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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED NOV 2 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: DARRYL MI: B.
NICKNAME LAST: CARTER SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 300347
HOUSTON, TX. 77230

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: CHARLES MI:
NICKNAME LAST: RENCHER SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10101 SOUTHWEST FRWY., SUITE 400
HOUSTON, TX. 77074

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER 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: 09 / 27 / 01 THROUGH Month Day Year: 10 / 29 / 01

10 ELECTION

ELECTION DATE Month Day Year: 11 / 06 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): NONE

12 OFFICE SOUGHT (if known): HOUSTON CITY COUNCIL, DISTRICT D

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

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

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 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

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7460.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$39831.89
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DARYL B. CARTER, this the 2nd day of November, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

ANNA RUSSELL
Notary Public, State of Texas
My Commission Exp. 7/7/05

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 4

2 FILER NAME: DARRYL CARTER

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)
9/29/01	WILLIAM OTHON [redacted] HOUSTON, TX. 77042	$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)
10/01/01	JEFFREY REUBEN [redacted] HOUSTON, TX. 77004	$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)
10/01/01	RAQUEL BOUTTE [redacted] HUMBLE, TX. 77346	$1500.00	

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)
10/04/01	STEVE SCHNEITHAL - LANDRY'S PAC [redacted] HOUSTON, TX. 77056	$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)
10/20/01	CHARLES RENCHER [redacted] HOUSTON, TX. 77074	50.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 2 of 4

2 FILER NAME

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)
10/04/01	JOHN CHIANG	$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)
10/04/01	LEE GEORGE [redacted] HOUSTON, TX. 77045	$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)
10/04/01	JOEL CLOUSER	$50.00	

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)
10/04/01	RUBEN DAVIS [redacted] MISSOURI CITY, TX. 77489	~~$100.00~~ $50.00	

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)
10/21/01	WILLIE BONDS [redacted] MISSOURI CITY, TX. 77459	$50.00	

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 3 of 4

2 FILER NAME: DARRYL CARTER

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)
10/21/01	WANDA DAVILA [redacted] MISSOURI CITY TX. 77459	$10.00	

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)
10/21/01	CHARLES SWINDELL [redacted] HOUSTON, TX. 77056	$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)
10/21/01	RANDALL WONG [redacted] HOUSTON, TX. 77024	$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)
10/21/01	VELMA HOGUE [redacted] MISSOURI CITY, TX. 77489-5358	$25.00	

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)
10/21/01	WANDA DAVILA [redacted] MISSOURI CITY, TX. 77459	$25.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 4

2 FILER NAME: DARRYL CARTER

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)
10/21/01	RUBEN DAVIS [redacted] MISSOURI CITY, TX. 77489	$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)
10/21/01	RUTH WILLIAMS [redacted] MISSOURI CITY, TX. 77489	$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)
10/22/01	FLORIDA A. CORNELIUS [redacted] HOUSTON, TX- 77004	$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)
10/23/01	KARL SPENCER	$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)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 OF 10

2 FILER NAME: DARYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/27/01	CHRIS WATSON 4707 CHENEVERT HOUSTON, TX. 77004	186.40

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
REIMBURSEMENT FOR MAIL COST	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/28/01	ED KELLY 4614 TRAIL LAKE HOUSTON, TX 77045	$300.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
REIMBURSEMENT FOR BBQ LUNCHEON	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/29/01	GIBRALTAR LODGE #500	$60.00

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
AD	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/30/01	MT. HEBRON MISSIONARY BAPTIST CHURCH 7817 CALHOUN RD. HOUSTON, TX. 77033	$522.82

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
REIMBURSEMENT OF BBQ LUNCHEON	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 10

2 FILER NAME: DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/01	ED KELLY 4614 TRAIL LAKE HOUSTON, TX. 77045	$75.00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR BBQ LUNCHEON

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 ($)
10/01/01	U.S. POSTAL SERVICE MO. CTY. BRANCH	$9788.80 XX

Purpose of payment (See instructions regarding type of information required.): BULK MAIL POSTAGE

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/01	ED KELLY 4614 TRAIL LAKE HOUSTON, TX. 77045	$1000.00 XX

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

•• 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 ($)
10/02/01	GEORGE DILLARD 4707 CHENEVERT HOUSTON, TX. 77004	$900.00 XX

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 10

2 FILER NAME: DARYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/02/01	HARTMAN MGMT. 1718 FRY RD. HOUSTON, TX. 77084	$1323.40

