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: 17

OFFICE USE ONLY

Date Received

RECEIVED OCT 0 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Kurtyce MI: L.

NICKNAME LAST: Cole SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 7409 Gleason Rd.
APT / SUITE #: CITY: STATE: ZIP CODE
Houston, Texas 77016

5 CAMPAIGN TREASURER NAME

TITLE: Ms. FIRST: Karen MI: L.

NICKNAME LAST: Cole SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 5300 Desoto #1406
APT / SUITE #: CITY: STATE: ZIP CODE
Houston, Texas 77091

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 681-6291 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: 7 / 16 / 2001 THROUGH Month Day Year: 10 / 9 / 2001

10 ELECTION

ELECTION DATE Month Day Year: 11 / 6 / 2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Houston City Council - B

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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Mr. Kurtyce Cole

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	$ 35.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 36,235.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	see $515.17 $itemization F 1 - F 5
	4. **TOTAL POLITICAL EXPENDITURES**	$ 1,005.09
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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.

Kurtyce L Cole
Signature of Candidate or Officeholder

NICHELLE WALTON
MY COMMISSION EXPIRES
June 12, 2003

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kurtyce L. Cole, this the 9th day of October, 20 01, to certify which, witness my hand and seal of office. Nichelle Walton

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

2 FILER NAME: Mr. Kurtyce Cole

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)
9-25-01	Jo Ann Matranga [redacted] Houston, TX 77017	$300.00	

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)
9-1-01	OneNet Mr. Dan Kerr [redacted] Houston, TX 77084	$35,000.00	Telecom Advertisement

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)
9-21-01	Zoia Cole [redacted] Houston, Texas 77016	$800.00	

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)
9-7-01	Frank Hart [redacted] Houston, TX 77029	$35.00	

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)
9-28-01	Anette Edens [redacted] Houston, TX 77006	$100.00	

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.

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 3

2 FILER NAME: MR. KURTYCE COLE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
(SEE ATTACHMENT) F-1	WALGREEN'S LOCATIONS OF HOUSTON, TX	$91.97

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

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
(SEE ATTACHMENT) F-2	CINGULAR WIRELESS LOCATIONS OF HOUSTON, TX	$137.77

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

•• 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 ($)
9.14.2001	FRY'S ELECTRONICS 10241 NORTH FRWY. HOUSTON, TX 77037	$38.02

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

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
(SEE ATTACHMENT) F-3	OFFICE DEPOT LOCATIONS OF HOUSTON, TX	$177.24

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

•• 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: 2 of 3

2 FILER NAME: MR. KURTYCE COLE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10.1.2001	LA VIDA NEWS 9898 BISSONNET # 550 HOUSTON, TX 77036	$100.00

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

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 ($)
10.1.2001	AITNET.COM 421 MAIDEN LANE FAYETTEVILL, NC 28301	$75.80

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

** 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 ($)
(SEE ATTACHMENT) F-4	KINKO'S LOCATIONS OF HOUSTON, TX	$11.02

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

** 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 ($)
(SEE ATTACHMENT) F-5	UNITED STATES POSTAL SERVICE 401 FRANKLIN HOUSTON, TX 77002	$57.15

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

** 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: 3 of 3

2 FILER NAME: MR. KURTYCE COLE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10·1·2001	SPEAK ENTERPRISES 14760 MEMORIAL DRIVE #103 HOUSTON, TX 77079	$316.12

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 SIGNS / YARD SIGNS			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9·25·2001	TEXAS DEMOCRATIC PARTY PARTY ~~HEAD~~QUARTERS OF AUSTIN, TX	$100.00

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 EVENT			

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