TOXAS EUTICS COMMISSION	P.O. Box 12070 Austin, Texas 7	78711-2070	(512)463-5800 1-800-325-850
CANDIDATE CAMPAIGN I	/ OFFICEHOLDER FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	JIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 15
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Gordon	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Quan	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS/PO BOX; APT/SUITE#; P.M. Box 65 5090 Richmond Avenue Houston, TX 77056	CITY: STATE: ZIP CODE	Daje Hand-delivered or Date Postmarked
# CAMPAIGN	MS/MRS/MR PIRST		Receipt # Amount
5 CAMPAIGN TREASURER NAME	Mike	MI	Date Processed
MUME	NICKNAME LAST Garver	SUFFIX	Date imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT 5402 Lawndale Houston, TX 77023	TE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 921-2929	EXTENSION	- O V CONTRACTOR
8 REPORT TYPE	X January 15 30th day before election	ion Runoff	15th day after campaign freasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROL	Month Day JGH	Year
44 ELECTION	07/01/2006	12/31/200	06
10 ELECTION	Month Cay Year ELECTION TYP		General Special
11 OFFICE	OFFICE HELD (if any) City Council	12 OFFICE SOUGHT (If known)	
3 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expe Candidates are required to disclose this information on Name	anditures made by others without the car any if they receive notification of the direc	ndidate's prior consent or approval. It campaign expenditure.
INDIVIDUALS			
ddilional pages	Address/PO Box; Apt. / Sulte #; City; State; Zij	p Coda	
	GO TO PA	AGE 2	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **CANDIDATE / OFFICEHOLDER REPORT:** FORM C/OH SUPPORT & TOTALS COVER SHEET PG 2 14 C/OH NAME Quan, Gordon 15 ACCOUNT # (Ethics Commission filers) This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 16 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. .. POLITICAL COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEOGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 1. TOTALS \$ 0.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00 EXPENDITURE TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED TOTALS \$ 50.00 4. **TOTAL POLITICAL EXPENDITURES** \$ 11,212.36 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. BALANCE \$ 36,717.79 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$ 0.00 18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. KAREN L DESANTIS My Commission Expires November 20, 2009 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE GORDON to and subscribed before me, by the said to certify which, witness my hand and seal of office. nature of officer administering oath

Print name of officer administering oath

fistering oath

Texas Etnics Co	mmission P.O.Box 120	70 Austin, Texas	s 78711-2070	(512)40	63-5800	1-800-325-85
POLIT	ICAL EXPENDI	TURES			SC	CHEDULE F
The Instruct	ION GUIDE explains how to com	nplete this form.		1 PAGE# Schedule: 1/	13 Renou	t· 3/15
2 FILER NAME	Quan, Gordon	- 11.		3 ACCOUNT#		emmission filers)
4 Date	5 Payee name Action CDC			`	7	Amount (\$)
12/07/2006	6 Payee address; 4600 Gulf Freeway, St Houston, TX 77023	City; State; Zip Code vite 640	• • • • • • • • • • • • • • • • • • •			\$250.00
8 Purpose of pa (See instruction Donation	lyment ons regarding type of Information	required.)	9 · · Complete if direc Candidate / Officehol	t expenditure to ben der name:	efit Candid	ate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of perso	on(s) traveling on whose behalf the	he expenditure for travel	l was made (attach additi	onal pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city / k	ocation	. 1	14 Arrival date
15 Means of trans	sportation		16 Purpose of travel	 .		
4 Date	5 Payee name AIA Houston			" 	7	Amount (\$)
09/13/2006	6 Payee address; C 3000 Richmond Ave., S Houston, TX 77098-31	City; State; Zip Code uite 500 11				\$500.00
Purpose of pay (See instruction Buffalo Bayou	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	expenditure to bene ler name;	fit Candida	ite/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
	n(s) traveling on whose behalf th	•	I was made (attach additio	nal pages if necessa	ary)	
1 Departure city /	location	12 Departure date	13 Destination city / los	cation	1,	4 Arrival date
5 Means of transp	portation		16 Purpose of travel			
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Texas Etnics Col	mmission P.O.Box 1207	70 Austin, Texas	, 78711 - 2070	(512)46	63-5800 1-800-325-850
POLIT	ICAL EXPENDI	TURES			SCHEDULE F
The Instruct	пом Guide explains how to com	plete this form.		1 PAGE# Schedule: 2/	13 Report: 4/15
2 FILER NAME	Quan, Gordon			3 ACCOUNT#	
4 Date	5 Payee name Ambassadors Internation	onal Ballet Folklorico		<u></u>	7 Arnount (\$)
08/07/2006 6 Payee address; City; State: Zip Code 5501 Brady Houston, TX 77011			B		\$100.00
Purpose of pa (See instruction Donation	J ayment ons regarding type of information	required.)	9 ' Complete if direct Candidate / Officehol	t expenditure to ben- ider name:	efit Candidate/Officeholder **
☐ Payment fo	Payment for travel outside Texas (complete boxes 10-16)				
10 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ional pages if necess	sary)
11 Departure city	/ location	12 Departure date	13 Destination city / k	ocation	14 Arrival date
15 Means of trans	portation		16 Purpose of travel		
4 Date	5 Payee name APAHA		<u> </u>		7 Amount (\$)
12/27/2006	6 Payee address; C 6220 Westpark, Suite 2 Houston, TX 77057	City; State; Zip Code			\$500.00
8 Purpose of pay (See instruction Donation	yment yment ins regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	fit Candidate/Officeholder
. Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:		
	n(s) traveling on whose beneif the		was made (attach additic	onal pages if necessi	ary)
11 Departure city /	location .	12 Departure date	13 Destination city / lo	cation	14 Arrival date
15 Means of transp	portation		16 Purpose of travel		

Texas Ethics Co	mmission P.O.Box 120	70 Austin, Texa	s 78711-2070	(512)4	63-5800	1-800-325-85
POLIT	ICAL EXPENDI	TURES			SCI	HEDULE F
The Instruct	ION GUIDE explains how to con	nplete this form.		1 PAGE # Schedule: 3	/13 Panert	E/4E
2 FILER NAME	Quan, Gordon			3 ACCOUNT#		mission filers)
4 Date	5 Payee name				17	Amount
	Friends of Mazie Hiror					(\$)
10/02/2006	6 Payee address; P O Box 677 Honotulu, Ht 96809	City: State: Zip Code	e			\$100.00
8 Purpose of pa	! yment ins regarding type of information	required \	9 · · Complete if direct	l expenditure to ber	efit Candidat	e/Officeholder **
Contribution	no regularing type of milotimation	rrequired.)	Candidate / Officehol	der name:		
		÷	Office sought:			
	or travel outside Texas (complet		Office held:			
10 Name of perso	n(s) traveling on whose behalf t	he expenditure for trave	l was made (attach addition	onal pages if neces	sary)	
11 Departure city	location	12 Departure date	13 Destination city / lo	ocation	14	Arrival date
						CALIFUL COLO
15 Means of trans	portalion		16 Purpose of travel		<u></u>	
4 Date	5 Payee name		<u> </u>		7	Amount
	Great St. Paul Missiona	ry Baptist Church	•		<u> </u>	Amount (\$)
12/11/2006 6 Payee address; City; State; Zip Code 8309 Brandon St. Houston, TX 77051				••••••		\$500.00
Purpose of pays (See instruction Donation	ment is regarding type of information	required.)	9 ** Complete if direct e Candidate / Officehold	er name:	fit Candidate	/Officeholder
			Office sought:			
Payment for travel outside Texas (complete boxes 10-16)			Office held:			
Name of person	(s) traveling on whose behalf the	e expenditure for travel	was made (attach addition	nal pages if necessa	ary)	
1 Departure city / I	ocation .	12 Departure date	13 Destination city / loc	ation	14	Arrivat date
5 Means of transpo	ortation		16 Purpose of travel			
				<u> </u>	····	

The Instruction Guipe explains how to complete this form. 2 FILER NAME Quan, Gordon 3 ACCOUNT # (Ethics Communication County Tejano Democrats 4 Date	1-800-325-8
Schedule: 4/13 Report: 2 FILER NAME Quan, Gordon 3 ACCOUNT # (Ethics Committee Committee) 3 ACCOUNT # (Ethics Committee) 4 Date 5 Payee address: City: State: Zip Code 3715 North Main Houston, TX 77009 3 Purpose of payment (See instructions regarding type of information required.) Sponsor event honoring Frumencio & Janie Reyes Office sought: Office holder name: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for Iravel was made (attach additional pages if necessary) 1 Departure city / location 12 Departure date 13 Destination city / location 14 5 Means of transportation 16 Purpose of travel Date 5 Payee name Holocaust Museum of Houston 7 Account Museum of Houston 16 Purpose of payment (See instructions regarding type of information required.) 9 *** Complete if direct expenditure to benefit Candidate/ Candidate/ Officeholder name: Office sought: Office held:	HEDULE F
2 FILER NAME Quan, Gordon 3 ACCOUNT # (Ehics Community Country Countr	GI1E
Harris County Tejano Democrats 1	mission fiters)
Harris County Tejano Democrats 1	
Purpose of payment (See instructions regarding type of information required.) Payment for travel outside Texas (complete boxes 10-16) Office sought: Office sought: Office outside Texas (complete boxes 10-16) Office held:	Amount (\$)
(See Instructions regarding type of information required.) Sponsor event honoring Frumencio & Janie Reyes Office sought: Office sought: Office held: Departure city / location 12 Departure date Date 5 Payee name Holocaust Museum of Houston O8/20/2006 6 Payee address; City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) Award luncheon Office sought: Office held: 13 Destination city / location 14 15 Payee name Holocaust Museum of Houston O8/20/2006 6 Payee address; City; State; Zip Code Candidate / Officeholder name: Office sought: Office held:	\$250.00
Payment for travel outside Texas (complete boxes 10-16) Office held: One person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Departure city / location 12 Departure date 13 Destination city / location 14 Date Date S Payee name Holocaust Museum of Houston 6 Payee address: City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) Award luncheon Office sought: Office sought: Office held:	a/Officeholder **
Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Departure city / location 12 Departure date 13 Destination city / location 14 Date Date 5 Payee name Holocaust Museum of Houston 6 Payee address: City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) Award luncheon 9 **Complete If direct expenditure to benefit Candidate/ Candidate / Officeholder name: Office sought: Office sought: Office held:	
Date Solution 12 Departure date 13 Destination city / location 14	
Means of transportation Date 5 Payee name Holocaust Museum of Houston 6 Payee address; City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) Award luncheon 9 ** Complete if direct expenditure to benefit Candidate/ Candidate / Officeholder name: Office sought: Office sought: Office held:	
Means of transportation Date Date 5 Payee name Holocaust Museum of Houston 6 Payee address; City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) Award luncheon 9 ** Complete if direct expenditure to benefit Candidate/ Candidate / Officeholder name: Office sought: Office sought: Office held:	-
Date 5 Payee name 7 A 08/28/2006 6 Payee address; City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to benefit Candidate/ Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16) Office held:	Arrival date
Holocaust Museum of Houston 6 Payee address; City; State; Zip Code 5401 Caroline St. Houston, TX 77004 Purpose of payment (See instructions regarding type of information required.) Award luncheon 9 ** Complete if direct expenditure to benefit Candidate/ Candidate / Officeholder name: Office sought: Office held:	
Purpose of payment (See instructions regarding type of information required.) Award luncheon Payment for travel outside Texas (complete boxes 10-16) Payment for travel outside Texas (complete boxes 10-16) Payment State; Zip Code 9 ** Complete if direct expenditure to benefit Candidate/ Candidate / Officeholder name: Office sought: Office held:	Amount (\$)
(See instructions regarding type of information required.) Award luncheon Office sought: Office held:	\$500.00
Payment for travel outside Texas (complete boxes 10-16) Office held:	Officeholder **
Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)	
	
Departure city / location 12 Departure date 13 Destination city / location 14 /	Arrival date
Means of transportation 16 Purpose of travel	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070				(512)4	463-5800	0 1-800-325-85	
POLIT	ICAL EXPENDI	TURES					SCHEDULE F
The Instruct	TION GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 5/	/13 Rer	20rt: 7/15
2 FILER NAME	E Quan, Gordon			3	ACCOUNT#		Commission filers)
4 Date	5 Payee name Houston Community Co	ollege			<u></u>	7	Amount (\$)
08/01/2006	6 Payee address; (3100 Main Street, Roor Houston, TX 77002	City; State: Zip Code m 12-B17					\$500.00
8 Purpose of pa (See instruction Donation - R	ayment ons regarding type of information Reception honoring Dr. Bruce	required.) Leslie	9 · · Complete if direct Candidate / Officehold	t exp	penditure to ben name:	Lefit Cano	didate/Officeholder ***
Payment f	for travel outside Texas (complete	a havaa 10.18\	Office sought: Office held:		-		
	on(s) traveling on whose behalf th			ona	nages if neces		
			,		P=8	şai _{7 ,}	
11 Departure city	/ location	12 Departure date	13 Destination city / lo	ocati	ion		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel				<u> </u>
4 Date	5 Payee name Houston Junior Chambe	ar Foundation				7	Amount (\$)
10/18/2006	6 Payee address; Ci P O Box 271566 Houston, TX 77277-156	city; State; Zip Code			•••••		\$2,500.00
8 Purpose of pay (See instruction Table sponso	L yment ins regarding type of information re orship for Consular ball	equired.)	9 ** Complete if direct e Candidate / Officehold	expe	anditure to bene arne:	Ifit Candi	date/Officeholder '
	or travel outside Texas (complete l	,	Office sought:				
10 Name of persor	n(s) traveling on whose behalf the	expenditure for travel v	was made (attach addition	nal p	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / loc	catio	בונ		14 Arrival date
15 Means of transp	portation		16 Purpose of travel				
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TOXAS ETITOS CO	Initiassion P.O.Box 120	70 Austin, Texas	s 78711-2070	(512)4	63-5800 1-800-325-85
POLIT	ICAL EXPENDI	TURES			SCHEDULE F
The Instruct	אסא Guide explains how to com	plete this form.		1 PAGE# Schedule: 6/	13 Report: 8/15
2 FILER NAME	Quan, Gordon			3 ACCOUNT#	
4 Date 5 Payee name Hubert Vo Campaign				<u></u>	7 Amount (\$)
09/14/2006	6 Payee address; 7670 Woodway, Suite Houston, TX 77083	City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		\$250.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign contribution				expenditure to ben der name:	nefit Candidate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought:		
10 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addition	onal pages if neces	sary)
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date		
15 Means of trans	portation		16 Purpose of travel		
4 Date	5 Payee name Jim Henley for Congres	s			7 Amount (\$)
08/01/2006 6 Payee address; City: State; Zip Code 2482 Bolsover Houston, TX 77098					\$500.00
Purpose of pays (See instruction Donation	ment is regarding type of information i	equired.)	9 ** Complete if direct of Candidate / Officehold	expenditure to bene er name:	fit Candidate/Officeholder
Payment for travel outside Texas (complete boxes 10-18)			Office sought: Office held:		
Name of person	(s) traveling on whose behalf the	expenditure for travel v	was made (attach addition	nal pages if necessi	ary)
1 Departure city / I	location	12 Departure date	13 Destination city / loc	cation	14 Arrival date
5 Means of transp	ortation		16 Purpose of travel	-	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070			(512)4	(512)463-5800 1-800-325		
POLITI	CAL EXPENDI	TURES			SC	CHEDULE F
The Instruction	on Guide explains how to con	plete this form.		1 PAGE # Schedule: 7/	13 Reno	1: 9/15
2 FILER NAME	Quan, Gordon			3 ACCOUNT#		ommission filers)
4 Date	5 Payee name Legislative Study Grou	p			7	Amount (\$)
11/28/2006 6 Payee address: City: State: Zip Code 1802 Albans Houston, TX 77005						\$100.00
8 Purpose of pay (See instruction Donation	ment ns regarding type of information	required.)	9 ° Complete if direct Candidate / Officehol	expenditure to bender name:	efit Candid	late/Officeholder **
			Office sought:			
Payment for	r travel outside Texas (complet	e boxes 10-16)	Office held:			
10 Name of persor	n(s) traveling on whose behalf t	ne expenditure for travel	was made (attach addition	onal pages if necess	sary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation	1	14 Arrival date
15 Means of transp	portation	<u> </u>	16 Purpose of travel			,
4 Date	5 Payee name Metropolitan Organizati	on, The			7	Amount (\$)
08/01/2006	6 Payee address; C 4141 Southwest Freework Houston, TX 77027	city; State; Zip Code ay	·····			\$2,500.00
	ment s regarding type of information ucational Campaign on Immi		9 ** Complete if direct Candidate / Officehold	expenditure to bene er name:	fit Candida	ite/Officeholder
			Office sought:			
Payment for	travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person((s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	nal pages if necessa	ary)	
11 Departure city / I	location	12 Departure date	13 Destination city / loa	cation	1	4 Arrival date
5 Means of transpo	ortation		16 Purpose of travel			

Texas Ethics Col	mmission P.O.Box 120	070 Austin, Texa	s 78711-2070	(512)4	63-5800	1-800-325-8
POLIT	ICAL EXPEND	ITURES			sc	HEDULE F
The Instructi	ION GUIDE explains how to co	mplete this form.		1 PAGE# Schedule: 8/	13 Papart	10/15
2 FILER NAME	Quan, Gordon			3 ACCOUNT#		mission filers)
4 Date	5 Payee name Milby High School Alt	ımni			7	Amount
09/15/2006	6 Payee address; 334 Skywood Dr. Houston, TX 77090	e			(\$) \$500.0(
Purpose of pay (See instruction Donation	 yment ns regarding type of informatio	n required.)	9 · · Complete if direct Candidate / Officehol	expenditure to ben der name:	efit Candida	te/Officeholder
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
Name of persor	n(s) traveling on whose behalf	the expenditure for trave	was made (attach addition	onal pages if neces	sary)	
1 Departure city /	location	12 Departure date	13 Destination city / Id	ocation	14	Arrival date
5 Means of transp	portation		16 Purpose of travel			
Date 08/01/2006	5 Payee name Music 2 UR Ears				7	Amount (\$)
	6 Payee address; 2206 Sentinal Oaks Sugar Land, TX 77478	City; State; Zlp Code				\$100.00
Purpose of payr (See instruction Program adve	s regarding type of information	required.)	9 ** Complete if direct of Candidate / Officehold	expenditure to bene er name:	fit Candidate	/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought:			
	(s) traveling on whose behalf the			nal pages if necessa	ary)	
Departure city / I	ocation	12 Departure date	13 Destination city / loc	ation	14	Arrival date
Means of transpo	ortation		16 Purpose of travel	·		
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I exas Ethics Con	nmission P.O.Box 120	70 Austin, Texa	s 78711-2070	(512)4	63-5800	1-800-325-85
POLITI	CAL EXPEND	TURES			sc	HEDULE F
The Instruction	on Guide explains how to con	nplete this form.		1 PAGE# Schedule: 9/	13 Report	. 11/15
2 FILER NAME	Quan, Gordon			3 ACCOUNT#		
4 Date	5 Payee name Pride of Houston	· · · · · · · · · · · · · · · · · · ·			7	Amount (\$)
11/28/2006	6 Payee address; P O Box 66071 Houston, TX 77056-6	City; State; Zip Code	e	••••••		\$150.00
8 Purpose of pay (See instruction Donation	ment ns regarding lype of information	required.)	9 · · Complete If direc Candidate / Officehol	t expenditure to ben der name:	efit Candida	ite/Officeholder **
			Office sought:			
	r travel outside Texas (complet		Office held:			•
10 Name of person	n(s) traveling on whose behalf the	he expenditure for trave	l was made (attach additi	onal pages if necess	ary)	-
11 Departure city /	location	12 Departure date	13 Destination city / k			
•		l coparate care	To Destination City / R	cauon],	4 Arrival date
15 Means of transp	ortation		16 Purpose of travel		L	
4 Date	5 Payee name Richard Garcia Campai	gn			7	Amount (\$)
08/25/2006	6 Payee address; C P O Box 73245 Houston, TX 77273	city; State; Zip Code				\$100.00
8 Purpose of payr (See instructions Donation	nent s regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene er name:	fit Candidat	e/Officeholder **
•			Office sought:			
Payment for travel outside Texas (complete boxes 10-16)			Office held:			
Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	nal pages if necessa	ary)	
1 Departure city / lo	ocation	12 Departure date	13 Destination city / loc	cation	14	Amival date
5 Means of transpo	ortation		16 Purpose of travel			
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Texas Ethics Cor	mmission P.O.Box 120	70 Austin, Texas	78711-2070	(512)4	53-5800 1-800-325-850	
POLITI	ICAL EXPENDI	TURES			SCHEDULE F	
The Instructi	ION GUIDE explains how to com	plete this form.		1 PAGE#	/13 Report: 12/15	
2 FILER NAME	Quan, Gordon			3 ACCOUNT#		
4 Date	5 Payce name Rotary Club of Sharpst	own		<u> </u>	7 Amount (\$)	
09/26/2006	6 Payee address; P O Box 360028 Houston, TX 77036	City; State: Zip Code			\$100.00	
8 Purpose of pay (See instruction Advertisement	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehole	t expenditure to ben der name:	l efit Candidate/Officeholder ·	
		•	Office sought:			
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office held:			
	n(s) traveling on whose behalf ti	ne expenditure for travel	was made (attach addition	onal pages if necess	sary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation	14 Arrival date	
15 Means of transp	portation		16 Purpose of travel			
4 Date	5 Payee name TanChes Global Manag	jement, Inc.			7 Amount (\$)	
08/01/2006	6 Payee address; C 2411 Fountainview Dr., Houston, TX 77057	City; State; Zip Code Suite 111	••••		\$27.06	
8 Purpose of pays (See instruction Web site host	is regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	expenditure to bene fer name:	fit Candidate/Officeholder **	
			Office sought:			
Payment for travel outside Texas (complete boxes 10-16)			Office held:			
0 Name of person	(s) traveling on whose behalf th	e expenditure for travel	was made (altach additio	onal pages if necess	ary)	
1 Departure city /	location	12 Departure date	13 Destination city / lo	cation	14 Arrival date	
5 Means of transp	ortation		16 Purpose of travel			
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TOXAS EUTIOS COI	11111331011 F.O.BOX 1207	u Austin, Texas	78711-2070	(512)46	<u>33-5800</u> 1-800-325-850
POLIT	CAL EXPENDIT	TURES			SCHEDULE F
The Instructi	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 11	/13 Report: 13/15
2 FILER NAME	Quan, Gordon			3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Payee name TanChes Global Mana	gement, Inc.		<u> </u>	7 Amount (\$)
08/25/2006 6 Payee address: City; State; Zip Code 2411 Fountainview Dr., Suite 111 Houston, TX 77057					\$27.06
8 Purpose of par (See instruction Web site hos	ns regarding type of information	required.)	9 ° Complete if direct Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder
Payment for travel outside Texas (complete boxes 10-16)			Office sought:		
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal pages if necess	sary)
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel		
4 Date	5 Payee name TanChes Global Manag	ement, Inc.			7 Amount (\$)
09/13/2006	6 Payee address; C 2411 Fountainview Dr., Houston, TX 77057	city: State; Zip Code Suite 111			\$27.06
8 Purpose of pay (See instruction Web site hos	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold		fit Candidate/Officeholder
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:		
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11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation	14 Arrival date
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POLIT			;	SCHEDULE F			
The Instruct	TION GUIDE explains how to con		1 PAGE #				
FILER NAME	Quan, Gordon		Schodule: 12/13 Report: 14/15 3 ACCOUNT # (Ethics Commission filers)				
Date	5 Pavee name				,		
Date 5 Payee name TanChes Global Management, Inc.					7	Amount (\$)	
09/29/2006	6 Payee address; 2411 Fountainview Dr. Houston, TX 77057		••••••••		\$27.06		
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1/28/2006	6 Payee address; C 2411 Fountainview Dr., Houston, TX 77057	· · · · · · · · · · · · · · · · · · ·			\$27.06		
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POLIT	ICAL EXPENDI	TURES			SCHE	DULE F		
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2 FILER NAME	Quan, Gordon		3 ACCOUNT # (Ethics Commission filers)					
4 Date	5 Payee name TanChes Global Mana	gement, Inc.			7 A	mount (\$)		
12/27/2006 6 Payee address; City; State; Zip Code 2411 Fountainview Dr., Suite 111 Houston, TX 77057						\$27.06		
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4 Date	5 Payee name University of Houston				i .	nount (\$)		
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