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

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 ($)
10/02/01	MAY WALKER 3810 BELGRADE HOUSTON, TX. 77025	$1000.00 XX

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

•• 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 ($)
10/02/01	SOUTHEAST PRECINCT JUDGES COUNCIL	$200.00 XX

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

•• 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 ($)
10/03/01	SHARON DAVIS 8335 BIRD MEADOW MO. CITY TX. 77489	$2500.00 XX

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

•• 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: 4 OF 10

2 FILER NAME DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/04/01	RON THE SIGN MAN 10016 NAVARRE PKWY. NAVERRE, FL 32566	$2200.00

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

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 ($)
10/08/01	LA VIOA NEWS THE BLACK VOICE 9898 BISSONNET HOUSTON, TX. 77036	$275.00

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

•• 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 ($)
10/08/01	GOSPEL 1360 4638 DECKER BAYTOWN, TX. 77520	$500.00

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

•• 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 ($)
10/10/01	SW BELL 8388 WESTHEIMER HOUSTON, TX. 77063	$501.66

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 OF 10

2 FILER NAME DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/01	HL&P 1111 LOUISIANA HOUSTON, TX. 77002	$361.46

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

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 ($)
10/10/01	RON THE SIGN MAN 16016 NAVERRE PKWY. NAVERRE, FL 32566	$2200.00

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

•• 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 ($)
10/12/01	SAIA 2222 NORTH WAYSIDE HOUSTON, TX. 77020	$210.48

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

•• 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 ($)
10/12/01	FLO COOPER 2406 BERRY, SUITE #7 HOUSTON, TX. 77004	$1500.00

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

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

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 OF 10

2 FILER NAME: DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/12/01	KCOH 5011 ALMEDA HOUSTON, TX. 77004	$1696.00 XX

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

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 ($)
10/13/01	HOUSTON JEFFERSONIANS	$70.00 XX

Purpose of payment (See instructions regarding type of information required.): TICKETS TO BANQUET

•• 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 ($)
10/15/01	GEORGE DILLARD 4704 WHENEVERT HOUSTON, TX. 77004	$900.00 XX

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

•• 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 ($)
10/15/01	DARRYL CARTER 1021 MAIN, STE. 1500 HOUSTON, TX. 77002	$5,000

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR EXPENSES (KCOH, NEWSPAPER ADS)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 OF 10

2 FILER NAME: DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16/01	DEONNE CUNNINGHAM 6131 TIFFANY HOUSTON, TX. 77085	$1000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17/01	KCOH 5011 ALMEDA HOUSTON, TX. 77004	$210.00 XX

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
RADIO SPOTS	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17/01	CHRIS WATSON 4704 CHENEVERT HOUSTON, TX. 77004	$1960.00 XX

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
CONSULTANT	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/18/01	SAIA 2222 NORTH WAYSIDE HOUSTON, TX. 77020	$180.35 XX

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
DELIVERY TRUCK	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 OF 10

2 FILER NAME: DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/8/01	DEONNE CUNNINGHAM 6131 TIFFANY HOUSTON, TX. 77085	$57.07

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
REIMBURSEMENT OF EXPENSES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21/01	ELAINE BISHOP P.O. BOX 2189 MO. CITY. TX. 77589	$150.00

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
REIMBURSEMENT OF EXPENSES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21/01	WILLIE BONDS 4219 HARBOURVIEW CT MO. CITY, TX. 77459	$200.00

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
REIMBURSEMENT OF EXPENSES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21/01	C-BARB CONLEY 6223 RICHMOND, STE. 203 HOUSTON, TX. 77057	$263.23

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
SUPPLIES	

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9 OF 10

2 FILER NAME: DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/01	SHARON DAVIS 8335 BIRD MEADOW MO. CITY, TX. 77489	$200.35

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF 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 ($)
10/24/01	GOSPEL 1360 4638 DECKER BAYTOWN, TX. 77520	$300.00

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

•• 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 ($)
10/24/01	RIDGEGATE CIVIC ASSOCIATION	$90.00

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

•• 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 ($)
10/26/01	PHA GREEN PRINTING 4403 AKARD HOUSTON, TX. 77017	$90.00

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

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

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10 OF 10

2 FILER NAME DARRYL CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/26/01	KCOH 5011 ALMEDA HOUSTON, TX. 77004	$1,000.00

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
RADIO SPOTS	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED