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: 14

OFFICE USE ONLY

Date Received: 4 RECEIVED JUL 17 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked: MAIL 7/16/01 POSTMARK

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: HOMER | MI: L.

NICKNAME | LAST: CLARK | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☒ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 12515 FONDREN STE. F HOUSTON, TX 77035

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: JOHN | MI: W. VAUGHN

NICKNAME | LAST | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 8510 QUAILCREST DR. MISSOURI CITY, TX 77489

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: (713) 728-3230 | 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: 4 / 11 / 01 THROUGH Month Day Year: 6 / 30 / 01

10 ELECTION

ELECTION DATE Month Day Year: 11 / 06 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

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 HOMER L. CLARK

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,396.65
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 2,229.42
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,792.07

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.

Homer L. Clark
Signature of Candidate or Officeholder

MICHAEL O. ROWE
Notary Public, State of Texas
My Commission Expires
July 29, 2001

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CLARK, Homer Lewis, this the 16th day of July, 2001, to certify which, witness my hand and seal of office.

M. O. Rowe	Michael O. Rowe	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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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: 3

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/6/01	SENEHA O. CLIFTON [redacted] HOUSTON, TX 77045	50	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/01	GEORGE E. SHIELDS [redacted] SUGAR LAND, TX	2,500	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30/01	GEORGE T ERVIN [redacted] HOUSTON, TX 77004	10	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30/01	MAURENE H. MATTHEWS [redacted] HOUSTON, TX 77045	20	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30/01	HESLIP R. SADBERRY [redacted] HOUSTON, TX 77021	50	

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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3

2 FILER NAME: HOMER L. CLARK

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)
6/30/01	MARY D. JOUBERT [redacted] HOUSTON, TX 77075	50	

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)
6/30/01	BRENDA J. ASHLEY [redacted] HOUSTON, TX 77071	100	

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)
6/16/01	FRANK WATCH III [redacted] SUGAR LAND TX 77459	146.65	BREAKFAST AT GOLDEN CORRAL

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)

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)

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

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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: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/30/01	SENETTA O. CLIFTON [redacted] HOUSTON, TX 77045	20	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/16/01	LINDA F. SCURLOCK [redacted] HOUSTON, TX 77045	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/14/01	LAWRENCE MARSHALL [redacted] HOUSTON, TX 77288	300	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30/01	BARBARA L. DAVIS [redacted] HOUSTON, TX 77036	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30/01	STEVEN KIMBLE JR [redacted] HOUSTON, TX 77085	100	

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.

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
6/12/01	EUGENE WALTON [redacted] HOUSTON, TX 77085	50	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6/11/01	ERMA J. CLARK [redacted] WACO, TX 76704	1,000	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/15/01	CATHERINE GIBSON [redacted] MISSOURI CITY 77459	200	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
3/20/01	HOMER L. CLARK	63
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code	10 Interest rate
	[redacted] HOUSTON, TX 77035	11 Maturity date

12 Description of Collateral

☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☒ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
5/18/01	HOMER L. CLARK	1071.68
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
	[redacted] HOUSTON, TX 77035	Maturity date

Description of Collateral

☒ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☒ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 47.74

5 Date of loan	7 Name of lender	9 Loan Amount ($)
6/29/01	HOMER L. CLARK ☐ out-of-state PAC (ID#:_____)	116.59
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code: [redacted] HOUSTON, TX 77035	10 Interest rate
		11 Maturity date

12 Description of Collateral ☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☒ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender	Loan Amount ($)
6/6/01	HOMER L. CLARK ☐ out-of-state PAC (ID#:_____)	36.29
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code: [redacted] HOUSTON, TX 77035	Interest rate —
		Maturity date —

Description of Collateral ☒ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☒ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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: 4

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission Mark)

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

5 Date of loan

6 Is lender a financial institution? Y (N)

7 Name of lender: HOMER L. CLARK ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code: [redacted] HOUSTON, TX 77035

9 Loan Amount ($): 49.19

10 Interest rate

11 Maturity date

12 Description of Collateral ☑ none

13 GUARANTOR INFORMATION ☑ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan: 4/02/01

Is lender a financial institution? Y (N)

Name of lender: HOMER L. CLARK ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code: [redacted] HOUSTON, TX 77035

Loan Amount ($): 26.29

Interest rate

Maturity date

Description of Collateral ☑ none

GUARANTOR INFORMATION ☑ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan: 6/22/01

6 Is lender a financial institution? Y (N)

7 Name of lender: HOMER L. CLARK ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code: [redacted] HOUSTON, TX 77035

9 Loan Amount ($): 31.34

10 Interest rate

11 Maturity date

12 Description of Collateral ☒ none

13 GUARANTOR INFORMATION ☒ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan: 6/22

Is lender a financial institution? Y (N)

Name of lender: HOMER L. CLARK ☐ out-of-state PAC (ID#: _____)

Lender address; City; State; Zip Code: [redacted] HOUSTON, TX 77035

Loan Amount ($): 350

Interest rate

Maturity date

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: 4 (1)

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	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
5/18/01	DIGITAL PRESS 4120 DIRECTORS ROW #D HOUSTON, TX 77092	1071.68	PRINTING			
3/20/01	HARRIS COUNTY TAX ASSESSOR - COLLECTOR 1001 PRESTON ST HOUSTON, TX 77002	63	COMPUTER PRINT-OUT			
6/30/01	MAC FRUGALS STORE # 4195 HOUSTON, TX	49.19	PARTY GOODS			
6/22/01	OFFICE DEPOT 8202 KIRBY DR. STE 1240 HOUSTON TX 77054	31.34	SUPPLIES			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 (2)

2 FILER NAME: HOMER L. CLARK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/03/01	DENNY'S 3332 SOUTH LOOP WEST	26.99

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

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 ($)
6/22/01	KROGER'S 12355 FONDREN	34

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/19/01	GRANDE DESIGNS 5830 SANTA CHRISTI HOUSTON, TX 77053	240.00

Purpose of payment (See instructions regarding type of information required.): T-SHIRTS

•• 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 ($)
6/30/01	WONDER BAR 3124 OST HOUSTON, TX 77054	50

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

•• 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: (31)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/29/01	SAM'S CLUB HOUSTON, TX	116.54

8 Purpose of payment (See instructions regarding type of information required.): FOOD FOR RECEPTION

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 ($)
6/01/01	U.S. POST OFFICE ALMEDA STATION HOUSTON, TX 77045-9998	36.29

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/16/01	GOLDEN CORRAL #732 6800 59S HOUSTON, TX	146.65

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

•• 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 ($)
3/21/01	BEVERLY KAUFMAN, COUNTY CLERK HARRIS COUNTY, TEXAS	5.74

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 (4)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/24/01	CITY of HOUSTON 900 BAGBY HOUSTON, TX 77251	8.00

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
PRINT-OUTS			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/22/01	GINA DUPATE 6223 SHERINGHAM HOUSTON, TX 77085	350

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
BLOCK WALK			

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