

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)
8

2 Total pages this report:
1/186

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Michael
NICKNAME LAST SUFFIX
Berry

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
223 Westheimer
Houston TX 77006

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Bruce
NICKNAME LAST SUFFIX
LaBoon

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
600 Travis #3500
Houston TX 77002

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 522-6138

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
01/01/2003 06/30/2003

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/04/2003 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Other -- Houston City Council -
member

12 OFFICE SOUGHT (if known)
Other -- City of Houston Mayor

13 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
Michael Berry

15 ACCOUNT # (Ethics Commission filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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 **\$ 1005.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 568812.63**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 370345.37**

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

19 AFFIDAVIT



AFFIX NOTARY 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL BERRY, this the 10th day of July, 20 03, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

ALLEN L. BLAKEMORE
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

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8

4 Date: 05/18/2003
5 Full name of contributor out-of-state PAC(ID# _____): A.J. Durrani
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$):
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 05/29/2003
Full name of contributor out-of-state PAC(ID# _____): Adam Brackman
Contributor address; City; State; Zip Code

Amount of contribution (\$):
10.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/18/2003
Full name of contributor out-of-state PAC(ID# _____): Agnes Bazant
Contributor address; City; State; Zip Code

Amount of contribution (\$):
10.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/10/2003
Full name of contributor out-of-state PAC(ID# _____): Aida Kilpatrick
Contributor address; City; State; Zip Code

Amount of contribution (\$):
50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____): Akin, Gump, Strauss, Hauer & Feld, LLP
Contributor address; City; State; Zip Code

Amount of contribution (\$):
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 03/26/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Al Bradley 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan B. Folger Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/05/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan Bickerstaff Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan Bishop Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan Hilyard Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 02/28/2003
5 Full name of contributor: Alan J. Atkinson
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/28/2003
Full name of contributor: Alejandra Thomas
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/28/2003
Full name of contributor: Alfredo Brener
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/11/2003
Full name of contributor: Alice Broughton
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 03/24/2003
Full name of contributor: Allen Becker
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS CIOH & SPAC)

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2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 02/28/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen Hartman 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/26/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen Lackey Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allison M. Poore Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/31/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvin Gee Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) Photography
Principal occupation (Optional)		Employer (Optional)	
Date 03/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvin Owsley Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

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8

4 Date: 03/12/2003
5 Full name of contributor: Alvin Thomas II
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
2500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/30/2003
Full name of contributor: Amrik Singh
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
225.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor: Amy & Michael Walton
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 05/11/2003
Full name of contributor: Amy Taylor
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 05/29/2003
Full name of contributor: Andrew & Pamela Strong
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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2 FILER NAME
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8

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
06/02/2003 Andrew Biar

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/24/2003 Andrew Segal

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/27/2003 Andrews & Kurth Texas PAC

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/28/2003 Andrius Kontimas

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/30/2003 Angel Donovan

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date: 05/29/2003
5 Full name of contributor: Angela Davis
 out-of-state PAC(ID# _____)

7 Amount of contribution (\$)
50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 03/23/2003
Full name of contributor: Ann or Joe Hightower
 out-of-state PAC(ID# _____)

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date: 03/28/2003
Full name of contributor: Anne Marie Finch
 out-of-state PAC(ID# _____)

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor: Arjuna S. Pandit
 out-of-state PAC(ID# _____)

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor: Arturo D. DeLeon, Jr.
 out-of-state PAC(ID# _____)

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arvind M. Pai	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ashok K. Bhagat	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ashokkumar Shah	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Austin O'Toole	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Balaji Kavaipatti	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 11/186	
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4 Date 03/06/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barry M. Lewis 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barry Margolis Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bert & Judith Ellis, Jr. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bhuwan Sinha Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bill & Darla Baerg Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 12/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 03/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bill Manias 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Elberger, Bay Area & Hwy 3 L.P. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Elberger, Bay Area & Hwy 3 L.P. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	
Date 05/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Elberger, Bay Area & Hwy 3 L.P. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Elberger, Bay Area & Hwy 3 L.P. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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8

4 Date: 06/30/2003
5 Full name of contributor: Boone Owens
6 Contributor address: [REDACTED]
City; State; Zip Code

7 Amount of contribution (\$)
1500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/02/2003
Full name of contributor: Bracewell & Patterson PAC
Contributor address: [REDACTED]
City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/05/2003
Full name of contributor: Bradley Eaves
Contributor address: [REDACTED]
City; State; Zip Code

Amount of contribution (\$)
1500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/11/2003
Full name of contributor: Bradley or Martha Eaves
Contributor address: [REDACTED]
City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/05/2003
Full name of contributor: Brent & Melinda McQueen
Contributor address: [REDACTED]
City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/21/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Brent Langman

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
300.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Brent M. Engelage

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/02/2003

Full name of contributor out-of-state PAC(ID# _____)
Brian Dear

Contributor address; City; State; Zip Code

Amount of contribution (\$)
15.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Brian W. Baker

Contributor address; City; State; Zip Code

Amount of contribution (\$)
20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/29/2003

Full name of contributor out-of-state PAC(ID# _____)
Bruce Murchison

Contributor address; City; State; Zip Code

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 06/16/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Bruce R. Bridges
.....
6 Contributor address: _____ City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$): 50.00
8 In-kind contribution description (if applicable):

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 05/18/2003
Full name of contributor out-of-state PAC(ID# _____)
Bruce Sidner
.....
Contributor address: _____ City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
Bryan D. Persyn
.....
Contributor address: _____ City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 25.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 03/28/2003
Full name of contributor out-of-state PAC(ID# _____)
Burns,Wooley,Marseglia and Zabel,LLP
.....
Contributor address: _____ City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 06/28/2003
Full name of contributor out-of-state PAC(ID# _____)
C. A. Rousser
.....
Contributor address: _____ City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
04/11/2003

5 Full name of contributor out-of-state PAC(ID# _____)
C. Michael Black

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
03/11/2003

Full name of contributor out-of-state PAC(ID# _____)
C.N. O'Sullivan

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/05/2003

Full name of contributor out-of-state PAC(ID# _____)
Carl & Colene Joiner

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
05/29/2003

Full name of contributor out-of-state PAC(ID# _____)
Carl Trebesh

Amount of contribution (\$)
20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Carla J. Thomas

Amount of contribution (\$)
35.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/18/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Carlos Hamilton, Jr. M.D.

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/24/2003

Full name of contributor out-of-state PAC(ID# _____)
Carol Martin

Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Carolee D. Taylor

Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Caroline D. Brown

Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Carrol Shaddock

Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
04/11/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Carter or Nancy Conlin

7 Amount of contribution (\$)
50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
03/07/2003

Full name of contributor out-of-state PAC(ID# _____)
Cassie Lincoln

Amount of contribution (\$)
45.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)
0

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Cassie Lincoln

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
04/10/2003

Full name of contributor out-of-state PAC(ID# _____)
Catherine Llewellyn

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/05/2003

Full name of contributor out-of-state PAC(ID# _____)
Cecilia Heilmann

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/30/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Charles Candela

7 Amount of contribution (\$)
5000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Charles D. Bauer

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Charles D. Nelson

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Charles Douglas Gooden

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
05/24/2003

Full name of contributor out-of-state PAC(ID# _____)
Charles J. Rogers

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 20/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charles L. Kroll 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charles Norris Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charles R. Eskridge Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charlie E. Meacham Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ChaseCom L.P. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 3500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/18/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Cheryl Nelson

7 Amount of contribution (\$)
200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/24/2003

Full name of contributor out-of-state PAC(ID# _____)
Chitranjan M. Patel

Amount of contribution (\$)
151.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/10/2003

Full name of contributor out-of-state PAC(ID# _____)
Chris Freeland

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/18/2003

Full name of contributor out-of-state PAC(ID# _____)
Chris Freeland

Amount of contribution (\$)
1500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/06/2003

Full name of contributor out-of-state PAC(ID# _____)
Chris Wolfe

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
02/08/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Christian Bauman

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Christina Montes

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/02/2003

Full name of contributor out-of-state PAC(ID# _____)
Christopher Balque

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Christopher Mays

Amount of contribution (\$)
20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/26/2003

Full name of contributor out-of-state PAC(ID# _____)
Christopher Strong

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 06/28/2003
5 Full name of contributor: Chuck King
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 03/21/2003
Full name of contributor: Clark C. Smith
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/14/2003
Full name of contributor: Clinton Farmer
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/27/2003
Full name of contributor: Clinton Farmer
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
4000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/03/2003
Full name of contributor: Colonel Arthur Peterson
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 06/28/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Concerned Citizens for Good Government PAC

7 Amount of contribution (\$)
5000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/06/2003
Full name of contributor out-of-state PAC(ID# _____)
Conrad Masterson

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date: 03/04/2003
Full name of contributor out-of-state PAC(ID# _____)
Cornell Corrections, Inc. - PAC

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date: 06/02/2003
Full name of contributor out-of-state PAC(ID# _____)
Craig Armstrong

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date: 06/18/2003
Full name of contributor out-of-state PAC(ID# _____)
Cynthia G. Zatorski

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/27/2003

5 Full name of contributor out-of-state PAC(ID# _____)
D. Dudley Oldham

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
04/11/2003

Full name of contributor out-of-state PAC(ID# _____)
D. Gregory or Sherry W. Barker

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/04/2003

Full name of contributor out-of-state PAC(ID# _____)
Dale & Deborah Richardson

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Dan Darmond

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
04/16/2003

Full name of contributor out-of-state PAC(ID# _____)
Dan Morse

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 26/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 03/22/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dan Webber 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel D'Armond Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel Kubin Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel L. & Wanda Lynch Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 10000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel McClure Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
04/11/2003 Daniel McClure

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
04/11/2003 Darlene Gardiner

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/05/2003 Dave Zerhusen

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/24/2003 David & Marsha Taylor

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/30/2003 David B. Montgomery

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 28/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 03/01/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Greenberg,2905 Interests LTD 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) Headquarters Rent
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Greenberg,2905 Interests LTD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	
Date 05/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Greenberg,2905 Interests LTD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Greenberg,2905 Interests LTD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Headquarters Rent
Principal occupation (Optional)		Employer (Optional)	
Date 03/26/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Greenberg Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 06/05/2003
5 Full name of contributor: David Hallimore
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/30/2003
Full name of contributor: David J. Ciarella
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/18/2003
Full name of contributor: David K. Oelfke
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/28/2003
Full name of contributor: David M. Halbert
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 03/23/2003
Full name of contributor: David Montgomery
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
04/11/2003

5 Full name of contributor out-of-state PAC(ID# _____)
David Montgomery

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
David Montgomery

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/18/2003

Contributor address; City; State; Zip Code

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
David O. Stevens

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/29/2003

Contributor address; City; State; Zip Code

350.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
David Paul Evans

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/28/2003

Contributor address; City; State; Zip Code

2500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
David Paul Evans

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/28/2003

Contributor address; City; State; Zip Code

1500.00

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 03/07/2003
5 Full name of contributor out-of-state PAC(ID# _____)
David Siddall
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 05/21/2003
Full name of contributor out-of-state PAC(ID# _____)
David Taylor
Contributor address; City; State; Zip Code

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/28/2003
Full name of contributor out-of-state PAC(ID# _____)
Deborah T. Koenig
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 03/03/2003
Full name of contributor out-of-state PAC(ID# _____)
Debra Brashears
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/11/2003
Full name of contributor out-of-state PAC(ID# _____)
Debra Broussard
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
06/30/2003 Debra S. Brashears

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/02/2003 Dennis Dwulet

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/28/2003 Deona R. Williams

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/28/2003 Detlef Hallerman

Amount of contribution (\$)
125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/04/2003 Don Aron

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/28/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Donna Aron

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Doris E. McKinlay

Amount of contribution (\$)
10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/07/2003

Full name of contributor out-of-state PAC(ID# _____)
Doug Konopka

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/05/2003

Full name of contributor out-of-state PAC(ID# _____)
Douglas & Gloria Levesque

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Douglas M. Brown

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/28/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Dr. Albert L Lemons

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
05/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Dr. Alexander F. Schilt

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Dr. Rhonda L. Bean

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/26/2003

Full name of contributor out-of-state PAC(ID# _____)
Dr. Vernon Parks

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/21/2003

Full name of contributor out-of-state PAC(ID# _____)
Duni Hebron

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
02/04/2003 E. Deane & Virginia Kanaly

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/28/2003 E. Deane Kanaly

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/22/2003 Earle Dyke

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/27/2003 Earnest T. Horne, Jr.

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/28/2003 Ed Ulrich

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
03/24/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Edna Ramos

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
03/03/2003

Full name of contributor out-of-state PAC(ID# _____)
Elizabeth P. Hardy

Amount of contribution (\$)
125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
02/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Elliott B. Pollack

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
02/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Emmanuel & Christina Velgakis

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
03/03/2003

Full name of contributor out-of-state PAC(ID# _____)
Eric J. Pelton

Amount of contribution (\$)
125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

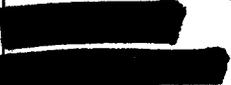
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 37/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eric L. Yollick 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Erma Gray Davis Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ernest L. Edwards, Jr. Lemle & Kelleher, LLP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Esmeralda Y. Medrano Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Esperanza Jett Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 38/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 05/28/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Estelle & Marvin Lisnitzer 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Evalyn L. Krudy Contributor address; City; State; Zip Code 	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Firozali Roopani Contributor address; City; State; Zip Code 	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Florence Deforest Sealy Contributor address; City; State; Zip Code 	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frank A. Liddell, Jr. Contributor address; City; State; Zip Code 	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 39/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 06/18/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frank Huezo 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frank M.K. Liu Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frank Putman Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Franklin D. Jones, Jr. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Franklin D.R. Jones, Jr. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 06/24/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Fraser A. McAlpine
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 04/04/2003
Full name of contributor out-of-state PAC(ID# _____)
Fulbright & Jaworski LLP
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/18/2003
Full name of contributor out-of-state PAC(ID# _____)
G. Alan Raffte
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 05/21/2003
Full name of contributor out-of-state PAC(ID# _____)
G. Michael O'Leary
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
Gardere Wynne Sewell LLP
Contributor address; City; State; Zip Code

Amount of contribution (\$)
3000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 41/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 02/28/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gary Cooperstein 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/10/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gary Murphy Contributor address; City; State; Zip Code 	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gary Phillips Contributor address; City; State; Zip Code 	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gary Rachlin Contributor address; City; State; Zip Code 	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gary T. Bonner Contributor address; City; State; Zip Code 	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
02/28/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Geoffrey Berg

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/02/2003

Full name of contributor out-of-state PAC(ID# _____)
George Huntoon

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
02/13/2003

Full name of contributor out-of-state PAC(ID# _____)
George Littell

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/05/2003

Full name of contributor out-of-state PAC(ID# _____)
George P. Fastuca

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date
06/18/2003

Full name of contributor out-of-state PAC(ID# _____)
George S. Littell

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 43/186	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 8	
4 Date 03/04/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) George W. Jordan III 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gerald Hollier Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gerald Schlieff Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/02/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gerald Sill Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gordon Beittenmiller Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date: 06/05/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Gordon Bethune
6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 03/26/2003
Full name of contributor out-of-state PAC(ID# _____)
Gordon Fowkes
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
Govind P. Menon
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/28/2003
Full name of contributor out-of-state PAC(ID# _____)
Graciela E. Martinez
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 02/28/2003
Full name of contributor out-of-state PAC(ID# _____)
Grady S. Hurley
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)