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: 41

OFFICE USE ONLY

Date Received

Date Hand Delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

RECEIVED OCT 11 2005 CITY SECRETARY

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: Shelley | MI
NICKNAME | LAST: Sekula-Gibbs, MD | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: PO Box 890954
APT / SUITE #: | CITY: Houston, TX | STATE: | ZIP CODE 77289-0954

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE (281) | PHONE NUMBER 480-5633 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: Itze | MI
NICKNAME | LAST: Soliz-Matthews | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 51 Rollingwood Drive
APT / SUITE #: | CITY: Houston, | STATE: TX | ZIP CODE 77080

8 CAMPAIGN TREASURER PHONE
AREA CODE (713) | PHONE NUMBER 861-1117 | 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: 7 / 1 / 05 THROUGH Month Day Year: 9 / 29 / 05

11 ELECTION
ELECTION DATE Month Day Year: 11 / 8 / 05
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any): Houston City Council At Large Position 3

13 OFFICE SOUGHT (if known): Houston City Council At Large Position 3

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

Printed on recycled paper

Revised 11/05/2003

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, MD

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)	$ 35,544.91
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 48,813.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 89,015.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

ELLA M. SCHUBERT
MY COMMISSION EXPIRES
December 6, 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, MD
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, MD, this the 11th day of October, 20 05, to certify which, witness my hand and seal of office.

Ella M. Schubert	Ella M. Schubert	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 1 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
7-6-2005	Harris Leven Contributor address; City, state, zip code [redacted] Houston, TX 77024-5023	$100.00	
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 available)
7-7-2005	Susie Mitchem Contributor address; City, state, zip code [redacted] Houston, TX 77027-6209	$100.00	
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 available)
7-7-2005	HPOU PAC Contributor address; City, state, zip code [redacted] Houston, TX 77007-7730	$5,000.00	
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 available)
7-15-2005	Uptown Houston PAC Contributor address; City, state, zip code [redacted] Houston, TX 77056	$250.00	
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 available)
7-15-2005	Mark E. Skellenger, MD Contributor address; City, state, zip code [redacted] Houston, TX 77058-2622	$500.00	
Principal occupation \Job title (See Instructions) Physician	Employer (See Instructions) Cosmetic Vein Centers		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 2 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
7-15-2005	Elizabeth Stephens Contributor address; City, state, zip code [redacted] Houston, TX 77059-5420	$100.00	
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 available)
7-15-2005	Ron Cookston Contributor address; City, state, zip code [redacted] Houston, TX 77025	$100.00	
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 available)
7-15-2005	Ron Guyer Contributor address; City, state, zip code [redacted] Houston, TX 77062-5912	$2.00	
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 available)
7-15-2005	Carlos R. Hamilton, Jr., MD Contributor address; City, state, zip code [redacted] Houston, TX 77030	$250.00	
Principal occupation \Job title (See Instructions) Physician	Employer (See Instructions) University of Texas Health Science Ctr - Houston		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
7-15-2005	Arthur M. Jansa, MD Contributor address; City, state, zip code [redacted] Houston, TX 77004	$250.00	
Principal occupation \Job title (See Instructions) Physician	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 3 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
7-21-2005	Larry H. Clark Contributor address; City, state, zip code [redacted] Houston, TX 77079	$250.00	
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 available)
7-25-2005	Ruby Cubley Contributor address; City, state, zip code [redacted] Houston, TX 77259	$50.00	
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 available)
8-12-2005	Carolyn Faulk Contributor address; City, state, zip code [redacted] Houston, TX 77087-5034	$250.00	
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 available)
8-12-2005	Trinidad Mendenhall Contributor address; City, state, zip code [redacted] Houston, TX 77024	$2,500.00	
Principal occupation \Job title (See Instructions) Investor	Employer (See Instructions) Self		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-17-2005	Daniel C. Arnold Contributor address; City, state, zip code [redacted] Houston, TX 77002	$500.00	
Principal occupation \Job title (See Instructions) Investor	Employer (See Instructions) Self		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 4 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-18-2005	J. Evans Attwell Contributor address; City, state, zip code [redacted] Houston, TX 77002-6760	$1,000.00	
Principal occupation \Job title (See Instructions): Attorney	Employer (See Instructions): Vinson & Elkins, LLP		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-18-2005	Charles Flournoy Contributor address; City, state, zip code [redacted] Houston, TX 77251-1388	$1,000.00	
Principal occupation \Job title (See Instructions): Insurance	Employer (See Instructions): John L. Wortham & Sons		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-22-2005	Carlos R. Hamilton, Jr., MD Contributor address; City, state, zip code [redacted] Houston, TX 77056	$250.00	
Principal occupation \Job title (See Instructions): Physician	Employer (See Instructions): University of Texas Health Science Ctr - Houston		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-22-2005	Harriet Latimer Contributor address; City, state, zip code [redacted] Houston, TX 77027	$150.00	
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 available)
8-22-2005	Truett Latimer Contributor address; City, state, zip code [redacted] Houston, TX 77027	$150.00	
Principal occupation \Job title (See Instructions):	Employer (See Instructions):		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 5 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-22-2005	Sandy Oden Contributor address; City, state, zip code [redacted] Houston, TX 77059	$250.00	
Principal occupation Job title (See Instructions): Partner	Employer (See Instructions): Camden Living Excellence		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-22-2005	Jeanette Rash Contributor address; City, state, zip code [redacted] Houston, TX 77020	$100.00	
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 available)
8-23-2005	Jim Russ Contributor address; City, state, zip code [redacted] Houston, TX 77042	$1,000.00	
Principal occupation Job title (See Instructions): Principal	Employer (See Instructions): Edminster, Hinshaw, Russ & Associates, Inc.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-24-2005	BAC-PAC Contributor address; City, state, zip code [redacted] Houston, TX 77057	$500.00	
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 available)
8-24-2005	Edmund M. "Tex" Fountain, Jr. Contributor address; City, state, zip code [redacted] Houston, TX 77077	$250.00	
Principal occupation Job title (See Instructions):	Employer (See Instructions):		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 6 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-26-2005	Richard A. Huebner Contributor address; City, state, zip code [redacted] Houston, TX 77082	$35.00	
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 available)
8-26-2005	Dr. John P. McGovern Contributor address; City, state, zip code [redacted] Houston, TX 77098	$2,500.00	
Principal occupation \Job title (See Instructions) Retired	Employer (See Instructions) N/A		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-29-2005	Dr. Abdel Fustok Contributor address; City, state, zip code [redacted] Houston, TX 77027	$500.00	
Principal occupation \Job title (See Instructions) Physician	Employer (See Instructions) Institute of Cosmetic Surgery		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-29-2005	Jeffrey Webster Contributor address; City, state, zip code [redacted] Houston, TX 77002-8393	$250.00	
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 available)
8-30-2005	Laura Brady Contributor address; City, state, zip code [redacted] Houston, TX 77291-1092	$250.00	
Principal occupation \Job title (See Instructions)	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 7 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-30-2005	Rudolph H. Bruhns Contributor address; City, state, zip code [redacted] Houston, TX 77009	$1,000.00	
Principal occupation \Job title (See Instructions): Executive Vice President	Employer (See Instructions): Greater Houston Transportation Co.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-30-2005	CDMPAC Contributor address; City, state, zip code [redacted] Houston, TX 77027	$100.00	
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 available)
8-30-2005	Irma Diaz-Gonzalez Contributor address; City, state, zip code [redacted] Houston, TX 77027	$300.00	
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 available)
8-30-2005	Reliant Energy, Inc. PAC Contributor address; City, state, zip code [redacted] Houston, TX 77001	$500.00	
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 available)
8-30-2005	Gerald Womack Contributor address; City, state, zip code [redacted] Houston, TX 77004	$250.00	
Principal occupation \Job title (See Instructions):	Employer (See Instructions):		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 8 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-31-2005	Albert M. Amado Contributor address; City, state, zip code [redacted] Houston, TX 77006	$250.00	
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 available)
8-31-2005	Morris Architects Civic Action Fund Contributor address; City, state, zip code [redacted] Houston, TX 77098	$250.00	
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 available)
8-31-2005	Frank G. Evans Contributor address; City, state, zip code [redacted] Bastrop, TX 78602	$250.00	
Principal occupation \Job title (See Instructions) Judge	Employer (See Instructions) Center for Legal Responsiblitiy		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-31-2005	Harry Hutchens Contributor address; City, state, zip code [redacted] Houston, TX 77024	$250.00	
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 available)
8-31-2005	Randy Jackson Contributor address; City, state, zip code [redacted] Houston, TX 77042	$250.00	
Principal occupation \Job title (See Instructions) General Manager	Employer (See Instructions) Viacom Outdoors		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 9 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-31-2005	James H. Paulin, Jr. Contributor address; City, state, zip code [redacted] Houston, TX 77064	$100.00	
Principal occupation \Job title (See Instructions): Vice President	Employer (See Instructions): Sam Houston Race Park		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-31-2005	Arthur Schechter Contributor address; City, state, zip code [redacted] Houston, TX 77006	$500.00	
Principal occupation \Job title (See Instructions): Partner	Employer (See Instructions): Schechter McElwee Shaffer & Harris, LLP		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
8-31-2005	Debbie Schultz Contributor address; City, state, zip code [redacted] Houston, TX 77005	$50.00	
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 available)
8-31-2005	Clymer Wright Contributor address; City, state, zip code [redacted] Houston, TX 77088	$1,000.00	
Principal occupation \Job title (See Instructions): Insurance	Employer (See Instructions): Wright Ventures		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-7-2005	Jason Yoo Contributor address; City, state, zip code [redacted] Houston, TX 77043	$1,000.00	
Principal occupation \Job title (See Instructions): CEO/President	Employer (See Instructions): JDDA Inc.		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 10 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-8-2005	Bob Marshall Contributor address; City, state, zip code [redacted] Houston, TX 77096	$75.00	
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 available)
9-8-2005	Jim Box Contributor address; City, state, zip code [redacted] Houston, TX 77241	$250.00	
Principal occupation \Job title (See Instructions) Consultant	Employer (See Instructions) Self		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-8-2005	A. Tomas Garcia, MD Contributor address; City, state, zip code [redacted] Houston, TX 77082	$100.00	
Principal occupation \Job title (See Instructions) Physician	Employer (See Instructions) Houston Heart Centre		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-8-2005	Richard Huebner Contributor address; City, state, zip code [redacted] Houston, TX 77082	$35.00	
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 available)
9-8-2005	Ray Reiner Contributor address; City, state, zip code [redacted] Houston, TX 77096	$250.00	
Principal occupation \Job title (See Instructions) Mediator/ Ed Consultant	Employer (See Instructions) RS Reiner Group		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 11 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-8-2005	Bill Rosene Contributor address; City, state, zip code [redacted] Houston, TX 77018	$100.00	
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 available)
9-8-2005	HCA Texas Good Government Fund Contributor address; City, state, zip code [redacted] Houston, TX 77054	$500.00	
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 available)
9-8-2005	James M. Windham, Jr. Contributor address; City, state, zip code [redacted] Houston, TX 77079-4427	$250.00	
Principal occupation Job title (See Instructions) Investment Advisors	Employer (See Instructions) Windham Capital Advisory		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-13-2005	Dr. Dorothy E.F. Caram Contributor address; City, state, zip code [redacted] Houston, TX 77025-2132	$524.91	Reception expenses
Principal occupation Job title (See Instructions) Retired	Employer (See Instructions)		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-14-2005	Tim Bowers Contributor address; City, state, zip code [redacted] Houston, TX 77087	$1,000.00	
Principal occupation Job title (See Instructions) Business owner	Employer (See Instructions) Houston Auto Auction, Inc.		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 12 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-14-2005	Brett Binkley Contributor address; City, state, zip code [redacted] Houston, TX 77008	$100.00	
Principal occupation \Job title (See Instructions): Consulting engineer	Employer (See Instructions): Binkley & Barfield, Inc.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-14-2005	Jim Binkley Contributor address; City, state, zip code [redacted] Houston, TX 77008	$100.00	
Principal occupation \Job title (See Instructions): Consulting engineer	Employer (See Instructions): Binkley & Barfield, Inc.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-14-2005	Margot Dimond Contributor address; City, state, zip code [redacted] Houston, Texas 77009	$50.00	
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 available)
9-14-2005	Charles Foster Contributor address; City, state, zip code [redacted] Houston, TX 77002	$100.00	
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 available)
9-14-2005	Paul M. Frison Contributor address; City, state, zip code [redacted] Houston, Texas 77002	$100.00	
Principal occupation \Job title (See Instructions): Executive	Employer (See Instructions): Houston Technology Center		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 13 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-14-2005	Mark Meyer Contributor address; City, state, zip code [redacted] Houston, TX 77035-4936	$50.00	
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 available)
9-14-2005	Ljerka Milas Contributor address; City, state, zip code [redacted] Houston, TX 77005-2430	$150.00	
Principal occupation \Job title (See Instructions) Physician	Employer (See Instructions) MD Anderson		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-14-2005	Lullene Powell Knox Contributor address; City, state, zip code [redacted] Houston, TX 77019	$100.00	
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 available)
9-14-2005	Herman J. Schultz, MD Contributor address; City, state, zip code [redacted] Houston, TX 77030	$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 available)
9-14-2005	Gerald Wilson Contributor address; City, state, zip code [redacted] Houston, Texas 77094	$100.00	
Principal occupation \Job title (See Instructions)	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 14 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-15-2005	Beirne, Maynard & Parsons, LLP Contributor address; City, state, zip code [redacted] Houston, TX 77056-3000	$500.00	
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 available)
9-19-2005	Dr. Madeline Domask-Willis Contributor address; City, state, zip code [redacted] Houston, TX 77024	$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 available)
9-19-2005	Mavis P. Kelsey, Jr. Contributor address; City, state, zip code [redacted] Houston, TX 77002	$250.00	
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 available)
9-19-2005	Jim Paulin, Jr. Contributor address; City, state, zip code [redacted] Houston, TX 77064	$100.00	
Principal occupation Job title (See Instructions) Vice President	Employer (See Instructions) Sam Houston Race Park		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-19-2005	Elizabeth Wareing Contributor address; City, state, zip code [redacted] Houston, TX 77019	$100.00	
Principal occupation Job title (See Instructions) Homemaker	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 15 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-20-2005	David G. Bradley Contributor address; City, state, zip code [redacted] Kingwood, TX 77345	$100.00	
Principal occupation \Job title (See Instructions): Engineer	Employer (See Instructions): KBR		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-20-2005	Rajada Fleming Contributor address; City, state, zip code [redacted] Houston, TX 77027	$50.00	
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 available)
9-20-2005	Stephen Fraga Contributor address; City, state, zip code [redacted] Houston, Texas 77008	$250.00	
Principal occupation \Job title (See Instructions): Office products distributor	Employer (See Instructions): Tejas Office Products, Inc.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-20-2005	George Gee Contributor address; City, state, zip code [redacted] Houston, TX 77006	$100.00	
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 available)
9-20-2005	Houston Council of Engineering Co. PAC Contributor address; City, state, zip code [redacted] Houston, TX 77008	$3,500.00	
Principal occupation \Job title (See Instructions):	Employer (See Instructions):		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 16 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-20-2005	Verdene Ryder Contributor address; City, state, zip code [redacted] Houston, TX 77056	$50.00	
Principal occupation \Job title (See Instructions): Author	Employer (See Instructions): Ryder Co.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-20-2005	Veronika Smith Contributor address; City, state, zip code [redacted] Houston, Texas 77055	$100.00	
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 available)
9-20-2005	Jose Adan Trevino Contributor address; City, state, zip code [redacted] Bellaire, TX 77401	$100.00	
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 available)
9-20-2005	Outdoor PAC Contributor address; City, state, zip code [redacted] Houston, TX 77055	$250.00	
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 available)
9-20-2005	Lisa Vasquez Contributor address; City, state, zip code [redacted] Houston, TX 77092	$463.00	Refreshments and supplies
Principal occupation \Job title (See Instructions):	Employer (See Instructions):		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 17 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-29-2005	Frank DiMaria Contributor address; City, state, zip code [redacted] Houston, TX 77056	$500.00	
Principal occupation \Job title (See Instructions): President	Employer (See Instructions): South Texas Carpets & Fine Floors		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-29-2005	James J. Braniff III Contributor address; City, state, zip code [redacted] Houston, TX 77027	$250.00	
Principal occupation \Job title (See Instructions): Insurance broker	Employer (See Instructions): Arthur J. Gallagher & Co.		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-29-2005	Dr. John Stroehlein Contributor address; City, state, zip code [redacted] Houston, TX 77019	$100.00	
Principal occupation \Job title (See Instructions): Physician	Employer (See Instructions):		

