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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/C

See backside for instructions

1 ACCOUNT #

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Michael | MI

NICKNAME | LAST: Berry | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [X] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
7	1	01	THROUGH	9	27	01

OFFICE USE ONLY

Date Received

RECEIVED OCT 9 2001 CITY SECRETARY

Date Hand-Delivered / Date Postmarked

Receipt #

Amount

Legal

Date

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

My campaign staff incorrectly reported a contribution amount.

7 AFFIDAVIT

ELLA M SCHUBERT NOTARY PUBLIC State of Texas Comm. Exp. 12/06/2004

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this correc report is true and correct and that I am filing this corrected rep promptly after learning of the error(s) in the original report. I swe or affirm, under penalty of perjury, that I did not intend to violat reporting requirement when I filed the original report.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Michael Berry this the 9th day of October, 20 01

to certify which, witness my hand and seal of office.

Ella M. Schubert	Ella M. Schubert	Notary public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Michael Berry

15 ACCOUNT # (Ethics Commission Filer)

16 SUPPORTING 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 88,459.10

EXPENDITURE TOTALS

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

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

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

ELLA M SCHUBERT
NOTARY PUBLIC
State of Texas
Comm. Exp. 12/08/2014

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Berry, this the 9th day of October, 20 01, to certify which, witness my hand and seal of office.

Ella M. Schubert	Ella M. Schubert	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ Cur or Juris PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Linebarger Heard Goggan Blair Pena & Sampson LLP Contributor address; City; State; Zip Code [redacted]	$1,000.00	

Principal occupation (Optional)	Employer (Optional)

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

OFFICE USE ONLY

Date Received

RECEIVED OCT 9 2001 CITY SEC

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Michael | MI

NICKNAME | LAST: Berry | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Walter | MI: P.

NICKNAME | LAST: Zivley | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 55 Waugh Dr., Ste. 610 | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE: 77007

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 861-1117 | EXTENSION

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 7 / Day 1 / Year 01 THROUGH Month 9 / Day 27 / Year 01

10 ELECTION

ELECTION DATE: Month 11 / Day 6 / Year 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Houston City Council, At Large Position 4

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)

16 SUPPORTING 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	$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 87,559.10
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 152,193.67
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

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

ELLA M SCHUBERT
NOTARY PUBLIC
State of Texas
Comm. Exp. 12/04/2004

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Berry, this the 9th day of October, 20 01, to certify which, witness my hand and seal of office.

