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 this report: 1/28

OFFICE USE ONLY

Date Received

RECEIVED JAN 15 2004 CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Peter H. MI:

NICKNAME: LAST: Brown SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2620-B South Shepherd,PMB #402

Houston TX 77098-1534

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Pete MI:

NICKNAME: LAST: Melcher SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2020 Sunset

Houston TX 77005

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 449-1331 EXTENSION:

8 REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 11/27/2003 THROUGH Month Day Year: 12/31/2003

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Other – Houston City Council - At-Large #3

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

(Effective 12/16/1999)

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Peter H. Brown

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occured during this reporting period. (Sign affidevid 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	$ 150.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 98500.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 217880.73

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

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

Peter Brown
Signature of Candidate or Officeholder

01/14/04

VERONICA GANDAR
MY COMMISSION EXPIRES
AUGUST 15, 2006

(Effective 11/16/1999)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/05/200[redacted]	3D/International PAC [redacted]de	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Khalid Abushaaban [redacted]te: Zip Code	1000.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Tony Abyad [redacted]ity; State; Zip Code	100.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Mehran Aghili [redacted]; State; Zip Code	200.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Mr. Edward Allen [redacted] City; State; Zip Code	2500.00	
Principal occup[redacted]	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 4/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☒ out-of-state PAC(ID# C00011114) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/27/2003	American Federation of State,County and Municipal Employees-PEOPLE [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/01/2003	Ms. Elizabeth Anderson [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/2003	Mr. Merrell Athon [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Ms. Marion Barthelme [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2003	Beirne,Maynard & Parsons,L.L.P. [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 5/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/02/200[redacted]	Mr. Peter Brown [redacted] City; State; Zip Code	40000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/05/2003	Mr. Peter Brown [redacted] City; State; Zip Code	20000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/06/2003	Mr. Peter Brown [redacted] City; State; Zip Code	5000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2003	Ms. Roberta Burroughs [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/200[redacted]	Mr. David Calkins [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 6/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/27/2003	Mr. Arnold Chace [redacted] State; Zip Code	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/05/2003	Mr. John Chiang [redacted] State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Joseph Cibor [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/30/2003	Ms. Sheila Condon [redacted] City; State; Zip Code	200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/30/2003	Mr. Rufus Cormier [redacted] City; State; Zip Code	200.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 7/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/04/2003	Mr. Harry Cullen [redacted] City; State; Zip Code	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/03/2003	Mr. A.W. Dugan [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/05/2003	Mr. Patrick Dugan [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Mr. Martin Fein [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Mr. J.F. Fort [redacted] City; State; Zip Code	200.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 8/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/06/2003	Mr. Samir Foteh [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/03/2003	Mr. Stephen Fox [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Mr. James Furr [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Lee Godfrey [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/05/2003	Mr. John Hansen [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 9/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/08/200[redacted]	Houston Gay and Lesbian Political Caucus PAC [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/03/2003	Mr. George Kelly [redacted]	1000.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/01/2003	Mr. Kuo-Chiang Lin [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Ms. Linda May [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/05/2003	Mr. Raymond Messer [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 10/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/04/2003	Mr. John Miner [redacted]	1500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Mr. Barry Moore [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Ms. Nancy Negley [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2003	Mr. John Orton [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	RHJ and Associates [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 11/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/01/200[redacted]	Ms. Lillie Robertson [redacted]tate; Zip Code	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2003	Mr. Dickson Rogers Contributor address: [redacted]City; State; Zip Code	250.00	
Principal occ[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Alan Rosen [redacted]City; State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/200[redacted]	Mr. Fayez Sarofim [redacted]	4500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2003	Mr. Pierre Schlumberger [redacted]State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 12/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/03/2003	Mr. Ray Shoup [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/05/2003	Mr. Gerald Smith [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2003	Mr. Mike Stude [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Massoud Taghdisi [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/27/2003	Mr. Don Woo [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 13/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/27/2003	Mr. Craig Andress 3230 Druid Houston TX 77091	840.00

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

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 ($)
12/06/2003	Mr. Craig Andress 3230 Druid Houston TX 77091	500.00

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

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 ($)
11/27/2003	Mr. Virtle Bennet 6303 Gulfton,Apt. 706 Houston TX 77081	600.00

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

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 ($)
12/02/2003	Mr. Jesse Boone 9211 Dulcimer Street Houston TX 77051	1842.86

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 14/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/06/2003	Mr. Jesse Boone 9211 Dulcimer Street Houston TX 77051	3000.00

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

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 ($)
12/02/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	3500.00

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

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 ($)
12/02/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	3500.00

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

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 ($)
12/06/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	5500.00

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for field expense

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 15/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/03/2003	Mr. Marlin Brown 10 Waverly Ct Houston TX 77005	1064.28

8 Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for 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 ($)
12/03/2003	Mr. Marlin Brown 10 Waverly Ct Houston TX 77005	800.00

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

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 ($)
12/02/2003	Ms. Cynthia Browning 12334 Wedgehill Lane Houston TX 77077	640.00

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

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 ($)
11/28/2003	Mr. Gary Burke 5111 Rose St. Houston TX 77007	570.00

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

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

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 report: 16/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/05/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	101508.55

8 Purpose of expenditure (See instructions regarding type of information required.)
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 ($)
12/11/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	28676.63

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

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 ($)
12/31/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	10000.00

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

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 ($)
12/04/2003	Mr. Ruben Davis 303 Texas Parkway,P.O. Box 2039 Missouri City TX 77459	2425.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 17/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/27/2003	Emal Langrand Communications 2910 Houston Avenue Houston TX 77009	3750.00

8 Purpose of expenditure (See instructions regarding type of information required.)
fundraising 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 ($)
11/27/2003	Emal Langrand Communications 2910 Houston Avenue Houston TX 77009	1715.89

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for printing,postage and other fundrais - ing expenses

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 ($)
12/03/2003	Emal Langrand Communications 2910 Houston Avenue Houston TX 77009	4500.00

Purpose of expenditure (See instructions regarding type of information required.)
fundraising 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 ($)
12/03/2003	Emal Langrand Communications 2910 Houston Avenue Houston TX 77009	3899.33

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for printing,postage and other fundrais - ing expenses

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 18/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/01/2003	Gemini Graphics 5303 Lyons Ave Houston TX 77020	1140.00

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

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 ($)
12/02/2003	Mr. John Gilmore 405 Hawthorne Apt #20 Houston TX 77006	2935.00

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

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 ($)
12/06/2003	Mr. John Gilmore 405 Hawthorne Apt #20 Houston TX 77006	1500.00

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

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 ($)
12/05/2003	Harris County Democratic Party 1445 North Loop Houston TX 77022	1000.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 19/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/04/2003	Ms. Georgia Harris-Jenkins 8903 Strathmore Houston TX 77078	6035.00

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

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 ($)
12/06/2003	Ms. Georgia Harris-Jenkins 8903 Strathmore Houston TX 77078	3000.00

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

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 ($)
12/03/2003	Heights Democrats PAC PO Box 70248 Houston TX 77270	250.00

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

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 ($)
12/04/2003	Houston Black American Democrats P.O. Box 2893 Houston TX 77252	800.00

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

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

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 report: 20/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/04/2003	M & M Video Systems 8616 Daffodil Houston TX 77063	312.84

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

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 ($)
11/30/2003	Mr. Alvin Magee 5113 Lavender Houston TX 77026	624.00

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

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 ($)
12/02/2003	Mr. Alvin Magee 5113 Lavender Houston TX 77026	94.00

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

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 ($)
11/27/2003	Mr. Edwin Mendoza 2425 Sage Rd. #136 Houston TX 77056	700.00

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

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

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 report: 21/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/01/2003	Edwin Mendoza 2425 Sage Rd. #136 Houston TX 77056	1000.00

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

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 ($)
12/06/2003	Mr. Edwin Mendoza 2425 Sage Rd. #136 Houston TX 77056	500.00

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

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 ($)
12/11/2003	Micro Center 1717 W. Loop South Houston TX 77027	146.13

Purpose of expenditure (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 ($)
12/02/2003	Mr. Sam Nash 915 Franklin St. #8M Houston TX 77005	225.00

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

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

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 report: 22/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/29/2003	Mr. Lynn Neal 11818 Bryonston Dr. Houston TX 77066	474.00

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

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 ($)
12/05/2003	Mr. Lynn Neal 11818 Bryonston Dr. Houston TX 77066	192.00

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

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 ($)
12/04/2003	PV Rentals 5810 S. Rice Ave. Houston TX 77081	269.10

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/27/2003	Mr. Augustine Reyes 6906 El Paso Houston TX 77020	250.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 23/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/28/2003	Mr. Augustine Reyes 6906 El Paso Houston TX 77020	650.00

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

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 ($)
12/05/2003	Mr. Augustine Reyes 6906 El Paso Houston TX 77020	400.00

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

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 ($)
12/06/2003	Mr. Augustine Reyes 6906 El Paso Houston TX 77020	700.00

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

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 ($)
12/02/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	1250.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 24/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/12/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	147.00

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

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 ($)
12/12/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	1250.00

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

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 ($)
12/23/2003	Mrs Alice Smith Tweed 1510 Wheeler Ave.,Unit #2 Houston TX 77004	150.00

Purpose of expenditure (See instructions regarding type of information required.)
Entertainment for election night party

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 ($)
12/01/2003	Time Warner Cable 8400 W. Tidwell Houston TX 77040	73.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 25/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/05/2003	Urban Business Initiative 2223 N. Main #203 Houston TX 77009	100.00

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

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 ($)
12/02/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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 ($)
12/12/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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 ($)
12/06/2003	Ms. Beverly Williams 8655 Candy St. Houston TX 77029	450.00

Purpose of expenditure (See instructions regarding type of information required.)
e-day lunches

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

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 report: 26/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/27/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	4450.00

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

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 ($)
12/06/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	1500.00

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

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 ($)
12/06/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	1000.00

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

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 ($)
12/01/2003	Yes Printing 4711 Main Houston TX 77002	1521.12

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

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

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 report: 27/28

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/28/2003	Mr. Sergio Zuniga 9103 Pecos Street Houston TX 77005	460.00

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

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 ($)
12/05/2003	Mr. Sergio Zuniga 9103 Pecos Street Houston TX 77005	1000.00

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

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

TEXT ANNOTATION

Information entered by filer as a memo

Schedule	COH	Cash on hand as of 12/31/2003: $1,149.00

FEC FORM 99

MISCELLANEOUS DOCUMENT

FILING: FEC-100508

1. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E QUALIFIED

1625 L STREET NW
WASHINGTON, DC 20036

2. Treasurer Info

Treasurer Name: WILLIAM LUCY

4. FEC Committee ID #: C00011114

View Miscellaneous Document

Date Signed: 11/21/2003

(End FEC FORM 99)

Generated Thu Jan 15 12:02:14 2004