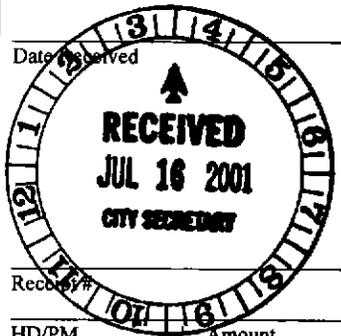


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

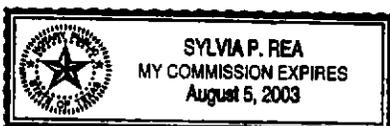
The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 14
3 CANDIDATE OFFICEHOLDER NAME	TITLE COUNCILMEMBER	FIRST JEW	MI DON
	NICKNAME	LAST BONEY	SUFFIX JR.
4 CANDIDATE OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE: P. O. BOX 8447 HOUSTON TEXAS 77288-8447		
	OFFICE USE ONLY 		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST SHARON	MI M.
	NICKNAME	LAST BURNEY	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY: STATE: ZIP CODE: 5445 ALMEDA SUITE 400 HOUSTON TEXAS 77004		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 526-6404			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	MONTH DAY YEAR MONTH DAY YEAR 1/1/2001 THROUGH 6/30/2001		
10 ELECTION	ELECTION DATE MONTH DAY YEAR 11 / 02 / 1999		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) HOUSTON CITY COUNCIL-DISTRICT D	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct 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/P.O BOX: APT/SUITE #: CITY: STATE: ZIP CODE: _____		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

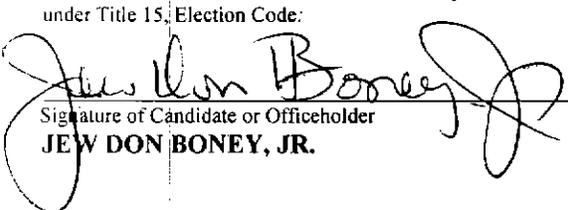
14 C/OH NAME JEW DON BONEY, JR.	15 ACCOUNT # (Ethics Commission filers)								
16 SUPPORTING POLITICAL COMMITTEES <input type="checkbox"/> additional pages	<p>** This listing includes political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME								
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)								
18 CONTRIBUTION TOTALS	<table style="width:100%;"> <tr> <td style="width:70%;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED</td> <td style="width:5%; text-align: center;">\$</td> <td style="width:25%;"></td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> </tr> </table>	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)	\$	0		
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)	\$	0							
EXPENDITURE TOTALS	<table style="width:100%;"> <tr> <td style="width:70%;">3. TOTAL POLITICAL EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED</td> <td style="width:5%; text-align: center;">\$</td> <td style="width:25%;"></td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">12,294.04</td> </tr> </table>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED	\$		4. TOTAL POLITICAL EXPENDITURES	\$	12,294.04		
3. TOTAL POLITICAL EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED	\$								
4. TOTAL POLITICAL EXPENDITURES	\$	12,294.04							
OUTSTANDING LOAN TOTALS	<table style="width:100%;"> <tr> <td style="width:70%;">5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THIS REPORTING PERIOD</td> <td style="width:5%; text-align: center;">\$</td> <td style="width:25%;"></td> </tr> </table>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THIS REPORTING PERIOD	\$						
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THIS REPORTING PERIOD	\$								

19 AFFIDAVIT



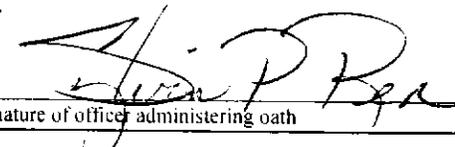
SYLVIA P. REA
MY COMMISSION EXPIRES
August 5, 2003

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:


 Signature of Candidate or Officeholder
JEW DON BONEY, JR.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **JEW DON BONEY, JR.**, this the **16TH** day of **July, 2001**, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