Ella M. Schubert	Ella M. Schubert	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/1/01	Carmen Castillo Contributor address: City: State: Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/2/01	Daniel Brown Contributor address: City: State: Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/3/01	Robert Ryan Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/4/01	N. L. Stevens Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/4/01	Andrea Levin Contributor address: City: State: Zip Code [redacted]	$200.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/5/01	Arthur Berner		$250.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/5/01	Larry Bickle		$250.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/6/01	Zaheer Babar		$1,000.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/10/01	G. S. Lancaster		$50.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/11/01	R. J. Campo		$1,000.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission Use)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/12/01	David Hawes Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/13/01	Rachel Hernandez Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/16/01	Carrie Lancaster Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/17/01	Patrick Studdert Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/17/01	Barry Lewis Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/20/01	Rafael Alvarado		$300.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/22/01	Anne Finch		$200.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/23/01	Joel Kay		$250.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/24/01	Michael Black		$1,000.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
7/25/01	Star PAC		$375.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/26/01	Scott Rubenstein ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$501.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/26/01	Gerard Pecht ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/27/01	Ted Dinerstein ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/27/01	Dorothy Caram ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
7/30/01	Drayton McLane ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/CR & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/2/01	Ronald Woliver Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/2/01	Irma Galvan Contributor address; City; State; Zip Code [redacted]	$200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/3/01	Stephen Lasher Contributor address; City; State; Zip Code [redacted]	$750.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/5/01	Clyde Sloan Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/6/01	Premankur Cholia Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/7/01	Carroll Shaddock ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/7/01	Samuel Abraham ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$150.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/8/01	Paul Frison ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/9/01	Robert Taylor ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/11/01	Beena Mayekar ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/11/01	Ajit Paralkar ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/11/01	Robert Gray ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/11/01	Prabha Sacheti ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/14/01	Nancy Byrd ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/14/01	Joseph Kaplan ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/14/01	Jeff Love Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/15/01	Daniel Lynch Contributor address; City; State; Zip Code [redacted]0	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/15/01	James Thompson Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/16/01	Imtiaz Munshi Contributor address; City; State; Zip Code [redacted]E	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/16/01	J. R. Holcomb Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/17/01	Kerr Taylor ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/17/01	Kerr Taylor ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/17/01	John Crooker ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/19/01	Gordon Fowkes ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/20/01	Thomas Fuller ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/21/01	Al Keller ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/21/01	Mark Kaufman ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/21/01	Brenda Bradley ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/23/01	Christian Wolfe ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/23/01	Baker Botts & Amicus Fund ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/23/01	Ronald Woliver ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/23/01	Amy Pierce ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/23/01	Jane Page ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/24/01	Patrick Studdert ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/27/01	Ray Bontole ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/27/01	Christian Bauman ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/27/01	Richard Weekley ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/27/01	Larry Barfield ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/27/01	Milind Patil ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	F. William Othon ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	John Cobb ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$150.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	Edwin Friedrichs ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	Tina Freeman ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	James Squire ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	Ronald Nielsen ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	J. R. Jones ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	Jon Strange ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	James Royer ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	Ranney McDonough ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/28/01	Carl Linseisen ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	Debra S. Brashears ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	Arthur Pryde ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	Kazem Khonsari ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	Paul Frison ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	L.S. "Pat" Brown ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	Mike O'Leary Contributor address; City; State; Zip Code [redacted]2	$500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/29/01	TREPAC Contributor address; City; State; Zip Code [redacted]	$3,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Pat George Contributor address; City; State; Zip Code [redacted]	$250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Michael Yauch Contributor address; City; State; Zip Code [redacted]	$500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Toni Beauchamp Contributor address; City; State; Zip Code [redacted]	$250.00	

Principal occupation (Optional) | Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Mark Eversole		$250.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Thompson Judy		$500.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Douglas Snider		$250.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Robert Thomas		$500.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	James Hackett		$1,000.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Nora Dobin ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/30/01	Troy Snelling ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Charles Neuhaus ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Mark Hobson ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Tyler Todd ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	George Kutzschbach Contributor address; City; State; Zip Code [redacted]	$275.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Truman Edminster Contributor address; City; State; Zip Code [redacted]	$2,500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Norman Berry Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Hugh Kelly Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
8/31/01	Vijay Goradia Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/1/01	Stephen Sweet Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/2/01	Gil Melman Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/2/01	Robert Higley Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/3/01	Richard Lorenz Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Patrick Suddert Contributor address: City: State: Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Steven Finkelman ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	W. K. Adam ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$1,950.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Rajesh Mahadass ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]ve	$75.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Ted Kennedy ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Ward Arendt ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/CH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Tom Langford Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Roy Hearnsberger Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/4/01	Linebarger Heard Goggan Blair Pena & Sampson LLP Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/5/01	Sandra Carter Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/5/01	Yvonne Lu Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/5/01	Darrin Straughan ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/5/01	Michelle Lyles ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$20.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/5/01	Patricia Hamilton ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/5/01	Oliver Pennington ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$275.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/6/01	Andrews & Kurth LLP Citizens For Texas Committee ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$1,500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ohio Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/6/01	Jonathan Harris ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/6/01	Walter Zivley ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/6/01	Jenard Gross ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/6/01	Mathew Shaffer ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/7/01	Skadden Arps LLP ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$2,500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/7/01	Jim McGraw Contributor address: City: State: Zip Code [redacted]	$2,500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/7/01	Jimmy Patterson Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/8/01	David Bissinger Contributor address: City: State: Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/9/01	Patty Sherborne Contributor address: City: State: Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/10/01	HAA Better Government Fund Contributor address: City: State: Zip Code [redacted]	$4,000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/10/01	Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code [redacted]	$2,500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/10/01	Christopher Zook Contributor address; City; State; Zip Code [redacted]	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/10/01	Randall Davis Contributor address; City; State; Zip Code [redacted]	$500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/10/01	Robert Sale Contributor address; City; State; Zip Code [redacted]	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/11/01	Glenn Johnson Contributor address; City; State; Zip Code [redacted]	$500.00	

Principal occupation (Optional) | Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/11/01	Michael Stevens ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/12/01	Natesan Murthy ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/12/01	Landry's Restaurants PAC ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/12/01	Margaret Brenner ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/12/01	Sten Gustafson ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/13/01	James Howard Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/13/01	Chris Demopulos Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/13/01	IEC of Houston PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/14/01	Robert Zinn Contributor address; City; State; Zip Code [redacted]	$200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/14/01	Jill McDonald Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/15/01	Michael Richard ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/16/01	Jim Bernhard ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/17/01	John Kirk ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/17/01	Mark Gatschet ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/18/01	Doug Preisse ☐ out of state PAC Contributor address: City: State: Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/18/01	Malcom Morris ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/19/01	Michael Peters ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/19/01	Lynden Rose ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/19/01	Greater Greenspoint PAC ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$3,800.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/19/01	Jacqueline Baly ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if available)
9/19/01	☐ out of state PAC Britton White [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		
9/20/01	☐ out of state PAC Darren Alch [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		
9/20/01	☐ out of state PAC David Bearden [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		
9/20/01	☐ out of state PAC Paul Van Slyke [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		
9/20/01	☐ out of state PAC Debra Ibarra [redacted]	$30.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Karen Cecil ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Thomas Grace ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Stephen Crawford ☐ out of state PAC Contributor address; City; State; Zip Code 6131 Briar Rose Drive Houston, TX 77057	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Bernie Morrelli ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Sharon Murphy ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Marcus Watts Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	David Oelfke Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Fred Williams Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Donald Hornbeck Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Oliver Pennington Contributor address; City; State; Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	Gary Murphy		$412.52	Event expenses
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/20/01	John Meredith		$550.58	Event expenses
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/21/01	Paul Van Slyke		$100.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/21/01	Jennifer Sickler		$250.00	
	Contributor address; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/21/01	Bridget McEvoy		$100.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Enter Commission files)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/23/01	Marc Folladori Contributor address; City; State; Zip Code [redacted]	$2,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/24/01	Alvin Suggs Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/24/01	Dan Moody Contributor address; City; State; Zip Code [redacted]	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/24/01	Paul Van Slyke [redacted] Zip Code	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/24/01	Lisa Becker Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/O-I & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Patricia Sebastian Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Debbie Richardson Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Antoinette Jackson Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Sharon Hughes Contributor address; City; State; Zip Code [redacted]	$20.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Jennifer Elrod Contributor address; City; State; Zip Code [redacted]	$150.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 42
FILER NAME: Michael Berry	ACCOUNT # (Ethics Commission Use)

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Meredith Cabildo		$100.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Letitia White		$100.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	David Garvis		$50.00	
	[redacted] State; Zip Code			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Rishad Alikhan		$250.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

Date	Full name of contributor	Out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Charles Holm		$50.00	
	Contributor address; City; State; Zip Code [redacted]			
Principal occupation (Optional)		Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form. | Total pages this Schedule A1: 42

FILER NAME: Michael Berry | ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	William Brunger Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Elizabeth Moore Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Marian Strug Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Robert Taylor Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	David Quackenbush Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission Use)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Kay Granath ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Judith Snively ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	John Kapacinskas ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Sonia Soto ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Kevin Hunt ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Tim Headley ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Larry Berkman ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Christine Hemmen ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Terry Cheng ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Patricia Hamilton ☐ out of state PAC Contributor address; City; State; Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 42

FILER NAME: Michael Berry

ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/25/01	Lee Stone Contributor address: City: State: Zip Code [redacted]	$250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/26/01	Lola Lin Contributor address: City: State: Zip Code [redacted]	$25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/26/01	Akin Gump Strauss Hauer & Feld LLP Contributor address: City: State: Zip Code [redacted]	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/26/01	Jeff Love Contributor address: City: State: Zip Code [redacted]	$100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if available)
9/26/01	Carter Conlin Contributor address: City: State: Zip Code [redacted]	$50.00	
Principal occupation (Optional)	Employer (Optional)		

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

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/2	BRIAN BROUSSARD 1404 Woodhollow Dr. #9010 Houston TX 77054	1000

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
7/2	AMY JONES PO Box 4726 Pasadena TX 77502	2000

Purpose of payment (See instructions regarding type of information required.): 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 ($)
7/12	BRIAN BROUSSARD 1404 Woodhollow Dr. #9010 H, TX 77054	1000

Purpose of payment (See instructions regarding type of information required.): 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 ($)
7/12	Home DEPOT 5445 W Loop South H, TX 77081	233.53

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/13	Office Depot 3443 Kirby Houston TX 77098	118.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
office supplies			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/1	Denis Calabrese 5100 Westheimer #200 H, TX 77056	1000.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
consulting			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/17	Office Depot 3443 Kirby H TX 77098	285.78

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
office supplies			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/22	Home Depot 5445 W Loop S, HTX 77081	137.76

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
sign supplies			

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/21	Habanero Blue 1600 Commerce, Hy TX 77002	420.00

8 Purpose of payment (See instructions regarding type of information required.): Latino Leaders Breakfast food + refreshments

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 ($)
7/17	Home Depot 5445 W Loop South Houston TX 77081	389.90

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

** 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 ($)
8/1	BRIAN BROUSSARD 1404 Woodhollow Dr., #9010 HTX 77054	1500.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/1	U.S. Post Office 1900 W Gray, H, TX 77019	1020.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/7	Denis Calabrese 5100 Westheimer #200 HTX 77056	1000.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/8	Jewish Herald Voice 3403 Audley 77098	840.00

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

** 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 ($)
8/8	Richmond Printing 5825 Schumacher HTX 77057	854.09

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

** 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 ($)
8/8	Brian Brossard 1404 Woodhollow Dr. #9010 77054	1000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/8	Home Depot 5145 W Loop South 77081	174.67

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Sign supplies			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/9	Home Depot 5145 W Loop South 77081	2210.52

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Sign supplies			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/9	Academy Awards 4112 Fannin H TX 77004	270.63

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
buttons			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/11	Office Max 1576 W Gray H-TX 77006	126.56

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
office supplies			

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/14	DSL Web Pro 1404 Woodhollow Dr., #9010 HTX 77054	1891.54

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

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 ($)
8/15	Office Depot 3443 Kirby H, TX 77098	98.62

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

** 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 ($)
8/15	U.S. Post Office 1900 W Gray H TX 77019	1020

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

** 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 ($)
8/18	HUGO MOJICA 92 Lyerly Dr H TX 77022	600

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
8/18	Brian Broussard 1404 Woodhollow Dr, #9010 HTX 77057	312.23

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/16	HUGO MOJICA 92 Lyerly Dr. HTX 77022	400.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/16	WALGREEN'S 3317 Montrose 77006	28.17

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

** 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 ($)
8/17	LAURENT SCHEVALIER 1849 MARSHALL HTX 77098	1300.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/19	Little Union Church 6609 Letcher HTX 77028	25

8 Purpose of payment (See instructions regarding type of information required.): contribution / donation

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 ($)
8/19	Mt. Canaan Church 6001 Schirdy H, TX 77088	25

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

-- 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 ($)
8/19	New Community Church 9005 N Wayside H TX 77028	25.00

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

-- 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 ($)
8/20	Office Depot 3443 Kirby H TX 77098	157.22

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/1	HUGO MOJICA 92 Lyerly Hou TX 77022	300.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
7/27	BRIAN BRONSARD 1404 Woodhollow Dr, #9010 HTX 77054	100.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/1	AB Communication PO Box 307 Missouri City TX 77459	300.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/1	Amy Jones PO Box 4726 Pasadena TX 77502	2000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/1	Infinity Outdoor 1600 Studemont HTX 77007	5700.00

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

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 ($)
8/1	Banner Supply 611 W 22nd HTX 77009	350.00

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

** 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 ($)
8/2	Home Depot 5445 W Loop South HTX 77081	212.60

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

** 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 ($)
8/6	Brian Brousard 1404 Woodhollow Dr, #9010, 77057	1000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/20	AP Graphics 2411 Times, H TX 77005	1000.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
printing	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/22	IRMA's 22 N Chenevert, H TX 77002	183.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
food + beverage, campaign mtg	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/24	Office Depot 3443 Kirby HTX 77098	104.26

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
office supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/24	Spirit Digital Print 3620 Mangum HTX 77092	271.66

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
printing	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/25	Carl Davis 1423 Hawthorne #11 H TX 77006	300.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
Consulting			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Bethlehem M. B. C. 1208 Meadow H, TX 77020	25.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
donation			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Lyons Unity B. C. 3215 Lyons H, TX 77020	25.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
donation			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Anderson Memorial Church 3303 Orange H TX 77020	25.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
donation			

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/27	Ernie McGowen 4836 Milwee HTX 77092	1100.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/26	Rosehill Baptist Church 3029 Holman HTX 77004	25.00

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

-- 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 ($)
8/27	Sam's Club 1615 S Loop West HTX 77054	133.00

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

-- 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 ($)
8/27	Office Depot 3443 Kirby HTX 77098	321.73

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/28	Banner Supply 611 W 22nd H TX 77009	345.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/28	Coalition Consultants 4836 Milwee HTX 77092	400.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
consulting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/31	Lamont S'Chevalier 1849 Marshall HTX 77098	130.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
consulting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/31	Walgreen 3317 Montrose HTX 77006	34.62

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
photo development	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/31	Fremes Restaurant 22 N Chenevert HTX 77002	485.50

8 Purpose of payment (See instructions regarding type of information required.): Latina Leadership Breakfast food + beverage

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 ($)
9/1	Nina Bailey 9910 Greenmount HTX 77058	600.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/1	Office Depot 3443 Kirby HTX 77098	162.33

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

-- 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 ($)

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/2	Green Grove Baptist Church 10229 Mesa Dr, HTX 77078	25.00

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

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 ($)
9/2	East Park Baptist Church 8602 Tidwell HTX 77028	25.00

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

-- 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 ($)
9/2	Lighthouse MBC 9707 Wayside HTX 77078	25.00

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

-- 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 ($)
9/3	Laurent Schwalier 1849 Marshall HTX 77098	200.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/4	Brian Broussard 1404 Woodhollow Dr. #8010 HTX 77054	100.34

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Consulting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/4	Carl Davis 1423 Hawthorne #11 HTX 77006	300.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Consulting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/5	Denis Calabrese 5700 Westheimer #200 HTX 77056	1000.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Consulting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/8	Nina Bailey 9910 Gesenmann HTX 77088	300.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Consulting	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City State; Zip Code	7 Amount ($)
9/9	New Mount Calvary 4711 Kelley H TX 77026	25.00

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

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 ($)
9/9	Gospel Hill Baptist Church 7904 Hirsch H TX 77016	25.00

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

** 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 ($)
9/9	Greater Laws Memorial B.C. 4807 Wayne H TX 77026	25.00

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

** 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 ($)
9/10	Carl Davis 1423 Hawthorne #11 H TX 77006	300

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/10	Office Depot 3443 Kirby HTX 77098	21.89

