



TEXAS ETHICS COMMISSION

P. O. Box 12070, Capitol Station
Austin, Texas 78711-2070

Lem B. Allen
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Vice Chair

Tom Harrison
Executive Director

Commissioners

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July 26, 2001

Ms. Barbara Lynn Ashley
1105 Eubanks Street
Houston, Texas 77022-3831

Dear Ms. Ashley:

In the course of reviewing our files, we discovered you filed the enclosed document with the Texas Ethics Commission by mistake. The document should be filed with the City Secretary. I have enclosed a copy of the Texas Ethics Commission's *Campaign Finance Guide For Candidates And Officeholders Who File With Local Filing Authorities* for your reference.

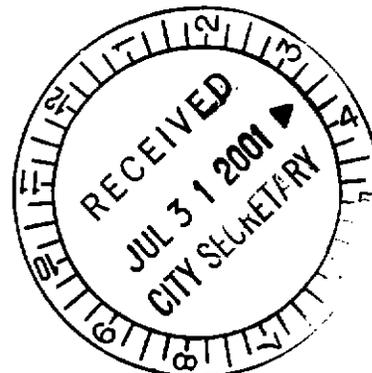
Although you do not file your campaign finance reports with the Ethics Commission, we can answer any questions you may have about your filing requirements. Please contact our office at one of the numbers listed below and ask to speak to an attorney if you need further advice.

Very truly yours,

Tom Harrison
Executive Director

Enclosures: Form C/OH for Ms. Ashley
Campaign Finance Guide For Local Filers

TH:RM:my



Come visit our home page at <http://www.ethics.state.tx.us> on the Internet.

(512) 463-5800 • 1-800-325-8506 • FAX (512) 463-5777 • TDD 1-800-735-2989

The Texas Ethics Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Ms. Barbara Lynn
NICKNAME LAST SUFFIX
Ashley

OFFICE USE ONLY

Date Received **RECEIVED**

JUL 19 2001

Texas Ethics Commission

Date Hand-delivered or Date Postmarked

7-16-01

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1105 EUBanks Houston TX 77022

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Jeffrey E.
NICKNAME LAST SUFFIX
Crews

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
1314 Texas Ave. #901 Houston, TX 77002

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 228-9188

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 THROUGH Month Day Year
04 / 01 / 01 THROUGH 07 / 15 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 06 / 01

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council At Large#4

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <p style="text-align:center">Barbara Ashley</p>	15 ACCOUNT # (Ethics Commission filers)
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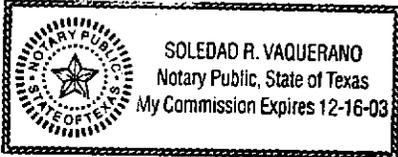
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 290.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 665.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 90.56
	4. TOTAL POLITICAL EXPENDITURES	\$ 601.83
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



SOLEDAD R. VAQUERANO
Notary Public, State of Texas
My Commission Expires 12-16-03

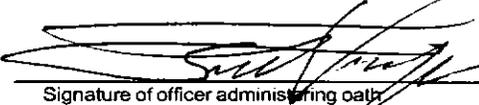
Barbara Ashley

Jeffrey Crews for Barbara Ashley

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JEFFREY E. CREWS, this the 16 day of July, 2001, to certify which, witness my hand and seal of office.



Signature of officer administering oath

SOLEDAD R. VAQUERANO

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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 Barbara Ashley		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code please see following pages			
9 Principal occupation (Optional)		10 Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

Schedule A1

Date	Full Name of Contributor	Contributor Address	Amount	In-kind contribution (if applicable)
6-12-01	ANDERSON	Malissa [REDACTED] Houston, TX 77035	0.0	75.00 (research)
6-15-01	BURGOS	Judy [REDACTED] Houston, TX 77067	\$ 20.00	0.0
6-15-01	CAMERON	Alison [REDACTED] Houston, TX 77092	50.00	0.0
6-15-01	CHARLES	Alexia [REDACTED] Houston, TX 77022	0.0	25.00 (food)
6-15-01	CHARLES	Raul [REDACTED] Houston, TX 77022	0.0	50.00 (food and beverages)
6-14-01	CREWS	Jeffrey E. [REDACTED] Houston, TX 77002	75.00	2,500.00 (organization, coordination, administration)
6-15-01	DOUGLAS	Lissa [REDACTED] Houston, Texas 77019	25.00	0.0
6-15-01	GARCIA	Edna [REDACTED] Pearland, TX 77584	0.0	100.00 (music & entertainment)
6-15-01	HAVARD	Ylyan [REDACTED] Houston, TX 77039	10.00	0.0
07-9-01	HURWITZ	Glenn [REDACTED] Houston, TX 77006	25.00	0.0
6-15-01	LARSON	Jerry [REDACTED] Houston, TX 77006	40.00	0.0
6-15-01	LIN	Dawn F. [REDACTED] Houston, TX 77072	200.00	0.0
6-10-01	PARAVICINI	Natalie [REDACTED] Houston, TX 77018	10.00	0.0
6-17-01	PEREZ	Candalaria [REDACTED] Houston, TX 77022	50.00	0.0
6-01-01	POTTLE	Holly [REDACTED] Houston, TX 77003	0.0	150.00 (literature composition & edit)

