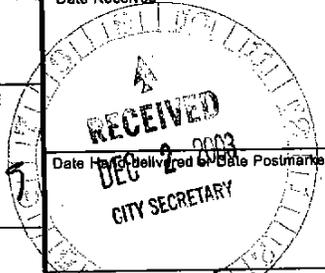


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 2em;">20</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. NICKNAME	FIRST DIANA LAST MARTINEZ	MI D. SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1009 Graceland, Hov, TX 77009										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 691-1436										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST ROMAN LAST MARTINEZ	MI O. SUFFIX								
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1009 Graceland, Hov, TX 77009										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 691-1436										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input 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)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input 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)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 26 / 03 THROUGH 11 / 26 / 03										
11 ELECTION	ELECTION DATE Month Day Year 12 / 06 / 03	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL, DIST. H									
14 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										



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission files)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** 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. **</small>	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 30,006.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ #12.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 61,117.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7888.38 7900.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 39,000

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Diana Davila Martinez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Davila Martinez, this the 28th day of November, 2003, to certify which, witness my hand and seal of office.

Linda Martinez
Signature of officer administering oath

LINDA MARTINEZ
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVIDA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leticia M. Turner	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin + Evelyn Shanley	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gordon Qvan	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manuel Lopez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Felix + Nelly Fraga	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAUILA MARTINEZ				3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/03	5 Full name of contributor Dr. Joe Rubio	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions)		
Date 10/29/03	Full name of contributor Larry Berkman	<input type="checkbox"/> 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 \ Job title (See Instructions)			Employer (See Instructions)		
Date 11/7/03	Full name of contributor Noel B. Lopez	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$3000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]					
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)		
Date 11/7/03	Full name of contributor Teresa Villa Ramirez	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]					
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)		
Date 11/7/03	Full name of contributor Dr. Ninta Cavazos	<input type="checkbox"/> 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 \ Job title (See Instructions)			Employer (See Instructions)		

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/7/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leticia M. Turner	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Constance Linbeck Casey	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria Canfield	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manuel Lopez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Outdoor P.A.C.	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel A. Rosales	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Kaplan	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge L. Casimiro	Amount of contribution (\$) \$5000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Casimiro	Amount of contribution (\$) \$5000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zulema Davila	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/18/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nelly Fraga 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allen + Patricia Watson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herman Silberstein Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W D Kuinta Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raymond Turner Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magda Galindo	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rody G. Vasquez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Rose P.A.C.	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emil M. Gilardetti	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia Davila	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

11

2 FILER NAME

DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/24/03

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

Gordon Juan Campaign

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/24/03

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

Marc Hill

Contributor address; City; State; Zip Code

[REDACTED] Hou

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

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

Outdoor P.A.C.

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

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

C.G. + Mary Martinez

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

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

Jesse R. Ulloa

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TSC Fund	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amador + Lily Lopez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adriana Tamez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katherine Caldwell	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael S. Holmes	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael K. Ho	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelly + Felix Fraga	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Flores	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R. Young	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillipa Young	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Trinidad V. Mendenhall	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alex R. Morales	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hilda Casimiro	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Cornelius Ryan	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carmen R. Zapata	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 11	
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Builders & Contractors PAC	7 Amount of contribution (\$) \$ 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Sanchez Group	Amount of contribution (\$)	In-kind contribution description (if applicable) \$436.25 web/internet expenditures
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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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:

~~2~~ 1

2 FILER NAME

DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

10/28/03

7 Name of lender

ROMAN MARTINEZ

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$5000.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

