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: 13

OFFICE USE ONLY

Date Received: RECEIVED JUL 19 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
BERNARD C

NICKNAME LAST SUFFIX
AMADI

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 300925
HOU TX 77230

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
SANDRICE

NICKNAME LAST SUFFIX
McGLOWN

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6776 SOUTHWEST FRWY # 650
HOUSTON TX 77074.

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 782 8585

8 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)

9 PERIOD COVERED

Month Day Year: 01/15/01 THROUGH Month Day Year: 07/01/01

10 ELECTION

ELECTION DATE Month Day Year: NOV/ 6 / 01

ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
CITY COUNCIL DIST F

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Bernard L. AMADI

16 ACCOUNT #(Ethics Commission filers)

15 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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 283.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4890.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 5,173.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 5,017.60
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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.

SHARON A. SCHWARTZ
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 10-30-2003

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bernard L Amadi, this the 19 day of July, 20 01, to certify which, witness my hand and seal of office.

Sharon A. Schwartz — Sharon A. Schwartz — Notary

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Bernard C. Amadi

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#:) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/30/01	TANIKA SOLOMON [redacted] HOUSTON, TX 77033	$25.00	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC ID#:) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	SAM EJIOFOR [redacted] HOU. TX 77036	$50.00	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC ID#:) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	TUNDE ADENOLA [redacted] HOU. TX 77072	$50.00	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC ID#:) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	UBA DIMIRI [redacted] HOU. TX. 77096	$100.00	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC ID#:) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	MMONEKE, EMEKA [redacted] HOU. TX 77065	$100.00	
Principal occupation (Optional):	Employer (Optional):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME Bernard C. Amadi

3 ACCOUNT # (Ethics Commission Filer)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/01/01	TOLA ORESUSI [redacted] HOU TX 77057	$100.00	

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	GODFRY ETA [redacted] HOUSTON, TX 77014	$100.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	SANDRICE MC GLOWN [redacted] HOU. TX 77074	$100.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	HENRY UBAH [redacted] HOU. TX. 77071	$100.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	FELIX OBIE FULE [redacted] HOU. TX 77036	$200.00	

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME Bernard C. Amada

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/01/01	Muyina Aronosafe 6 Contributor address: City: State: Zip Code [redacted] Hou TX 77802	$ 100.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	Angela Chimboza Contributor address: City: State: Zip Code [redacted] Hou. TX 77074	$ 25.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	Caleb Makukutu Contributor address: City: State: Zip Code [redacted] Missouri City TX 77489	$ 100.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	Adolphus Ejiofor Contributor address: City: State: Zip Code [redacted] Hou. TX 77096	20.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	Godson Osuji Contributor address: City: State: Zip Code [redacted] Prairie View TX 77446	$100.00	

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Bernard C. Amadi

3 ACCOUNT # (Ethics Commission form)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/01/01	CHIDI CHUKWUEKE [redacted] HOU TX 770 19	$ 50.00	

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	JERMAINE NKRUMAH [redacted] Sugarland TX 77478	50.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	EMMANUEL EZEJI [redacted] HOU TX 77071	100.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	BLAIZE KADURU [redacted] Sugarland TX 77478	30.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	EMMANUEL OPARA [redacted] HOU TX 77082	50.00	

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Revised 7/99

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CIOH, CIOH-SB, SC-CIOH, SC-SPAC, SPAC, & SPAC-SB)

The instructions does explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Bernard Amadi

3 ACCOUNT # (Ethics Commission form)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/01/01	EDWIN AKUEBIONWU [redacted] HOU. TX 77099	$20.00	

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	GODWIN ORJI [redacted] HOU. TX 77099	$100.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	Angela OBASI [redacted] HOU. TX 77061	100.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/30/01	Segun Thomas [redacted] HOU. TX 77059	$200.00	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	OHIRI OBIOMA [redacted] HOUSTON. TX 77036	$50.00	

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Revised 04/01

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SO-C/OH, SO-SPAC, SPAC & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Bernar & Amaki

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#:) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
7/01/01	HAKEEM ADESHOKAN [redacted] HOU TX 77070	$100.00			
6/01/01	DONATUS OGWUDE [redacted] MISSOURI CITY TX 77459	50.00			
7/01/01	CHUJI OKORO [redacted] HOU TX 77024	500.00			
6/01/01	STEVE SOYEBO [redacted] HOU TX 77074	$250.00			
7/9/01	JOAN NWULI [redacted] HOU TX 77002	$200.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CON, C/OH-SS, PC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME Bernard Madp

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	CYPRIAN A. DIKE [redacted] HOU TX 77221	$100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	SAMSON UKEGBU [redacted] HOU TX 77096	$100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	K.C. OGBONNA [redacted] HOU TX 77077	$100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	MARTIN VBICHNOW MISSOURI [redacted] CITY TX. 77459	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	FEMI BABALOLA [redacted] Sugarland TX 77479	$100.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Bernard C. Amadi

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/01/01	ALEX ONYIRIDHA [redacted] MISSOURI CITY TX 77489	$ 100.00	

9 Principal occupation (Optional):

10 Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	MICHAEL UMEORAH [redacted] HOU. TX 77074	500.00	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	INNOCENT MBANUIKE [redacted] PEARLAND TX 77584	100.00	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	RUBEN DAVIS [redacted] MISSOURI CITY TX 77489	$ 50.00	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/01/01	OBIOMA OHIRI [redacted] HOU. TX 77036	50.00	

Principal occupation (Optional):

Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 Bernard C. Amali

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/29/01	TANIKA SOLOMON 7331 INOJIMA HOU. TX 77033	$ 650.00

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

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 ($)
6/30/01	HILTON SOUTH WEST 67800 SOUTH WEST FRWY HOUSTON. TX 77074	$ 2,000.00

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

-- 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 ($)
7/10/01	HILTON SOUTH WEST 67800 SOUTH WEST FRWY HOUSTON. TX 77474	$ 1367.60

Purpose of payment (See instructions regarding type of information required.) HALL Rental, FOOD

-- 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 ($)
6/30/01	PAKISTAN CHRONICLE 7300 HARWIN HOUSTON TX 77036	$ 300.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Bernard C. Amadi

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/04/01	IRENE RICHARDS 11631 COACHfield HOU. TX 77035	$500.00

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement - Campaign Purchases

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 ($)
7/01/01	VIRTLE Bennet 6303 GULFTON	$300.00

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

-- 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 ($)
7/04/01	AFRICAN DIGEST 10103 Fondren HOUSTON. TX 77096	$100.00

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

-- 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 ($)
7/04/01	INTERNATIONAL GUARDIAN 7311 HARWIN HOUSTON. TX 77036	$100.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME BERNARD C. AMADI

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☑ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☑ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
-- Complete this section *only* if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder