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): 00000000

2 Total pages this report: 1/23

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Peter MI:
NICKNAME: LAST: Brown SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2136 Kipling Street APT / SUITE #: CITY: STATE: ZIP CODE: Houston TX 77098

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): 4699 Montrose #1813 APT / SUITE #: CITY: STATE: ZIP CODE: Houston TX 77006

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 523-3339 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 Day Year: 01/01/2004 THROUGH Month Day Year: 06/30/2004

10 ELECTION

ELECTION DATE Month Day Year: 12/07/2003

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: na

Address/PO Box: Apt. / Suite #: City: State: Zip Code:

☐ additional pages

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2004 CITY SECRETARY

Date Hand-Delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

(Effective 12/16/1999)

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Peter Brown

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

na

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 530
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 105,832.27
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 82,335.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 23,496.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,000

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.

VERONICA GANDAR
MY COMMISSION EXPIRES
AUGUST 15, 2006

Peter Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Peter Brown, this the 15th day of July, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Veronica Gandar
Printed name of officer administering oath

Notary Public
Title of officer administering oath

Revised 11/05/2003

Printed on recycled paper

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: 3/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/23/2004	Mr. Edward Allen III [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/24/2004	Mr. Robert Allen [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 ($)	In-kind contribution description (if applicable)
03/21/2004	Ms. Madeleine Appel [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/21/2004	Ms. Madeleine Appel [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)
03/26/2004	J. Evans Attwell [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: 4/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

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)
03/31/2004	Mr. Thomas Bacon [redacted]	250.00	

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)
03/24/2004	A. L. Ballard [redacted]	1000.00	

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)
04/02/2004	Marion K. Barthelme [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)
03/17/2004	Mr. P. G. Bell [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)
03/19/2004	P. G. Bell [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

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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: 5/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

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)
03/22/2004	Mr. Gerald Birnberg [redacted]	500.00	

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)
04/01/2004	Mr. Thomas A. Blocher [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)
03/25/2004	Brown Brothers Family Trust [redacted]	2500.00	

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)
	Peter & Anne Brown [redacted]	19000.00	Personal contribution

Principal occupation (Optional)
Architect
Employer (Optional)
Civic Design Associates

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)
01/29/2004	Peter & Anne Brown [redacted]	18000.00	Personal Contrabution

Principal occupation (Optional)
Architect
Employer (Optional)
Civic Design Associates

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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: 6/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

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)
03/05/2004	Peter & Anne Brown [redacted]	15000.00	Personal contribution

9 Principal occupation (Optional)
Architect

10 Employer (Optional)
Civic Design Associates

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/02/2004	Peter Brown [redacted]	2250.00	Personal contribution

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)
04/01/2004	C. Edward Bullock Contributor address: [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)
04/02/2004	Mr. William F. Burge III Contributor address: [redacted]	500.00	

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)
03/22/2004	Mr. Charles Butt Contributor address: [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: 7/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

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)
04/02/2004	Mr. Richard Caldwell [redacted]	500.00	
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)
04/02/2004	Mr. Richard Caldwell [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)
04/01/2004	Mr. William A. Camfield [redacted]	100.00	
Principal occup[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)
04/01/2004	Mr. Arnold B. Chace Jr. [redacted]	250.00	
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)
03/31/2004	Mr. William M. Coats [redacted]	250.00	
Principal occupa[redacted]	Employer (Optional)		

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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: 8/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/01/2004	Mr. James R. Cravens Jr. [redacted] City; State; 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)
03/25/2004	Mr. Larry Davis [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/26/2004	W. T. Dickey [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)
03/17/2004	Mr. Jack Drake [redacted] State; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/17/2004	Mr. Jack Drake [redacted] Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 9/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/31/2004	Mr. James L. Dunlap [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. J. A. Elkins Jr. [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/30/2004	Mr. C. Richard Everett [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Mr. Martin J. Fein [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)
03/29/2004	Mr. Charles C. Foster [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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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: 10/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/03/2004	Mr. Michael Fowler [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/24/2004	Mr. William Franks [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 ($)	In-kind contribution description (if applicable)
03/25/2004	Mr. Donald Freedman [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/23/2004	Fulbright & Jaworski L.L.P. [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)
03/31/2004	Mr. James E. Furr [redacted]	250.00	
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: 11/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/19/2004	Mr. Roland Garcia [redacted] State; Zip Code	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/19/2004	Mr. Roland Garcia [redacted] City; State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Mr. Fred B. Griffin [redacted] City; State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/27/2004	Ms. Ellen Grimes Contributor address; [redacted] City; State; Zip Code	100.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/30/2004	Mr. Vasant K. Hariani [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

