

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: <i>146</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>(M)</i> FIRST <i>RAY</i> MI <i>A</i> NICKNAME LAST SUFFIX <i>JONES, JR.</i>	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered to Date Marked <i>APR 13 2007</i> CITY SECRETARY <i>MA: N</i> Receipt # <i>7-05112107</i> <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 662518 HOUSTON TX 77266</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 529-7887</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>(M)</i> FIRST <i>YONNIE</i> MI <i>B</i> NICKNAME LAST SUFFIX <i>JONES</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3214 FERNDALE HOUSTON, TX 77078</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 529 9887</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>03 / 06 / 07 THROUGH 04 / 12 / 07</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 12 / 07</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>—</i>	13 OFFICE SOUGHT (if known) <i>CITY COUNCIL AT LARGE #3</i> <i>(ON EXPENSE TRAIN)</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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 <i>N/A</i> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME RAY ALBERT JONES, JR 16 ACCOUNT # (Ethics Commission Filers)

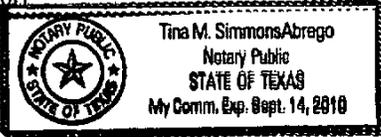
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000. ⁵⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,108. ⁰²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 782. ¹⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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

Ray Albert Jones Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RAY ALBERT JONES, JR. this the 12 day of April, 2007, to certify which, witness my hand and seal of office.

Tina M. Simmons Abrego NOTARY
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: <u>1</u>	
2 FILER NAME <u>RAY ALBERT JONES, JR</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/29/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GLORIA CRUZ MANNICK</u>	7 Amount of contribution (\$) <u>2000.</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>[REDACTED]</u>			
9 Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		10 Employer (See Instructions) <u>LEON MANNICK, PC</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME RAY ALBERT JONES, JR 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/27/07</u>	5 Payee name <u>ELF COMPUTER CONSULTANTS</u>	7 Amount (\$) <u>1217.81</u>
6 Payee address; City; State; Zip Code <u>22136 WASHINGTON PKWAY SUITE 222 KATY TX 77450</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>w/b development</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2 of 2</u>
2 FILER NAME <u>RAY ALBERT JONES, JR</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3/18/07</u>	5 Payee name <u>CVS</u> 6 Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX [REDACTED]</u>	8 Amount (\$) <u>12.43</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>film for web site</u> (If travel outside of Texas, complete Schedule T)	
Date <u>3/18/07</u>	Payee name <u>woj sam</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX [REDACTED]</u>	Amount (\$) <u>20.56</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>film backup for web site</u> (If travel outside of Texas, complete Schedule T)	
Date <u>3/24/07</u>	Payee name <u>office depot</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX [REDACTED]</u>	Amount (\$) <u>5.23</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>office copy</u> (If travel outside of Texas, complete Schedule T)	
Date <u>3/30/07</u>	Payee name <u>office depot</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX [REDACTED]</u>	Amount (\$) <u>24.63</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>office supplies</u> (If travel outside of Texas, complete Schedule T)	
Date <u>4/01/07</u>	Payee name <u>office depot</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX [REDACTED]</u>	Amount (\$) <u>52.53</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>office supplies</u> (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>RAY ALBERT JONES, JR</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>03/06/07</u>	5 Payee name <u>CITY OF HOUSTON</u>	8 Amount (\$) <u>500.⁰⁰</u>
6 Payee address: City: State: Zip Code <u>[REDACTED] HOUSTON, TX [REDACTED]</u>		
7 Purpose of expenditure (See instructions regarding type of information required.) <u>filings fee</u> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date <u>4/12/07</u>	Payee name <u>LEACH MINNICK, P.C</u>	Amount (\$) <u>\$ 15,000</u>
Payee address: City: State: Zip Code <u>[REDACTED] HOUSTON, TX [REDACTED]</u>		
Purpose of expenditure (See instructions regarding type of information required.) <u>LEGAL FOR APPEAL FILINGS AND TX SUPREMACY COURT</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4/10/07</u>	Payee name <u>ELF COMPUTER CONSULTANTS</u>	Amount (\$) <u>\$ 127.81</u>
Payee address: City: State: Zip Code <u>[REDACTED] SUITE 212 [REDACTED]</u>		
Purpose of expenditure (See instructions regarding type of information required.) <u>WEB SITE DEVELOPMENT</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3/19/07</u>	Payee name <u>RAY JONES WOLF CAMERA # 1621</u>	Amount (\$) <u>26.23</u>
Payee address: City: State: Zip Code <u>[REDACTED] HOUSTON, TX [REDACTED]</u>		
Purpose of expenditure (See instructions regarding type of information required.) <u>FILE AND GVP FOR WEB SITE</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3/15/07</u>	Payee name <u>CITY OF HOUSTON</u>	Amount (\$) <u>20.80</u>
Payee address: City: State: Zip Code <u>[REDACTED] HOUSTON [REDACTED]</u>		
Purpose of expenditure (See instructions regarding type of information required.) <u>COPIES</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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