SYLVIA P. REA
 Print name of officer administering oath

NOTARY PUBLIC
 Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-20-01	5 Payee name Vascola Stoney 6 Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004	7 Amount (\$) 100.00
8 Purpose of expenditure Reimbursement - District D Clean-up		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-4-01	Payee name Micro Center Payee address: City: State: Zip Code: 1717 West Loop So., Houston, Texas 77027	Amount (\$) 75.72
Purpose of expenditure Computer Supplies		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-9-01	Payee name Budget Rental Payee address: City: State: Zip Code: 15840 J.F.K., Houston, Texas 77032	Amount (\$) 472.33
Purpose of expenditure Car Rental		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-9-01	Payee name Jakarla Spiller Payee address: City: State: Zip Code: 4926 Ligonberry, Houston, Texas 77033	Amount (\$) 85.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-13-01	Payee name Jakarla Spiller Payee address: City: State: Zip Code: 4926 Ligonberry, Houston, Texas 77033	Amount (\$) 150.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-13-01	Payee name Andy Villatoro Payee address: City: State: Zip Code: 8535 Winkler, No. E-3, Houston, Texas 77017	Amount (\$) 150.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-16-01	Payee name City of Houston Parks & Recreation Payee address: City: State: Zip Code: 2999 South Wayside Drive, Houston, Texas 77023	Amount (\$) 100.00
Purpose of expenditure MLK Parade/Black Heritage (Donation)		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-16-01	5 Payee name Beeper Boutique 6 Payee address: City: State: Zip Code: 326 Almeda Mall, Houston, Texas 77075	7 Amount (\$) 262.80
8 Purpose of expenditure Pager Service		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-19-01	Payee name Ellis Williams Payee address: City: State: Zip Code: 3106 Delano, Houston, Texas 77004	Amount (\$) 75.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-26-01	Payee name Andy Villatoro Payee address: City: State: Zip Code: 8535 Winkler, No. E-3, Houston, Texas 77017	Amount (\$) 125.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-9-01	Payee name Vascola Stoney Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004	Amount (\$) 350.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-14-01	Payee name William Samuels Payee address: City: State: Zip Code: P. O. Box 784, Houston, Texas 77001	Amount (\$) 150.00
Purpose of expenditure Ground Transportation		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-16-01	Payee name Majic 102 Payee address: City: State: Zip Code: 24 Greenway Plaza, Ste. 1508, Houston, Texas 77046	Amount (\$) 100.00
Purpose of expenditure Donation for Crime Stoppers Reward		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-8-01	Payee name William Samuels Payee address: City: State: Zip Code: P. O. Box 784, Houston, Texas 77001	Amount (\$) 150.00
Purpose of expenditure Ground Transportation		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

JEW DON BONEY, JR.

4 Date 3-9-01	5 Payee name Michelle Bowman	7 Amount (\$) 100.00
6 Payee address: City: State: Zip Code: 3523 Rosedale, Houston, Texas 77004		
8 Purpose of expenditure Reimbursement Reception		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-9-01	Payee name BJF Answering Service	Amount (\$) 270.00
Payee address: City: State: Zip Code: 3023 Brisbrane, Houston, Texas 77051		
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-9-01	Payee name Loretta's Floral Designs	Amount (\$) 200.00
Payee address: City: State: Zip Code: 1909 Blodgett, Houston, Texas 77004		
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-9-01	Payee name Vascola Stoney	Amount (\$) 50.00
Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004		
Purpose of expenditure Reimbursement		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-9-01	Payee name Sylvia Rhea	Amount (\$) 250.00
Payee address: City: State: Zip Code: 7451 Leaflex Drive, Humble, Texas 77396		
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-15-01	Payee name Black Pages	Amount (\$) 500.00
Payee address: City: State: Zip Code: 2016 Main, Houston, Texas 77002		
Purpose of expenditure Advertisement		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-24-01	Payee name Jakarla Spiller	Amount (\$) 150.00
Payee address: City: State: Zip Code: 4926 Ligonberry, Houston, Texas 77033		
Purpose of expenditure District D Clean-up - Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

JEW DON BONEY, JR.

4 Date 4-10-01	5 Payee name Claire Phillips	7 Amount (\$) 163.00
6 Payee address: City: State: Zip Code: 2403 Wentworth, Houston, Texas 77004		

8 Purpose of expenditure Reception	9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 3-24-01	Payee name Shemeka Isarael	Amount (\$) 150.00
Payee address: City: State: Zip Code: 3100 Jeanetta, No. 809, Houston, Texas 77063		

Purpose of expenditure District D Cleanup Contract Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 3-24-01	Payee name Andy Villatoro	Amount (\$) 150.00
Payee address: City: State: Zip Code: 8535 Winkler, No. E3, Houston, Texas 77033		

Purpose of expenditure District D Clean-up Contract Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 3-24-01	Payee name Vascola Stoney	Amount (\$) 150.00
Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004		

Purpose of expenditure District D Cleanup Contract Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 3-23-01	Payee name Vascola Stoney	Amount (\$) 1,500.00
Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004		

Purpose of expenditure Contract Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 4-10-01	Payee name Claire Phillips	Amount (\$) 15.00
Payee address: City: State: Zip Code: 2403 Wentworth, Houston, Texas 77004		

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

Date 4-15-01	Payee name Vascola Stoney	Amount (\$) 100.00
Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004		

Purpose of expenditure Reimbursement for Staff Reception	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-19-01	5 Payee name Vascola Stoney	7 Amount (\$) 100.00
6 Payee address: City: State: Zip Code: 4001 Live Oak, Houston, Texas 77004		
8 Purpose of expenditure Reception		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-20-01	Payee name Bob Powell	Amount (\$) 300.00
Payee address: City: State: Zip Code: 1509 Hamblen, Houston, Texas 77009		
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-30-01	Payee name Walgreens	Amount (\$) 55.42
Payee address: City: State: Zip Code: 5202 Almeda, Houston, Texas 77004		
Purpose of expenditure Photography		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 6-15-01	Payee name William Samuels	Amount (\$) 150.00
Payee address: City: State: Zip Code: P. O. Box 784, Houston, Texas 77001		
Purpose of expenditure Ground Transportation		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-19-01	Payee name Sam's Club	Amount (\$) 30.00
Payee address: City: State: Zip Code: 1615 So. Loop West, Houston, Texas 77054		
Purpose of expenditure Reception		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-9-01	Payee name Sam's Club	Amount (\$) 70.00
Payee address: City: State: Zip Code: 1615 So. Loop West, Houston, Texas 77054		
Purpose of expenditure Membership Fee		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-9-01	Payee name Houston Livestock Show and Rodeo	Amount (\$) 50.00
Payee address: City: State: Zip Code: 2000 So. Loop West, Houston, Texas 77054		
Purpose of expenditure Advertisement		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-27-01	5 Payee name City of Houston 6 Payee address: City: State: Zip Code: P. O. Box 1562, Houston, Texas 77251	7 Amount (\$) 480.00
8 Purpose of expenditure Parking Expense		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-1-01	Payee name Kinko's Payee address: City: State: Zip Code: 910 Travis, Houston, Texas 77002	Amount (\$) 84.11
Purpose of expenditure Passport Photographs		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-27-01	Payee name William Samuels Payee address: City: State: Zip Code: P. O. Box 784, Houston, Texas 77001	Amount (\$) 480.00
Purpose of expenditure Ground Transportation		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 6-28-01	Payee name Wheeler Avenue Baptist Church Payee address: City: State: Zip Code: 3826 Wheeler, Houston, Texas 77004	Amount (\$) 50.00
Purpose of expenditure Donation		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-3-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	Amount (\$) 1.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-19-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	Amount (\$) 5.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 1-23-01	Payee name C-Span Payee address: City: State: Zip Code: P. O. Box 66809, Indianapolis, IN 46266-6809	Amount (\$) 229.90
Purpose of expenditure Video Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-2-01	5 Payee name Bank One 6 Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	7 Amount (\$) 1.00
8 Purpose of expenditure Bank Charge		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-6-01	Payee name C-Span Payee address: City: State: Zip Code: P. O. Box 66809, Indianapolis, IN 46266-6809	Amount (\$) 630.00
Purpose of expenditure Video Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-20-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	Amount (\$) 5.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-26-01	Payee name West Group Payee address: City: State: Zip Code: Mn	Amount (\$) 112.58
Purpose of expenditure Research Materials		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 2-27-01	Payee name Hart Info Serv Payee address: City: State: Zip Code: Austin, Texas	Amount (\$) 53.83
Purpose of expenditure Research Materials		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-2-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	Amount (\$) 1.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-19-01	Payee name Pappas Bar-B-Q Payee address: City: State: Zip Code: 1217 Pierce, Houston, Texas 77002	Amount (\$) 24.95
Purpose of expenditure Food Expense		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURESSCHEDULE **F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-19-01	5 Payee name Bank One	7 Amount (\$) 5.00
6 Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252		
8 Purpose of expenditure Bank Charge		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-27-01	Payee name Southwest Airlines	Amount (\$) 212.50
Payee address: City: State: Zip Code: Dallas, Texas		
Purpose of expenditure Airfare		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 3-27-01	Payee name The Ritz Carlton	Amount (\$) 275.50
Payee address: City: State: Zip Code: New Orleans, LA		
Purpose of expenditure Hotel Expense		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-2-01	Payee name Miyako Restaurant	Amount (\$) 20.00
Payee address: City: State: Zip Code: 6345 Westheimer, Houston, Texas 77057		
Purpose of expenditure Luncheon		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-3-01	Payee name Bank One	Amount (\$) 1.00
Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-16-01	Payee name Pappas Bar-B-Q	Amount (\$) 39.24
Payee address: City: State: Zip Code: 1217 Pierce, Houston, Texas 77002		
Purpose of expenditure Luncheon		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-18-01	Payee name Privacy Guard	Amount (\$) 59.95
Payee address: City: State: Zip Code: CT		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-18-01	5 Payee name Bank One	7 Amount (\$) 5.00
6 Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252		
8 Purpose of expenditure Bank Charge		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-20-01	Payee name C-Span	Amount (\$) 36.95
Payee address: City: State: Zip Code: P. O. Box 66809, Indianapolis, IN 46266		
Purpose of expenditure Video Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-23-01	Payee name C-Span	Amount (\$) 374.70
Payee address: City: State: Zip Code: P. O. Box 66809, Indianapolis, IN 46266		
Purpose of expenditure Videos		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 4-24-01	Payee name Borders.Com	Amount (\$) 48.48
Payee address: City: State: Zip Code: MI		
Purpose of expenditure Research Material		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-2-01	Payee name Bank One	Amount (\$) 1.00
Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-10-01	Payee name Bank One	Amount (\$) 2.00
Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-16-01	Payee name National Urban League	Amount (\$) 20.00
Payee address: City: State: Zip Code: New York, New York		
Purpose of expenditure Research Materials		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-17-01	5 Payee name Bank One 6 Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	7 Amount (\$) 5.00
8 Purpose of expenditure Bank Charge		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-21-01	Payee name Pay Phones Payee address: City: State: Zip Code: UK, Hayes	Amount (\$) 15.21
Purpose of expenditure Telephone Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-21-01	Payee name Pay Phones Payee address: City: State: Zip Code: UK, Hayes	Amount (\$) 31.68
Purpose of expenditure Telephone Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-21-01	Payee name Pay Phones Payee address: City: State: Zip Code: UK, Hayes	Amount (\$) 53.66
Purpose of expenditure Telephone Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 5-22-01	Payee name Le Meridien Gatwick Payee address: City: State: Zip Code: Ap	Amount (\$) 15.73
Purpose of expenditure Telephone Service		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 6-4-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Texas 77252	Amount (\$) 1.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 6-8-01	Payee name Continental Airlines Payee address: City: State: Zip Code: 1533 JFK Blvd., Houston, Texas 77032	Amount (\$) 522.00
Purpose of expenditure Airfare		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

JEW. DON BONEY, JR.4 Date
6-12-01

5 Payee name

The Georgian Terra

6 Payee address:

City:

State:

Zip Code:

Atlanta, GA7 Amount
(\$)**48.80**

8 Purpose of expenditure

Hotel Expense/HIV Conference

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

Candidate / Officeholder name

Office sought/held

Date
6-12-01

Payee name

The Georgian Terra

Payee address:

City:

State:

Zip Code:

Atlanta, GAAmount
(\$)**199.50**

Purpose of expenditure

Hotel Expense/HIV Conference

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

Candidate / Officeholder name

Office sought/held

Date
6-19-01

Payee name

Continental Airlines

Payee address:

City:

State:

Zip Code:

1533 JFK Blvd., Houston, Texas 77032Amount
(\$)**490.50**

Purpose of expenditure

Airfare

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

Candidate / Officeholder name

Office sought/held

Date
6-19-01

Payee name

Bank One

Payee address:

City:

State:

Zip Code:

P. O. Box 2629, Houston, Texas 77252Amount
(\$)**5.00**

Purpose of expenditure

Bank Charge

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

Candidate / Officeholder name

Office sought/held

Date
6-15-01

Payee name

Continental Airlines

Payee address:

City:

State:

Zip Code:

1533 JFK Blvd., Houston, Texas 77032Amount
(\$)**522.00**

Purpose of expenditure

Airfare

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

Candidate / Officeholder name

Office sought/held

Date
1-2-01

Payee name

Vascola Stoney

Payee address:

City:

State:

Zip Code:

4001 Live Oak, Houston, Texas 77004Amount
(\$)**275.00**

Purpose of expenditure

Contract Services

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

Candidate / Officeholder name

Office sought/held

Date

Payee name

Payee address:

City:

State:

Zip Code:

Amount
(\$)

Purpose of expenditure

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

Candidate / Officeholder name

Office sought/held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/5/01	5 Payee name JEW DON BONEY, JR.	8 Amount \$ 1,688.00
	6 Payee address: City: State: Zip Code P. O. BOX 8447, HOUSTON, TEXAS 77288-8447	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure AUTO REIMBURSEMENT FOR GAS MILEAGE, AND PARKING 7/1/00 TO 12/30/00	
Date	Payee name	Amount \$
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	
Date	Payee name	Amount \$
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	
Date	Payee name	Amount \$
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	
Date	Payee name	Amount \$
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

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