1009 Graceland, Hov, TX 77009

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

Consultant

18 Employer

self-employed

Date of loan

10/28/03, 11/3/03, 11/12/03

Name of lender

DIANA DAVILA MARTINEZ

out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$34,000

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

1009 GRACELAND, HOUSTON, TX 77009

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

consultant

Employer

self-employed

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/27/03	5 Payee name WC Management	7 Amount (\$) \$6667.03
6 Payee address; City; State; Zip Code 402 west 16th st., Hou, TX 77008		
8 Purpose of payment (See instructions regarding type of information required.) Consulting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/03	Payee name Robin Broussard	Amount (\$) \$1452.00
Payee address; City; State; Zip Code 2715 Hackamore Hollow Ln., Hou, TX 77014		
Purpose of payment (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/03	Payee name Kathryn McNeil, K. Chace Consulting	Amount (\$) \$2500.00
Payee address; City; State; Zip Code PO Box 131835, Hou, TX 77219		
Purpose of payment (See instructions regarding type of information required.) Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/3/03	Payee name The Sanchez Group	Amount (\$) \$970.00
Payee address; City; State; Zip Code 2476 Bolsover #414, Hou, TX 77005		
Purpose of payment (See instructions regarding type of information required.) consulting		** 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: 6
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/12/03	5 Payee name Allen Provost + Herb Mitchell	7 Amount (\$) \$4450.00
6 Payee address; City; State; Zip Code PO Box 23332, Houston, TX		
8 Purpose of payment (See instructions regarding type of information required.) consulting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/10/03	Payee name Allen Provost + Herb Mitchell	Amount (\$) \$5000.00
Payee address; City; State; Zip Code PO Box 23332, Hov, TX		
Purpose of payment (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/14/03	Payee name Allen Provost + Herb Mitchell	Amount (\$) \$1200.00
Payee address; City; State; Zip Code PO Box 23332, Houston, TX		
Purpose of payment (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/14/03	Payee name Calle Mio	Amount (\$) \$2500.00
Payee address; City; State; Zip Code 2810 Leeland, Houston, TX 77003		
Purpose of payment (See instructions regarding type of information required.) consulting		** 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: 6
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/16/03	5 Payee name Kevin Boyd 6 Payee address; City; State; Zip Code Houston, TX	7 Amount (\$) 200.00
8 Purpose of payment (See instructions regarding type of information required.) literature layout		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/24/03	Payee name Lee Padilla Payee address; City; State; Zip Code 12841 Green Dolphin, Houston, TX 77013	Amount (\$) \$1000.00
Purpose of payment (See instructions regarding type of information required.) contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/24/03	Payee name Doris Hubbard Payee address; City; State; Zip Code Houston, TX	Amount (\$) \$2500.00
Purpose of payment (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/20/03	Payee name Delta Upsilon Payee address; City; State; Zip Code 5019 Calhoun, unit #14, Houston, TX 77004	Amount (\$) \$400.00
Purpose of payment (See instructions regarding type of information required.) donation		** 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: 6
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/20/03	5 Payee name Sprint Digital Print	7 Amount (\$) \$2500.00
6 Payee address; City; State; Zip Code 10100 Clay Rd., Hov, TX 77080		
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 11/26/03	Payee name Baptist Ministers Assoc. of Hov & Vicinity	Amount (\$) \$500.00
Payee address; City; State; Zip Code Houston, TX		
Purpose of payment (See instructions regarding type of information required.) campaign literature		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/25/03	Payee name Doris Hubbard	Amount (\$) \$500.00
Payee address; City; State; Zip Code Houston, TX		
Purpose of payment (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/22/03	Payee name Calle Mio	Amount (\$) \$3650.00
Payee address; City; State; Zip Code 2810 Leeland, Hov, TX 77003		
Purpose of payment (See instructions regarding type of information required.) Consulting		** 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: 6
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/24/03	5 Payee name Castle Printing 6 Payee address; City; State; Zip Code Houston TX	7 Amount (\$) \$ 311.76
8 Purpose of payment (See instructions regarding type of information required.) t-shirts		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/24/03	Payee name WC Management Payee address; City; State; Zip Code 402 West 16th St., Houston, TX 77008	Amount (\$) \$ 10,212.56
Purpose of payment (See instructions regarding type of information required.) Consulting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/25/03	Payee name 3N Printing Co. Payee address; City; State; Zip Code 6917 Japonica, Hou, TX 77087	Amount (\$) \$ 2753.88
Purpose of payment (See instructions regarding type of information required.) printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/26/03	Payee name lee Padilla Payee address; City; State; Zip Code 12841 Green Dolphin, Hou, TX 77013	Amount (\$) \$1000.00
Purpose of payment (See instructions regarding type of information required.) consulting		-- 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: 6
2 FILER NAME DIANA DAVILA MARTINEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/26/03	5 Payee name Delta Upsilon 6 Payee address; City; State; Zip Code 5019 Calhoun, Unit #14, Hov, TX 77004	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) donation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/26/03	Payee name Roger Rigsby Payee address; City; State; Zip Code 1 Cougar Place #328, Hov, TX 77004	Amount (\$) \$1035.00
Purpose of payment (See instructions regarding type of information required.) website design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/26/03	Payee name WC Management Payee address; City; State; Zip Code 402 West 16th St., Houston, TX 77008	Amount (\$) \$9303.64
Purpose of payment (See instructions regarding type of information required.) consulting		** 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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