C/OH	Barbara Ashley				Schedule A1
Date	Full Name of Contributor		Contributor Address	Amount	In-kind contribution (if applicable)
6-15-01	SENSKE	Mike	[REDACTED] Houston, TX 77027	0.00	250.00 (facility space)
6-15-01	SMITH	Sunni	[REDACTED] Houston, TX 77063	0.0	60.00 (food, decorations)
6-15-01	STALEY	Kay	[REDACTED] Houston, TX 77005	25.00	0.0
6-01-01	STAPLETON	Helen	[REDACTED] Houston, TX 77090	100.00	50.00 (membership fee)
6-15-01	TUNSTALL	Kevin	[REDACTED] Houston, TX 77031	25.00	
6-15-01	WATT	John	[REDACTED] Houston, TX 77008	0.0	100.00 (pasta salads and hors d'oeuvre)
6-15-01	WHITE	Belinda	[REDACTED] Houston, TX 77084	10.00	
				\$665.00	\$ 3,260.00

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Barbara Ashley

3 ACCOUNT # (Ethics Commission filers)**4** Date

6/18/01

5 Payee name

Industrial Printers

7Amount
(\$)

165.31

6 Payee address; City; State; Zip Code

1230 Houston, Texas 77007

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

Printing remittance envelopes

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

Candidate / Officeholder name

Office sought

Office held

B. Ashely City Council #4

Date

6/15/01

Payee name

Lissa Douglas

Amount
(\$)

50.00

Payee address; City; State; Zip Code

1810 Park Houston, Texas 77019

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

food for fundraising event

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

Candidate / Officeholder name

Office sought

Office held

Date

7/01/01

Payee name

Office Depot

Amount
(\$)

40.56

Payee address; City; State; Zip Code

5330 West 34th Houston TX 77092

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

copying, supplies

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

Candidate / Officeholder name

Office sought

Office held

Date

6/15/01

Payee name

Kroger Stopre

Amount
(\$)

70.96

Payee address; City; State; Zip Code

6749 Airline Houston TX 77039

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

food and beverages

** 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

~~Barbara Ashley~~

4 Date

5 Payee name

8 Amount (\$)

6/1 - 7/15

Barbara Ashley

275.00

6 Payee address; City; State; Zip Code

1105 Eubanks Houston TX 77022

7 Purpose of expenditure (See instructions regarding type of information required.)

copying, services, supplies, food, memberships

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**AFFIDAVIT FOR
CANDIDATE OR OFFICEHOLDER:
\$20,000 EXEMPTION**

OFFICE USE ONLY	
Date Received	RECEIVED
	JUL 19 2001
	Texas Ethics Commission
Date Hand-delivered or Date Postmarked	7-16-01
Date Processed	
Date Imaged	

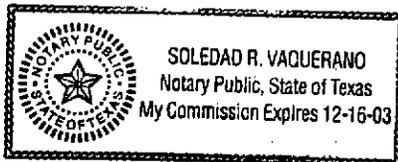
Filer name	Account #
Barbara L. Ashley	
An exemption affidavit must be submitted with each paper report. Specify report type filed with this affidavit, including report due date.	

I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year beginning in calendar year 2000. I understand that if either one of those limits is exceeded, I will be required to file campaign finance reports electronically if no other exemption applies.

I further understand that this exemption from electronic filing is NOT available to me if I am a holder of or candidate for one of the following offices:

- Governor
- Lieutenant Governor
- Secretary of State
- Attorney General
- Comptroller
- Land Commissioner
- Agriculture Commissioner
- Railroad Commissioner
- Supreme Court Justice
- Court of Criminal Appeals Judge

Barbara Ashley
Signature of Candidate or Officeholder



NOTARY STAMP / SEAL

Sworn to and subscribed before me by BARBARA Ashley this the 16 day of July, 2001, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath Soledad R. VAQUERANO Notary Public

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

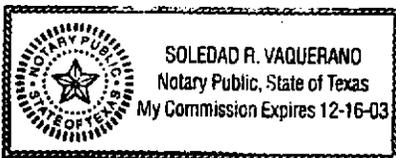


TEXAS ETHICS COMMISSION AFFIDAVIT

OFFICE USE ONLY	
Date Received	RECEIVED
	JUL 19 2001
	Texas Ethics Commission
HD / RM	<i>7-16-01</i>
Date Processed	
Date Imaged	

Filer name Barbara L. Ashley	Account #
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I swear, or affirm, under penalty of perjury, that the report I filed with the Texas Ethics Commission on July 16, 2001 is in all things true and correct.



NOTARY STAMP/SEAL

Barbara Ashley
Signature of filer

Sworn to and subscribed before me by BARBARA Ashley this the 16 day of July 2001, to certify which, witness my hand and seal of office.

[Signature] SOLEDAD R. VAQUERANO NOTARY Public
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath