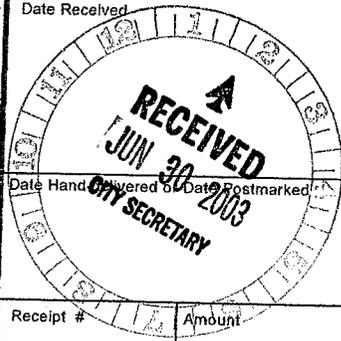


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>P. M.</b>		
	NICKNAME LAST SUFFIX <b>CLINTON</b>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7201 WESTVIEW HOUSTON, TEXAS 77055</b>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>RICHARD W.</b>		
	NICKNAME LAST SUFFIX <b>MITHOFF</b>	Receipt #	Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7201 WESTVIEW HOUSTON, TEXAS 77055</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 713 ) 686-6864</b>	Date Handled	Date Postmarked
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 2003    06 / 30 / 2003</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>11 / / 2003</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <b>HOUSTON CITY COUNCIL DISTRICT A</b>	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
P. M. CLINTON

**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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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)

\$ 6,725.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,618.35

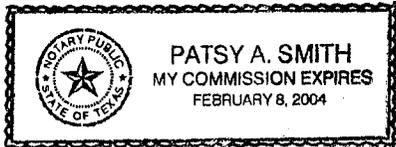
**OUTSTANDING LOAN TOTALS**

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

\$ 10,000.00

**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.



*P. M. Clinton*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said P. M. Clinton, this the 30th day of June, 2003, to certify which, witness my hand and seal of office.

*Patsy A. Smith*  
Signature of officer administering oath

PATSY A. SMITH  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

**LOANS**

**SCHEDULE E**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME <b>P. M. CLINTON</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$		
<b>5</b> Date of loan <b>06/25/03</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>P. M. CLINTON</b>	<b>9</b> Loan Amount (\$) <b>\$10,000</b>
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address;   City;   State;   Zip Code <b>7201 WESTVIEW HOUSTON, TEXAS 77055</b>	<b>10</b> Interest rate <b>0</b>
		<b>11</b> Maturity date <b>0</b>
<b>12</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>13</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;   City;   State;   Zip Code	<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation		<b>18</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y        N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# 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:  
**1/6**

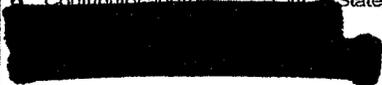
2 FILER NAME  
**P. M. CLINTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**05/28/03**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FRANK D. ADAMS**

7 Amount of  
contribution (\$)  
**\$500.00**

8 In-kind contribution  
description (if applicable)6 Contributor address; City; State; Zip Code  


9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**06/02/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RICHARD F. CALLAWAY**

Amount of  
contribution (\$)  
**\$250.00**

In-kind contribution  
description (if applicable)Contributor address; City; State; Zip Code  
**THREE ALLEN CENTER**  

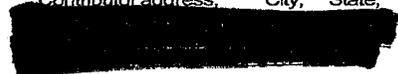

Principal occupation (Optional)

Employer (Optional)

Date  
**06/03/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**KENNETH K. RODGERS**

Amount of  
contribution (\$)  
**\$100.00**

In-kind contribution  
description (if applicable)Contributor address; City; State; Zip Code  


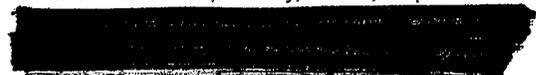
Principal occupation (Optional)

Employer (Optional)

Date  
**06/03/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JOE INDELLICATI**

Amount of  
contribution (\$)  
**\$200.00**

In-kind contribution  
description (if applicable)Contributor address; City; State; Zip Code  


Principal occupation (Optional)

Employer (Optional)

Date  
**06/03/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**SYLVIA G. SINGLETON**

Amount of  
contribution (\$)  
**\$ 50.00**

In-kind contribution  
description (if applicable)Contributor address; City; State; Zip Code  


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:

2/6

2 FILER NAME

P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/03/03

5 Full name of contributor  out-of-state PAC (ID#:

MR. & MRS. GEORGE COVINGTON

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/02/03

Full name of contributor  out-of-state PAC (ID#:

MAUREEN MULROONEY

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

06/03/03

Full name of contributor  out-of-state PAC (ID#:

MR. & MRS. MICHAEL MULLOY

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

06/03/03

Full name of contributor  out-of-state PAC (ID#:

PATSY A. SMITH

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

06/03/03

Full name of contributor  out-of-state PAC (ID#:

MR. & MRS. DALE FRENCH

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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:

3/6

2 FILER NAME

**P. M. CLINTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/03/03

5 Full name of contributor

**MARSHALL DAVIS BROWN, JR.**

out-of-state PAC (ID#:

7 Amount of contribution (\$)  
**\$500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/19/03

Full name of contributor

**DANIEL HOROWITZ**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 75.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

06/11/03

Full name of contributor

**KAY BURKHALTER**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$150.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

06/12/03

Full name of contributor

**MR. & MRS. JOHN R. ELDRIDGE**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

06/23/03

Full name of contributor

**JOHN MARK DAKMAK**

out-of-state PAC (ID#:

Amount of contribution (\$)

**\$ 25.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

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**

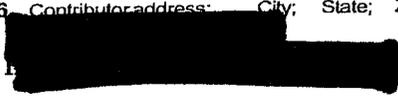
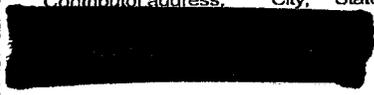
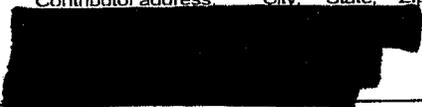
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>4/6</b>	
2 FILER NAME <b>P. M. CLINTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>06/23/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS. SAMMY ANDERSON</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>06/23/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEWART H. JONES</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/23/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS. THOMAS MCQUILLING</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/23/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DR. HAROLD JOHN BRELSFORD</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/23/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GLORIA MORRILL</b>	Amount of contribution (\$) <b>\$ 25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
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: <b>5/6</b>	
2 FILER NAME <b>P. M. CLINTON</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>06/23/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PEGGY MUNDT</b>	7 Amount of contribution (\$) <b>\$ 25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>06/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS. JACK ROBERTSON</b>	Amount of contribution (\$) <b>\$ 25.00</b>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS. JAMES BREWER</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFFERY ADDICKS</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS. DAVID JORDAN</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code 			
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:

6/6

2 FILER NAME

P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date  
06/20/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MR. & MRS. JOHN W. KOBE

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
06/20/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MR. & MRS. THOMAS E. STURGEON

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
06/25/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
BEATRICE MIETH

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
06/27/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CLYDE A. WILSON

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
05/28/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
KAREN INDELLICATI

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)

\$500.00

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.

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>1/6</b>
<b>2</b> FILER NAME <b>P. M. CLINTON</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>06/04/03</b>	<b>5</b> Payee name <b>B. F. SERVICES</b>	<b>7</b> Amount (\$) <b>\$ 450.00</b>
<b>6</b> Payee address; City; State; Zip Code <b>2041 MARNELL HOUSTON, TX 77055</b>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN FUND RAISER</b>		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <b>06/05/03</b>	Payee name <b>SPRINT DIGITAL PRINT, INC.</b>	Amount (\$) <b>\$2165.00</b>
Payee address; City; State; Zip Code <b>10100 CLAY ROAD, SUITE C HOUSTON, TX 77080</b>		
Purpose of payment (See instructions regarding type of information required.) <b>SIGNS</b>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <b>05/27/03</b>	Payee name <b>SIR SPEEDY PRINTING #4029</b>	Amount (\$) <b>\$ 214.34</b>
Payee address; City; State; Zip Code <b>13240 HEMPSTEAD, #216 HOUSTON, TX 77040</b>		
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN CARDS</b>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <b>06/17/03</b>	Payee name <b>POWER 97.5</b>	Amount (\$) <b>\$ 750.00</b>
Payee address; City; State; Zip Code <b>2700 POST OAK BOULEVARD, SUITE 2300 HOUSTON, TX 77056</b>		
Purpose of payment (See instructions regarding type of information required.) <b>ADVERTISING CAMPAIGN</b>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2/6</b>
2 FILER NAME <b>P. M. CLINTON</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>06/19/03</b>	5 Payee name <b>SPRINT DIGITAL PRINT, INC</b>  6 Payee address; City; State; Zip Code <b>10100 CLAY ROAD, SUITE C HOUSTON, TX 77080</b>	7 Amount (\$) <b>\$ 623.52</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>SIGNS</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>05/20/03</b>	Payee name <b>CARRENO MCCUNE</b>  Payee address; City; State; Zip Code <b>3730 KIRBY HOUSTON, TX 77098</b>	Amount (\$) <b>\$1104.15</b>
Purpose of payment (See instructions regarding type of information required.) <b>PUSH CARDS</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>06/27/03</b>	Payee name <b>B. F. SERVICES</b>  Payee address; City; State; Zip Code <b>2041 MARNELL HOUSTON, TX 77055</b>	Amount (\$) <b>\$ 250.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN RUND RAISER</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>03/27/03</b>	Payee name <b>GLAUSER -MCNAIR NURSERY</b>  Payee address; City; State; Zip Code <b>1707 OJEMAN HOUSTON, TX 77055</b>	Amount (\$) <b>\$ 487.67</b>
Purpose of payment (See instructions regarding type of information required.) <b>PARK BEAUTIFICATION</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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:  
**3/6**

2 FILER NAME  
**P. M. CLINTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**03/20/03**

5 Payee name  
**MONARCH TROPHY INC.**

7 Amount (\$)  
**\$ 48.71**

6 Payee address; City; State; Zip Code  
**10120 OLD KATY ROAD  
HOUSTON, TX 77043**

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

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

Date  
**03/26/03**

Payee name  
**PRIME EQUIPMENT #103**

Amount (\$)  
**\$ 54.01**

Payee address; City; State; Zip Code  
**8515 LONGPOINT ROAD  
HOUSTON, TX 77055**

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

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

Date  
**03/27/03**

Payee name  
**ACE HARDWARE**

Amount (\$)  
**\$ 12.97**

Payee address; City; State; Zip Code  
**8103 LONGPOINT  
HOUSTON, TX 77080**

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

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

Date  
**03/26/03**

Payee name  
**PRIME EQUIPMENT #103**

Amount (\$)  
**\$ 12.98**

Payee address; City; State; Zip Code  
**8515 LONGPOINT ROAD  
HOUSTON, TX 77055**

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

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

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**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>4/6</b>
<b>2</b> FILER NAME <b>P. M. CLINTON</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>04/25/03</b>	<b>5</b> Payee name <b>PEOPLE CARING FOR THE COMMUNITY, INC.</b>	<b>7</b> Amount (\$) <b>\$ 400.00</b>
<b>6</b> Payee address; City; State; Zip Code <b>10500 N.W. FREEWAY, #173 HOUSTON, TEXAS 77092</b>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>PHILIPPINE COMMUNITY CENTER FUND RAISER</b>		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>04/25/03</b>	Payee name <b>HOUSMAN ELEMENTARY SCHOOL FUND</b>	Amount (\$) <b>\$ 250.00</b>
Payee address; City; State; Zip Code <b>6705 HOUSMAN HOUSTON, TX 77055</b>		
Purpose of payment (See instructions regarding type of information required.) <b>PARK DONATION</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>04/29/03</b>	Payee name <b>LULAC</b>	Amount (\$) <b>\$ 100.00</b>
Payee address; City; State; Zip Code <b>5207 AIRLINE HOUSTON, TX 77022</b>		
Purpose of payment (See instructions regarding type of information required.) <b>PARADE</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>05/05/03</b>	Payee name <b>SHERIFF TOMMY THOMAS WILD GAME COOK-OFF</b>	Amount (\$) <b>\$ 500.00</b>
Payee address; City; State; Zip Code <b>1301 FRANKLIN HOUSTON, TX 77002</b>		
Purpose of payment (See instructions regarding type of information required.) <b>CONTRIBUTION</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>5/6</b>
<b>2</b> FILER NAME <b>P. M. CLINTON</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>05/13/03</b>	<b>5</b> Payee name <b>LUIS TONO</b>  <b>6</b> Payee address; City; State; Zip Code <b>9781 LONGPOINT HOUSTON, TX 77055</b>	<b>7</b> Amount (\$) <b>\$ 100.00</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>PUERTO RICAN FESTIVAL</b>		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>06/11/03</b>	Payee name <b>CARICIA TOBIAS</b>  Payee address; City; State; Zip Code <b>2041 MARNELL HOUSTON, TX 77055</b>	Amount (\$) <b>\$ 400.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN STAFF</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>06/17/03</b>	Payee name <b>CARICIA TOBIAS</b>  Payee address; City; State; Zip Code <b>2041 MARNELL HOUSTON, TX 77055</b>	Amount (\$) <b>\$ 400.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN STAFF</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>06/26/03</b>	Payee name <b>CARICIA TOBIAS</b>  Payee address; City; State; Zip Code <b>2041 MARNELL HOUSTON, TX 77055</b>	Amount (\$) <b>\$ 415.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN STAFF</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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:  
**6/6**

**2** FILER NAME  
**P. M. CLINTON**

**3** ACCOUNT # (Ethics Commission filers)

**4** Date  
**06/23/03**

**5** Payee name  
**1415 CALIFORNIA RESTAURANT**

**7** Amount (\$)  
**\$1200.00**

**6** Payee address; City; State; Zip Code  
**1415 CALIFORNIA  
HOUSTON, TX**

**8** Purpose of payment (See instructions regarding type of information required.)  
**FUND RAISER**

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

Date  
**06/03/03**

Payee name  
**PUMA**

Payee address; City; State; Zip Code  
**8520 HAMMERLY  
HOUSTON, TX 77055**

Amount (\$)  
**\$ 680.00**

Purpose of payment (See instructions regarding type of information required.)  
**CAMPAIGN FUND RAISER**

**\*\* 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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