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-29-2005	Thelma Mueller Contributor address; City, state, zip code [redacted] Houston, TX 77025	$10.00	
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 available)
9-29-2005	Kay Dusek Contributor address; City, state, zip code [redacted] Houston, TX 77062	$250.00	
Principal occupation \Job title (See Instructions):	Employer (See Instructions):		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 18 of 18
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
9-29-2005	Roberta Reitz, MSN, RN Contributor address; City, state, zip code [redacted] Housotn, TX 77025	$100.00	
Principal occupation /Job title (See Instructions) Nurse	Employer (See Instructions) AssistCare, Inc.		

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 Shelley Sekula-Gibbs, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/01/05	Lisa Dimond 5210 Lamont Lane Houston, TX 77092	$ 287.50

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

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 ($)
7/01/05	Photo's Unlimited 2400 S. Loop West, Ste. 515 Houston, TX 77054	$ 100.00

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

•• 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 ($)
7/01/05	Viacom Outdoor 1600 Studemont Houston, TX 77007	$ 20,000.00

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

•• 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 ($)
7/01/05	Shelley Sekula-Gibbs, M. D. 14222 Golf View Trail Houston, TX 77059	$ 63.81

Purpose of payment (See instructions regarding type of information required.): reimbursement - meal & book

•• 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, M.D.

3 ACCOUNT # (Ethics Commission filers)

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/01/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$231.15

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

•• 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, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/01/05	Czech Cultural Center 4920 San Jacinto at Wichita Houston, TX 77004	$ 1,000.00

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

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 ($)
7/01/05	Amy Cooper 1271 Blalock Rd, Houston, TX 77055	$ 196.76

Purpose of payment (See instructions regarding type of information required.): reimbursement for postage & 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 ($)
7/05/05	Cingular 1001 West Loop South, Ste. 300 Houston, TX 77027	$ 113.94

Purpose of payment (See instructions regarding type of information required.): campaign phone 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 ($)
7/05/05	Monarch Printing 6605 McGrew Houston, TX 77087	$ 1,179.27

Purpose of payment (See instructions regarding type of information required.): push card printing

•• 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, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/05/05	Walden & Associates 55 Waugh Drive, Suite 610 Houston, TX 77007	$ 3,114.18

8 Purpose of payment (See instructions regarding type of information required.)
campaign consulting & reimb. printing & 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 ($)
7/05/05	Kight Printing 5750 Bintliff, Suite 202 Houston, TX 77036	$ 1,263.59

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

•• 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 ($)
7/06/05	SBC P. O. Box 650661 Dallas, TX 75265-0661	$ 72.79

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

•• 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 ($)
7/11/2005	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$ 164.27

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

•• 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, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Amount ($)
7/11/05	Alan Ou	15415 Bay Green Court Houston, TX 77059	$ 182.38

8 Purpose of payment (See instructions regarding type of information required.) reimbursement for campaign 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 ($)
7/11/05	T-Mobile	P.O. Box 790047 St. Louis, MO 63179-0047	$ 85.37

Purpose of payment (See instructions regarding type of information required.) Campaign Blackberry 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 ($)
7/11/05	Cingular Wireless	1001 West Loop South Ste. 300 Houston, TX 77027	$ 228.39

Purpose of payment (See instructions regarding type of information required.) campaign phone 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 ($)
	— —		

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Shelley SeKula-Gibbs

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/15/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$ 120.96

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 ($)
7/25/05	Asian American Family Services 6220 Westpark, Ste. 228 Houston, TX 77057	$ 200.00

Purpose of payment (See instructions regarding type of information required.) contribution - Golden Harvest 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 ($)
7/25/05	AHCDC - Acres Homes Community Development Corp. 6719 W. Montgomery Road Houston, TX 77091	$ 400.00

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

•• 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 ($)
7/26/05	Paul Bettencourt 1001 Preston Street Houston, TX 77002	$ 20.00

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

•• 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, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/29/05	Paychex 11777 Katy Freeway, Suite 200 Houston TX 77079-1703	$ 113.04

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 ($)
7/29/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$ 4.94

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

-- 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

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

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 ($)
8/02/05	Dahnya Garcia 13615 Lakewood Meadow Cypress, TX 77429	$ 14.50

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for 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 ($)
8/02/05	Jose Pulido 24218 Hamptonshire Lane Katy, TX 77494	$ 27.93

Purpose of payment (See instructions regarding type of information required.): reimbursement for Nat'l Night refreshments

•• 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 ($)
8/02/05	S.A.V.E. Alief 7720 Boone Rd. Houston, TX 77072	$ 100.00

Purpose of payment (See instructions regarding type of information required.): donation: Back to School 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 ($)
8/02/05	Advarion Incorporated P.O. Box 540183 Houston, TX 77254	$ 80.00

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

•• 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, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/03/05	Southwestern Bell Corp. P.O. Box 650661 Dallas, TX 75265-0661	$ 62.87

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

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 ($)
8/03/05	Republican Party of Galveston County P.O. Box 135 League City, TX 77573	$ 250.00

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

•• 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 ($)
8/03/05	Jose Pulido 24218 Hamptonshire Lane Katy, TX 77494	$ 112.75

Purpose of payment (See instructions regarding type of information required.) reimburseiment - National Night Out refreshments

•• 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 ($)
8/03/05	2005 Texas Young Republican Convention P.O. Box 130621 Houston, TX 77219	$ 250.00

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

•• 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, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/10/05	Paychex 100 West Medical Center Blvd Webster, TX 77598	$112.51

8 Purpose of payment (See instructions regarding type of information required.): monthly payroll fee

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 ($)
8/10/05	T-Mobile P.O. Box 790047 St. Louis, MO 63179-0047	$103.23

Purpose of payment (See instructions regarding type of information required.): campaign phone 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 ($)
	— —	

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 ($)
8/15/05	Advarion Incorporated P.O. Box 540183 Houston, TX 77254	$40.00

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

•• 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, M. D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/05	Advarion Incorporated P. O. Box 540183 Houston, TX 77254	$ 1,000.00

8 Purpose of payment (See instructions regarding type of information required.): custom website development

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 ($)
8/17/05	Kight Printing 5750 Bintliff, Suite 202 Houston, TX 77036	$ 132.89

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

•• 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 ($)
8/17/05	Cingular Wireless 1001 West Loop South Suite 300 Houston, TX 77027	$ 0.92

Purpose of payment (See instructions regarding type of information required.): campaign phone 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 ($)
8/18/05	Walden & Associates 55 Waugh Drive, Suite 610 Houston, TX 77007	$ 2,500.00

Purpose of payment (See instructions regarding type of information required.): campaign consulting fees

•• 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, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/22/05	Abbott's Computerized Mailing Service 7070 W. 43rd St., Suite 101 Houston, TX 77092	$416.58

8 Purpose of payment (See instructions regarding type of information required.) Mail processing & 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 ($)
8/24/05	Dina Mendoza 7118 Narcissus Houston, TX 77087	$ 200.00

Purpose of payment (See instructions regarding type of information required.) consulting fees - 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 ($)
8/24/05	Prosperity Bank 100 West Medical Center Blvd. Webster, TX 77598	$ 500.00

Purpose of payment (See instructions regarding type of information required.) cashiers check to City of Houston for filing fee, Nov. 8 election

-- 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 ($)
8/24/05	Michael Franks 602 Koehl Wharton, TX 77488	$ 790.00

Purpose of payment (See instructions regarding type of information required.) campaign t-shirts

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

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POLITICAL EXPENDITURES

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1 Total pages Schedule F:

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

3 ACCOUNT #: (Ethics Commission filers)

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
	— —			
8/26/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$ 94.97	payroll taxes	
8/30/05	Kight Printing 5750 Bintliff, Suite 202 Houston, TX 77036	$ 66.52	printing	
8/30/05	Kight Printing 5750 Bintliff, Suite 202 Houston, TX 77036	$ 5.49	Printing-	

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Printed on recycled paper

Revised 11/05/2003

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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 ($)
8/30/05	Fiestas Patrias P.O. Box 262871 Houston, TX 77207-2871	$ 200.00

8 Purpose of payment (See instructions regarding type of information required.) parade entry for Fiestas Patrias

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 ($)
8/31/05	SBC P.O. Box 650661 Dallas, TX 75265-0661	$ 68.35

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

•• 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 ($)
8/31/05	Advarion Incorporated P.O. Box 540183 Houston, TX 77254	$ 120.00

Purpose of payment (See instructions regarding type of information required.) 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 ($)
9/05/05	South Central Houston Community Health Center 8610 Martin Luther King, Jr. Blvd Houston, TX 77033	$ 100.00

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

•• 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 ($)
9/05/05	St. Jerome Catholic Church 8825 Kempwood Houston, TX 77080	$ 150.00

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

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 ($)
9/07/05	U.S. Postal Service 14917 El Camino Real Houston, TX 77059	$ 358.90

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

•• 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 ($)
9/07/05	Leedy Graphics P.O. Box 680826 Houston, TX 77268	$ 2,366.34

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

•• 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 ($)
9/08/05	T-Mobile P.O. Box 790047 St. Louis, MO 63179-0047	$ 101.30

Purpose of payment (See instructions regarding type of information required.): campaign phone service

•• 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)

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 ($)
9/09/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$ 198.88

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

-- 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 ($)
9/12/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$ 106.32

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

-- 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 ($)
9/15/05	Bay Oaks Dermatology 17300 El Camino Real Houston, TX 77058	$ 1,281.03

Purpose of payment (See instructions regarding type of information required.)
Rent-July, Aug., Sept., 2005

-- 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 ($)
9/15/05	Immaculate Heart of Mary Church 7539 Avenue K Houston, TX 77012	$150.00

8 Purpose of payment (See instructions regarding type of information required.)
contribution - booth sponsor

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	Walden & Associates 55 Waugh Drive, Suite 610 Houston, TX 77007	$2,500.00

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

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 ($)
9/23/05	Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079-1703	$346.57

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

-- 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 ($)
9/29/05	Cingular 1001 West Loop South, Ste. 300 Houston, TX 77027	$113.79

8 Purpose of payment (See instructions regarding type of information required.): Campaign phone 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 ($)
9/29/05	Daughters of Liberty 7902 Oakington Houston, TX 77071	$ 20.00

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

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

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 ($)
7/01/05	David H. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$ 163.92

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

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 ($)
7/01/05	Amy L. Cooper 1271 Blalock Houston, TX 77055	$ 658.60

Purpose of payment (See instructions regarding type of information required.): camp. 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 ($)
7/15/05	David H. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$ 287.85

Purpose of payment (See instructions regarding type of information required.): camp 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 ($)
7/15/05	Amy L. Cooper 1271 Blalock Houston, TX 77055	$ 271.95

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

•• 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 ($)
7/29/05	David H. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$441.05

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

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 ($)
8/12/05	David H. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$418.36

Purpose of payment (See instructions regarding type of information required.)
camp 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 ($)
8/26/05	David H. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$386.24

Purpose of payment (See instructions regarding type of information required.)
camp 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 ($)
9/09/05	David H. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$409.79

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

•• 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 ($)
9/09/05	Yolanda S. Caldwell 4021 Ella Lee Ln. Houston, TX 77027	$ 173.15

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

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 ($)
9/09/05	Benjamin S. Whitmore 9611 Valverde Houston, TX 77063	$ 244.89

Purpose of payment (See instructions regarding type of information required.): Campaign 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 ($)
9/21/05	Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	$ 586.63

Purpose of payment (See instructions regarding type of information required.): Campaign 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 ($)
9/21/05	Benjamin S. Whitmore 9611 Valverde Houston, TX 77063	$ 585.96

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

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

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