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

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 ($)
9/11	Sprint Digital Print 3620 Mangum HTX 77092	9093.00

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

-- 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 ($)
9/12	Lamont S Chevalier 1849 Marshall HTX 77098	100.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/13	Baptist Ministers Assoc PAC 1010 DeWalt HTX 77088	2000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/14	Laurent S'Chevalier 1849 Marshall HTX 77098	1300.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/15	Laurent S'Chevalier 1849 Marshall HTX 77098	336

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/16	New Faith 4315 W Fuqua HTX 77045	25.00

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

** 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 ($)
9/16	Brentwood Baptist 13033 Landmark H, TX 77045	25.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/3	Ernest McGowen, Dr. 4836 Milwee HTX 77092	1500.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/3	HUGO MOJICA 92 Lyerly Dr. H TX 77022	1000.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/3	LAURENTI SICHEVALIER 1849 Marshall H TX 77098	100.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/3	Amy Jones PO Box 4726 Pasadena TX 77502	2000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/16	S Post Oak Baptist 13535 S Post Oak 77045	$25.00

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

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 ($)
9/17	Laurent S. Gravalier 1849 Marshall HTX 77098	100

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/17	Beulah Shepherd 8402 Knox H TX 77088	250.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/17	Nina Bailey 9910 Greenmoung H TX 77008	300.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/18	Office Depot 3443 Kirby H, TX 77098	129.57

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

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 ($)
9/19	Pathfinder Communications 401 Heights Blvd, H, TX 77007	75,052

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

** 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 ($)
9/19	Northeast Harris County Ministers Alliance PAC 10229 Mesa Dr., H TX 77098	2500.00

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

** 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 ($)
9/19	Academy Awards 4112 Fannin H TX 77004	1448.39

Purpose of payment (See instructions regarding type of information required.): printing / supplies

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/19	CARL DAVIS 1423 Hawthorne #11 HTX 77006	300.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/20	Lamont S. Chevalier 1849 Marshall HTX 77098	130.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/21	Banner Supply 611 W 22nd HTX 77009	575.00

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

** 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 ($)
9/21	HUGO MOJICA 92 Lyerly HTX 77022	1000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/21	City of Houston, City Secretary 900 Bagby H TX 77002	500.00

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

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 ($)
9/21	Randall's 2075 Westheimer H TX 77098	37.80

Purpose of payment (See instructions regarding type of information required.)
Supplies / event refreshments

-- 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 ($)
9/21	Erica Fowler 1910 Overbrook Circle Missouri City TX 77459	350.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
9/22	Southwest Community B.C. 14880 Bellaire H TX 77083	25.00

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

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

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Revised 04/04/2000

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

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/24	NINA BAILEY 9910 Greenaway H TX 77088	300.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
9/24	U.S. Post Office 1900 W Gray, HTX 77019	760.00

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

** 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 ($)
9/24	Richmond Printing 5825 Schumacher H TX 77057	4013.22

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

** 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 ($)
9/26	Erica Fowler 1910 Overbrook Circle Missouri City 77459	365.00

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

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

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Revised 04/04/2006

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-850

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/22	Higher Dimension Baptist Church 10039 Bissonnet HTX 77036	25.00

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

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 ($)
9/22	Aliet Baptist 7602 S Kirkwood HTX 77072	25.00

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

** 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 ($)
9/22	Union Bethel AME 8611 Daffodil HTX 77063	25.00

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

** 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 ($)
9/24	LAURENT SCHEVALIER 1849 MARSHALL HTX 77098	425.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission-filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/26	Sprint Digital Print 3620 Mangum HTX 77092	2435.63

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

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 ($)
9/27	Buffalo Specialties 6315 Ashcroft HTX 77081	1007.85

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

** 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 ($)
9/27	Office Depot 3443 Kirby HTX 77098	32.46

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

** 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 ($)

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

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

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