 ($)
07/13/04	Houston Museum of Natural Science P.O. Box 200425 Houston Texas 77216-0425	$75.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/13/04	MECA 1900 Kane St. Houston Texas 77007	$500.00

8 Purpose of payment (See instructions regarding type of information required.): Donation-Event tickets 06/26/04

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 ($)
07/13/04	The Citizen 17511 El Camino Real Houston Texas 77058	$54.00

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

•• 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 ($)
07/13/04	Jose Pulido 24218 Nampton shire Lane Katy Texas 77494	$8.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement-Parking for event

•• 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 ($)
07/13/04	Women's Contractors Association P.O. Box 130441 Houston, Texas 77219	$ 50.00

Purpose of payment (See instructions regarding type of information required.): Event ticket for 06/10/04

•• 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

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/14/04	De Madres n Madres, Inc. 1108 Pa scnall Houston Texas 77009	$250.00

8 Purpose of payment (See instructions regarding type of information required.): Event Sponsorship on 8-13-04

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 ($)
07/14/04	Houston Young Republicans 9703 Riddlewood Houston Texas 77002	$1,000.00

Purpose of payment (See instructions regarding type of information required.): Sponsorship Project Deliver the Vote

-- 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 ($)
07/22/04	ATA Gala Committe - American Tennis Assoc. P.O. Box 14555 Houston Texas 77221	$150.00

Purpose of payment (See instructions regarding type of information required.): Tickets - ATA Gala

-- 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 ($)
07/22/04	Houston READ Commission 5330 Griggs Rd. P.O. Box 74 Houston Texas 77021	$50.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/22/04	Jazz Education, Inc. P.O. Box 8031 Houston Texas 77288-8031	$2,500.00

8 Purpose of payment (See instructions regarding type of information required.): Donation-Jazz Brunch Table

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 ($)
07/22/04	Keep Houston Beautiful 5909 W. Loop S Ste 670 Houston Texas 77056	$1,500.00

Purpose of payment (See instructions regarding type of information required.): Donation-Event ticket-Table 09/20/04

•• 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 ($)
07/22/04	Kight Printing 5750 Bintliff Suite 202 Houston Texas 77036	$37.89

Purpose of payment (See instructions regarding type of information required.): Ad design for Daughters of Liberty Ball

•• 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 ($)
07/22/04	BBB Education Foundation NNO 1731 Hugh Road Houston Texas 77067	$150.00

Purpose of payment (See instructions regarding type of information required.): Donation-National Night Out 8-3-04

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/22/04	Houston Hispanic Chamber of Commerce 2900 Woodreide Dr. Ste 312 Houston Texas 77087	$150.00

8 Purpose of payment (See instructions regarding type of information required.): Membership dues for 2004

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 ($)
07/26/04	SBC P.O. Box 4706 Houston Texas 77210	$41.17

Purpose of payment (See instructions regarding type of information required.): Telephone Service - Campaign office

•• 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 ($)
07/28/04	Jose Pulido 24218 Hamptonshire Katy Texas 77494	$14.77

Purpose of payment (See instructions regarding type of information required.): Reimbursement for Breakfast drinks, 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 ($)
07/29/04	Antidote Company 1710 Telephone Road Suite 134 Houston Texas 77023	$300.00

Purpose of payment (See instructions regarding type of information required.): 4x8 Banners for Health Fair

•• 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 FILER NAME Shelley Sekula-Gibbs, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/31/04	Prosperity Bank TX 100 West Medical Ctr Blvd. Webster, Texas 77598	$11.00

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
Bank Service Charge-monthly	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/03/04	Jose Pulido 24218 Hamptonshire Houston Texas 77494	$62.50

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
Reimbursement-Cookies National Night Out	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/03/04	David Caldwell 4021 Ella Lee Lane Houston Texas 77027	$50.89

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
Reimbursement-Cookies National Night Out	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/05/04	Acres Home Community Development Corporation 6719 W. Montgomery Rd. Suite 223 Houston Texas 77091	$400.00

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
Donation-Table sponsor Volunteer Award Lunch 8-5-04	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/10/04	Prosperity Bank 100 West Medical Ctr. Blvd. Webster Texas 77598	$ 0.09

8 Purpose of payment (See instructions regarding type of information required.)
Check correction #1144

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 ($)
08/10/04	Paychex 11777 Katy Frwy, #200 Houston Texas 7700	$43.71

Purpose of payment (See instructions regarding type of information required.)
Monthly Billing - Payroll service

•• 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 ($)
08/20/04	North Central Civic Association 3804 Robertson Houston Texas 77009	$25.00

Purpose of payment (See instructions regarding type of information required.)
Donation 2005 Easter Egg Hunt

•• 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 ($)
08/20/04	Lisa Dimond 4001 Fannin Apt. 4120 Houston Texas 77004	$82.00

Purpose of payment (See instructions regarding type of information required.)
Reimbursement - Parking + Postage on 8-16-04

•• 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 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/25/04	SBC P.O. Box 4706 Houston Texas 77210	$41.19

8 Purpose of payment (See instructions regarding type of information required.): Telephone service-campaign office

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 ($)
08/30/04	Cingular Wireless P.O. Box 650574 Dallas Texas 75265-0574	$164.68

Purpose of payment (See instructions regarding type of information required.): Blackberry service for SASG + Assistant

•• 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 ($)
08/30/04	Houston Heights Association P.O. Box 70735 Houston Texas 77270	$125.00

Purpose of payment (See instructions regarding type of information required.): Parade + Booth fees - Heights Festival

•• 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 ($)
08/30/04	University of Houston, Career Services 106 Student Services Ctr. Houston Texas 77204-3040	$20.00

Purpose of payment (See instructions regarding type of information required.): Advertisement on website on 8-11-04

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/31/04	Prosperity Bank 100 West Medical Ctr. Blvd. Webster Texas 77598	$11.00

8 Purpose of payment (See instructions regarding type of information required.)
Bank Service Charges-Monthly

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 ($)
09/08/04	Shelly Anderson 2400 S Loop W #404 Houston Texas 77054	$61.20

Purpose of payment (See instructions regarding type of information required.)
Reimbursed for Purchases for smokefree mtg. + Parking METRO mtg.

•• 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 ($)
09/10/04	Paychex 11777 Katy Fwy #200 Houston Texas 77079	$37.31

Purpose of payment (See instructions regarding type of information required.)
Monthly billing - Payroll service

•• 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 ($)
09/13/04	Chinese Community Center 5855 Sovereign Houston Texas 77036	$50.00

Purpose of payment (See instructions regarding type of information required.)
Memorial Chinese Community Ctr.

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09-13-04	Jewish Herald Voice P.O. Box 153 Houston Texas 77001-0153	$390.00

8 Purpose of payment (See instructions regarding type of information required.): Advertisement for 09/16/04 Rosh Hashannah

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 ($)
09/13/04	Shelly Anderson 2400 S Loop W #404 Houston Texas 77054	$123.31

Purpose of payment (See instructions regarding type of information required.): Reimbursement colas + icechest

•• 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 ($)
09/13/04	Pizza Hut 5601 West Loop S 610 Houston Texas 77401	$220.00

Purpose of payment (See instructions regarding type of information required.): Pizza for HC GOP meeting

•• 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 ($)
09/13/04	Pizza Hut 5601 West Loop S 610 Houston Texas 77401	$90.00

Purpose of payment (See instructions regarding type of information required.): Pizza for HC GOP mtg.

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/13/04	Pizza Hut 5601 West Loop S 610 Houston, Texas 77401	$278.47

8 Purpose of payment (See instructions regarding type of information required.): Pizza for HC GOP mtg.

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 ($)
09/17/04	Amazon.com P.O. Box 80463 Seattle WA 98108	$16.59

Purpose of payment (See instructions regarding type of information required.): Robert's Rules of Order - Book

•• 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 ($)
09/21/04	Greater Houston Council of Federated Republican Women PAC 5318 Willowbend Houston Texas 77096	$500.00

Purpose of payment (See instructions regarding type of information required.): Event tickets for 10-11-04 - March to Victory 2004

•• 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 ($)
09-21-04	Janice Malinak 14719 Dawn Vale Dr Houston Texas 77062	$208.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/21/04	Jose Polido 24218 Hampton shire Ln. Katy Texas 77494	$95.60

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for HCGOP mtg 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 ($)
09/21/04	Andrea Ramirez 909 Texas St. #615 Houston Texas 77002	$114.48

Purpose of payment (See instructions regarding type of information required.): Reimbursement BARW Basket, Parade Supplies Fiestas Patrias

•• 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 ($)
09/21/04	Linda Meador 15418 Bay Green Ct. Houston Texas 77059	$21.28

Purpose of payment (See instructions regarding type of information required.): Reimbursement 4th of July Parade 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 ($)
09/21/04	Riquelmy Enterprises 3603 Sage Point Ct. Katy Texas 77449	$670.00

Purpose of payment (See instructions regarding type of information required.): Advertising - Houston West Chase Calendar

•• 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/22/04	Harland Checks Prosperity Bank 100 West Medical Ctr Blvd Webster Tex 77598	$5.75

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

Check order - 1 Box

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 ($)
09/22/04	Harland Checks Prosperity Bank 100 West Medical Ctr Blvd Webster Texas 77598	$5.75

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

Check order - 1 Box

•• 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 ($)
09/23/04	South Central Houston Community Health Ctr. 8610 MLK Houston Texas 77033	$50.00

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

Event sponsorship - Community Health Fair materials for

•• 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 ($)
09/30/04	Prosperity Bank 100 West Medical Ctr. Blvd. Webster Texas 77598	$11.00

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

Bank Service Charge - Monthly

•• 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 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/04	Arne's 2830 Hicks Houston Texas 77088	$30.03

8 Purpose of payment (See instructions regarding type of information required.): Heights Parade 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 ($)
10/01/04	Women's Political Forum 1885 St. James Place Houston, Texas 77056	$60.00

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

•• 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 ($)
10/04/04	Jose Pulido 24218 Hamptonshire Katy Texas 77494	$86.45

Purpose of payment (See instructions regarding type of information required.): Reimbursement Tailgater Canopy

•• 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 ($)
10/04/04	Honor Your Father Campaign 1770 St. James Place Ste 113 Houston Tex 77056	$50.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/04	Elisa Rueda 2142 Cartwright Missouri City, Texas 77489	$ 30.00

8 Purpose of payment (See instructions regarding type of information required.): Volunteer meals-Heights Festival

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 ($)
10/11/04	Paychex 11777 Katy Frwy Suite 200 Houston Texas 77079-1703	$ 37.31

Purpose of payment (See instructions regarding type of information required.): Monthly fees-Payroll servic

•• 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 ($)
10/12/04	SBC P.O. Box 4706 Houston Texas 77210	$ 41.66

Purpose of payment (See instructions regarding type of information required.): Telephone service-Campaign Office

•• 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 ($)
10/12/04	Cingular Wireless P.O. Box 650574 Dallas Texas 75265-0574	$ 498.44

Purpose of payment (See instructions regarding type of information required.): Blackberry Service for SASG+Assistant

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/12/04	SouthCentral Community Health Ctr 8610 Martin Lutherking Houston Texas 77033	$400.00

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

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 ($)
10/18/04	Crawford-Zbanek Scholarship Foundation 14502 Wisteria Hollow Houston Texas 77062	$50.00

Purpose of payment (See instructions regarding type of information required.): Advertisement for 11-05-04 Clear Lake Pentbellanic

•• 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 ($)
10/18/04	Acres Homes Citizen Council P.O. Box 91032 Houston Texas 77088	$ 350.00

Purpose of payment (See instructions regarding type of information required.): Event Sponsorship 10-29-04 - High Achievers

•• 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 ($)
10/20/04	National Assoc. of Women Business Owners 5718 Westheimer Rd Ste 800 Houston Texas 77057	$120.00

Purpose of payment (See instructions regarding type of information required.): Event tickets 10/20/04

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/31/04	Prosperity Bank 100 West Medical Ctr Blvd Webster Texas 77598	$11.00

8 Purpose of payment (See instructions regarding type of information required.)
Service Charge-Monthly

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 ($)
11/08/04	SBC P.O. Box 4706 Houston Texas 77210	$41.16

Purpose of payment (See instructions regarding type of information required.)
Telephone Service-Campaign Office

•• 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 ($)
11/10/04	Paychex 11777 Katy Frwy #200 Houston Texas 77079-1703	$43.71

Purpose of payment (See instructions regarding type of information required.)
Monthly fee-Payroll Service

•• 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 ($)
11/10/04	Lisa Dimond 900 Bagby Houston Texas 77002	$9.00

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for Parking GHP Event

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/12/04	Advarion Incorporated P.O. Box 540183 Houston Texas 77254	$541.25

8 Purpose of payment (See instructions regarding type of information required.): Website Hosting 1 year

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 ($)
11/12/04	Advarion Incorporated P.O. Box 540183 Houston Texas 77254	$1500.00

Purpose of payment (See instructions regarding type of information required.): Website Custom Development

•• 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 ($)
11/22/04	SBC P.O. Box 4706 Houston Texas 77210	$41.31

Purpose of payment (See instructions regarding type of information required.): Telephone Service-Campaign Office

•• 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 ($)
11/30/04	Prosperity Bank 100 West Medical Ctr. Blvd. Webster Texas 77598	$ 11.00

Purpose of payment (See instructions regarding type of information required.): Bank Service Charge-monthly

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/03/04	Lisa Dimond 900 Bagby Houston Texas 77002	$5.00

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement Parking for GHP Event

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 ($)
12/09/04	Houston Livestock Show + Rodeo P.O. Box 20070 Houston Texas 77225	$50.00

Purpose of payment (See instructions regarding type of information required.): Advertisement for HLSR Program 2005

•• 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 ($)
12/09/04	Kristin Cox 900 Bagby Houston Texas 77002	$8.26

Purpose of payment (See instructions regarding type of information required.): Reimbursement Council Brkfst. Papergoods

•• 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 ($)
12/09/04	Kristin Cox 900 Bagby Houston Texas 77002	$30.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement Glenbrook Valley Dinner 12/06/04

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/09/04	Shelly Anderson 2400 S Loop W #404 Houston Texas 77054	$30.00

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement GlennBrook Valley 12-06-04 Dinner

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 ($)
12/9/04	BAHEP 2525 Bay Area Blvd. Houston Texas 77058	$20.00

Purpose of payment (See instructions regarding type of information required.): BAHEP Lunch for Kristin Cox

•• 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 ($)
12/09/04	Advarion P.O. Box 540183 Houston Texas 77254	$100.00

Purpose of payment (See instructions regarding type of information required.): website development and distribution of email newsletter

•• 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 ($)
12/10/04	Paychex 11777 Katy Fwy # 200 Houston Texas 77079-1703	$37.31

Purpose of payment (See instructions regarding type of information required.): Monthly fees- Payroll service

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

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1 Total pages Schedule F:

2 FILER NAME Shelley Sekula-Gibbs MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/27/04	SBC P.O. Box 4706 Houston Texas 77210	$41.31

8 Purpose of payment (See instructions regarding type of information required.): Telephone Service - Campaign office

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 ($)
07/28/04	Shelley Sekula-Gibbs MD 14222 Golf View Tr. Houston Texas 77059	$643.37

Purpose of payment (See instructions regarding type of information required.): Reimbursement Digital Camera, supplies + plan

•• 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 ($)
12/20/04	Advarion P.O. Box 540183 Houston Texas 77254	$60.00

Purpose of payment (See instructions regarding type of information required.): Newsletter of 12/10/04 added to website

•• 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 ($)
12/31/04	Prosperity Bank 100 W Medical Ctr. Blvd. Webster, Texas 77598	$11.00

Purpose of payment (See instructions regarding type of information required.): Bank Service Charge - Monthly

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

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