

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers).	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX JOHN SHIRE	<b>OFFICE USE ONLY</b> Date Received  Date hand-delivered to City Secretary Receipt # Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6523 BRIAR GLADE HOUSTON, TX 77072		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (281) 561-8400		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX N. RENTERIA		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14405 RIO BONITO HOUSTON, TX 77083		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (281) 561-8188		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 10 / 09 / 05    10 / 31 / 05		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11 / 08 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) N/A	<b>13 OFFICE SOUGHT (if known)</b> HOUSTON, CITY COUNCIL DIST F	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name: N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

JOHN SHIKE

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

additional pages

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 275.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 725.00

EXPENDITURE TOTALS

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

\$ 672.11

4. TOTAL POLITICAL EXPENDITURES

\$ 11,744.10

CONTRIBUTION BALANCE

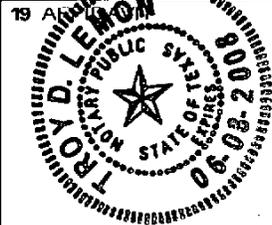
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,701.02

OUTSTANDING LOAN TOTALS

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

\$ 0



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Shike, this the 15<sup>th</sup> day of November 20 05, to certify which, witness my hand and seal of office.

[Signature] 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.		1 Total pages Schedule A:	
2 FILER NAME <b>JOHN SHIKE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/16/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FEROZ ALI RUPANI</b>	7 Amount of contribution (\$) <b>350.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED] TX 77</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/17/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAMIDA B SHEIKH</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] HOUSTON, TX 77080</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
	N/A		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

<b>LOANS</b>	<b>SCHEDULE E</b>
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The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule E:
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<b>2</b> FILER NAME <i>JOHN SHIKE</i>	<b>3</b> ACCOUNT # (Ethics Commission filers)
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<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
--	----

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

<b>12</b> Principal occupation / Job title (See Instructions)	<b>13</b> Employer (See Instructions)
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<b>14</b> Description of Collateral <input type="checkbox"/> none
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<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
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<b>19</b> Principal Occupation	<b>20</b> Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y      N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Description of Collateral <input type="checkbox"/> none
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<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/15/05

BISON SIGNS

259.80

6 Payee address; City; State; Zip Code

6205 W. 34th St  
Houston, TX 77092

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

Small Signs

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/17/05

BISON SIGNS

1,260.<sup>00</sup>

Payee address; City; State; Zip Code

6205 W. 34th St  
Houston, TX 77092

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

8/4 Signs

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/18/05

CAI NG NGUYEN

350.<sup>00</sup>

Payee address; City; State; Zip Code

SUGARLAND, TX

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

Wed Side Collectors

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/19/05

HOME DEPOT

298.23

Payee address; City; State; Zip Code

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

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*John Strike*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*10/21/05*

5 Payee name

*FAR EAST PRINTING.*

6 Payee address; City; State; Zip Code

*7617 BOON RD  
HOUSTON, TX 770 72*

7 Amount (\$)

*595.38*

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

*Printing*

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

Date

*10/24/05*

Payee name

*CAPITAL MANAGEMENT*

Payee address; City; State; Zip Code

*P.O. BOX 6443  
KATY, TX 77449*

Amount (\$)

*6900.00*

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

*Consulting company work.*

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

Date

*10/24/05*

Payee name

*HOUSTON BUSINESS CONNECT*

Payee address; City; State; Zip Code

*HOUSTON, TX 77*

Amount (\$)

*100.00*

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

*Ad.*

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

Date

*10/25/05*

Payee name

*US Post office*

Payee address; City; State; Zip Code

*Beechmont,  
HOUSTON, TX 77072*

Amount (\$)

*925.00*

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

*Postage*

**.. 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 *JOHN SHIKE* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/25/05</i>	5 Payee name <i>ALI BABA RESTAURANT</i> 6 Payee address; City: State; Zip Code <i>BISSONNET HOUSTON TX 77072</i>	7 Amount (\$) <i>264.83</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Party to computer work.</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>10/29/05</i>	Payee name <i>CHURCHAS FRIED CHICKEN</i> Payee address; City: State; Zip Code <i>Bellaire HOUSTON TX 77072</i>	Amount (\$) <i>65.86</i>
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Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City: State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name Payee address; City: State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

*JOHN SHIRK*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

*N/A*

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

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