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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: 12/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/26/2004	Mr. Daniel Hedges [redacted]	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/25/2004	Mrs. J. W. Hershey [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 ($)	In-kind contribution description (if applicable)
03/31/2004	Mr. Peter J. Hurley [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/30/2004	In-Kind Contributions: 1 Jan. - 30 June 2004 [redacted]	13552.27	Contract Administrative Servic - es; Printing; Campaign Consult - ing; Graphic Design; Computer Services; Accounting Services
Principal occupa[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)
04/01/2004	John S. Chase,FAIA,Architect,Inc. [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: 13/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/17/2004	Ms. Joan Johnson 6 Contributor address; City; State; Zip Code [redacted]	300.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/17/2004	Ms. Joan Johnson Contributor address; City; State; Zip Code [redacted]	300.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	J. H. Jones [redacted] City; State; Zip Code	500.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/24/2004	Kensinger Properties Limited Contributor address; City; State; Zip Code [redacted]	200.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/30/2004	Mr. Wade A. Kilpatrick [redacted] State; Zip Code	500.00	
Principal occupation (Optional) [redacted]	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: 14/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/31/2004	Law Ofices of Benton Musslewhite [redacted]	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. Joseph C. Ledvina [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 ($)	In-kind contribution description (if applicable)
03/26/2004	Meredith J. Long [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Mr. Kenneth Marks [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)
03/24/2004	Mr. Lester Marks [redacted]	250.00	
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: 15/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/24/2004	Ms. Edna Meyer-Nelson 6 Contributor address; City; State; Zip Code [redacted]	100.00	
9 Principal occ[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/17/2004	Ms. Mary Kay Morton Contributor address; City; State; Zip Code [redacted]	250.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/17/2004	Ms. Mary Kay Morton [redacted]y; State; Zip Code [redacted]	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)
03/31/2004	Mr. Martha Murphree [redacted]City; State; Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Mr. H. Joe Nelson III [redacted] State; Zip Code [redacted]	100.00	
Principal occu[redacted]	Employer (Optional)		

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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: 16/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/01/2004	Ms. Diep Thi 'DeDe' Nguyen [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mary Flood & Paul Nugent [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 ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. Austin M. O'Toole [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Oats,Rose Political Action Committee [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)
03/31/2004	Mr. Roy Orta Jr. [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	

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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: 17/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/26/2004	Ms. Jane Owen [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)
04/01/2004	Marcia A. and Conrad T. Perry [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Ms. Trinh Pham [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/26/2004	Ms. Janet Redeker [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Mr. Martin Reiner [redacted] City; State; Zip Code	100.00	
Principal occup[redacted]		Employer (Optional)	

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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: 16/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/21/2004	Mr. Timothy D. Riley 6 Contributor address; City; State; Zip Code [redacted]	500.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/21/2004	Mr. Timothy Riley [redacted] City; State; Zip Code	500.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/16/2004	Ms. Lillie Robertson [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/16/2004	Ms. Lillie Robertson [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/2004	Ronald Green For Houston City Council Campaign [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional) [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: 19/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/31/2004	Mr. Jeff E. Ross [redacted] ity; State; 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)
04/01/2004	Mr. Tofigh S. Shirazi [redacted] City; State; Zip Code	250.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/30/2004	Mr. Joseph Trent Siff [redacted] ity; State; Zip Code	250.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/18/2004	Mr. Matthew R. Simmons [redacted] State; Zip Code	2000.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/18/2004	Mr. Matthew Simmons [redacted] te; Zip Code	2000.00	
Principal occupa[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 20/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/17/2004	Ms. Hinda Simon [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/17/2004	Hinda Simon [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 ($)	In-kind contribution description (if applicable)
04/01/2004	Ms. Kristi Sliva [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/30/2004	Mr. Mike S. Stude [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)
03/15/2004	Mr. Gary Teixeira [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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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: 21/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/15/2004	Mr. Gary Teixeira [redacted]e; 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)
04/01/2004	Mr. Gary Teixeira [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)
03/23/2004	Ms. Ann Trammell [redacted]tate; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
04/01/2004	Mr. Andrew Tran [redacted]ty; State; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/30/2004	Mr. Bill Trevino [redacted] State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

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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: 22/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/01/2004	Mr. Hubert Vo [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/16/200[redacted]	Mr. Geoffrey K. Walker [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/16/2004	Mr. Geoffrey Walker [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/23/2004	Mr. Peter Way [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)
03/24/2004	Ben Wilcox [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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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: 23/23

2 FILER NAME
Mr. Peter Brown

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/22/2004	Williams,Birnberg & Andersen,LLP [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)
03/31/2004	Ms. Claudia Williamson [redacted]ty; 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)
04/02/2004	J. W. Wood [redacted]ty; State; Zip Code	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Revised 12/01/1999

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: Peter Brown

3 ACCOUNT # (Ethics Commission Use)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/01/04	Jerry E. Finger 520 Post Oak Blvd. #750 Houston, TX 77027	250.00	
10 Principal occupation / Job title (See Instructions)	**11 Employer (See Instructions)**		
	Finger Companies		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/02/04	David G. Puckett 8729 Memorial Dr. Houston, TX 77024	2000.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
	Architect/self		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
3/31/04	Benton Musslewhite 1705 West Gray A Houston, TX 77019	200.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
	attorney/self		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 2/3/04

6 Is lender a financial institution? Y (N)

7 Name of lender: Peter and Anne Brown ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code: 10 Waverly Court Houston, Texas 77005

9 Loan Amount ($): $ 15,000

10 Interest rate

11 Maturity date: na

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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 ($)
1/09/04	Campaign Strategies 3815 Montrose #101 Houston, TX 77006	10,000.00

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
Campaign Consulting	na

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/03/04	Campaign Strategies 3815 Montrose #101 Houston, TX 77006	19,000.00

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
Campaign Consulting	na

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/24/04	Campaign Strategies 3815 Montrose #101 Houston, TX 77006	18,000.00

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
Campaign consulting	na

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/22/04	Infovine 1113 Vine Street #220 Houston, TX 77002	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
Postage, mailing	na

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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 Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/14/04	Kathryn McNiel	1500.00

8 Purpose of payment (See instructions regarding type of information required.): campaign 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 ($)
4/14/04	Kathryn McNiel	904.17

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/14/04	Monarch Printing	2065.18

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 ($)
	Diverse office Solutions	204.85

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

•• 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 ($)
4/14/04	Diverse office solutions 1910 Wakefield Drive Houston, TX 77018-5029	131.78

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
computer services	na

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/15/04	Kathryn Yzaguirre 4237 Childress Houston, Tx 77005	750.00

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
admin. services	na

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/15/05	Mercy Hinojosa/Party People 2243 Des Jardines Houston, Tx 77023	1065.00

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 services	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/06/04	Campaign Strategies 3815 Montrose, suite 101 Houston, TX 77006	15,665.22

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
campaign consulting	na

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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 Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/21/04	Kathryn McNiel P.O. Box 13185 Houston, TX 77219	297.06

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, mailing	na

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

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

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
1/5/04	Edwin Mendoza 2425 Sage Road #136 Houston, Tx 77056	Administrative services	500.00	☐
1/27/04	Nandita Sahni 10 Pine Tree Lane Houston, TX 77024	Administrative Services	240.00	☐
1/27/04	Kacey Wells 10436 Valley Drive north Willis, Tx 77318	administrative Services	130.00	☐
2/04/04	Kacey Wells 10436 Valley Drive N. Willis, TX 77318	Administrative Services	260.00	☐
2/11/04	Kathrine Yzaguirre 4237 Childress Houston, TX 77005		500.00	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
2/11/04	Kacey Wells 10436 Valley Drive N. Willis, TX 77318 administrative services	200.00
2/12/04	Susan Starnes 1100 Augusta #48 Houston, TX 7705 administrative services	382.50
2/20/04	Virtle Bennett P.O. Box 52427 Houston, TX 7705-2-2427 administrative services	50.00
2/28/02	Sloan Design 1806 Lubbock Houston Tx 77007 graphics, computer	130.00
3/09/04	K. Chace Consulting P.O. Box 131835 Houston, TX 77219 campaign consultant	1500.00

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Revised 11/05/2003

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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1 Total pages Schedule G:

2 FILER NAME Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
3/09/04	Katherine Yzaguirre 4237 Childress Houston, TX 77005 administrative services	1250.00
4/06/04	Katherine Yzaguirre 4237 Childress Houston, TX 77005 administrative services	200.00
4/06/04	Vertile Bennett P.O Box 52427 Houston, TX 77052-2427 administrative services	250.00
4/26/04	Katherine Yzaguirre 4237 Childress Houston, TX 77005 administrative services	750.00
	Vertile Bennett Po Box 52427 Houston, TX 77052-2427 admin. services	350.00

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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1 Total pages Schedule G:

2 FILER NAME Peter Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
5/06/04	Vertile Bennett P.O Box 52427 Houston, TX 77052	admin. Services	800.00	☐
5/10/04	Katherine Vzaguirre 4237 Childress Houston, TX 77005	admin. Services	880.00	☐
5/20/04	Monarch Printing 6605 McGrew Houston, TX 77087	printing	804.77	☐
5/21/04	Katherine Vzaguirre 4237 Childress Houston, TX 77005	admin. Services	375.00	☐
5/21/04	Lisa Martinez 3900 O'Meara Drive Houston, TX 77025		500.00	☐

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
6/16/04	Virtle Bennett P.O. Box 52427 Houston, TX 77052	admin. Services	1000.00	☐
6/30/04	Vertile Bennett P.O. Box 52427 Houston, TX 77052	admin. Services	1000.00	☐
6/17/04	Aditya Banerjee 330 Sugarberry Circle Houston, TX 77024	Admin. Services	300.00	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME Peter Brown

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

X Peter Brown
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☑ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☑ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

X Peter Brown
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder