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: 169

**OFFICE USE ONLY**

Date Received

RECEIVED
JUN 15 2003
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

TITLE | FIRST: Ada | MI

NICKNAME | LAST: Edwards | SUFFIX

**4 CANDIDATE / OFFICEHOLDER ADDRESS**

ADDRESS / PO BOX: P.O. Box 667307 | APT / SUITE #: | CITY: Houston, TX 77266 | STATE: | ZIP CODE

☐ Change of Address

**5 CAMPAIGN TREASURER NAME**

TITLE | FIRST: Monica | MI

NICKNAME | LAST: Lamb | SUFFIX

**6 CAMPAIGN TREASURER ADDRESS** (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): P.O. Box 667307 | APT / SUITE #: | CITY: Houston, TX 77266 | STATE: | ZIP CODE

**7 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 713 ) | PHONE NUMBER: 523-1762 | 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: 01 / 01 / 03 THROUGH Month Day Year: 06 / 30 / 03

**10 ELECTION**

ELECTION DATE Month Day Year: 11 / 04 / 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

**11 OFFICE**

OFFICE HELD (if any): Houston City Council, District D

**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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 3/4/2003 | Algenita Scott Davis | [redacted] | $200.00 | | | |
| 3/6/2003 | Helen Ann Fisher | [redacted] | $50.00 | | | |
| 3/10/2003 | Madeleine G. Appel | [redacted] | $150.00 | | | |
| 3/10/2003 | Sanford W. Criner Jr. | [redacted] | $250.00 | | | |
| 3/10/2003 | Margie Lee Bingham | [redacted] | $250.00 | | | |

**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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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (If applicable) : |
|---|---|---|---|
| 3/10/2003 | **William H. White** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted]2 | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (If applicable) : |
|---|---|---|---|
| 3/10/2003 | **C. Mike Garver** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (If applicable) : |
|---|---|---|---|
| 3/10/2003 | **John Odom** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (If applicable) : |
|---|---|---|---|
| 3/10/2003 | **Fulbright & Jaworski L.L.P. Texas Committee** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (If applicable) : |
|---|---|---|---|
| 3/10/2003 | **Melaney A. Linton** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/10/2003** | **Charles C. Foster** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/10/2003** | **Charles Douglas Gooden PE** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/10/2003** | **Monica Vaughan** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/12/2003** | **Muffie Moroney** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/12/2003** | **John N. Barnhart** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/12/2003 | Karen Nelson Thomas PLLC | [redacted] | $200.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |
| 3/12/2003 | Robert J Bacon Sr., MD | [redacted] | $100.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |
| 3/12/2003 | Janet Wilbur | [redacted] | $50.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |
| 3/12/2003 | Matthew T. Solleau | [redacted] | $100.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |
| 3/12/2003 | Michael P. Doyle | [redacted] | $100.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 3/12/2003 | Willie Mae Johnson | [redacted] | $25.00 | | | |
| 3/12/2003 | Ayesha G. Mutepe-Johnson | [redacted] | $100.00 | | | |
| 3/12/2003 | David Stone | [redacted] | $35.00 | | | |
| 3/14/2003 | Robert Smith III | [redacted] | $50.00 | | | |
| 3/14/2003 | Jan J. Gibson | [redacted] | $100.00 | | | |

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| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/14/2003** | **Betty T Patterson** | **$20.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/14/2003** | **Garnet F. Coleman, Campaign Ac** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/14/2003** | **Chris C. Pappas** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/14/2003** | **Anthony R Chase** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/14/2003** | **James F. Thompson** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 3/14/2003 | Andrews & Kurth Texas PAC | [redacted] | $1,000.00 | | | |
| 3/14/2003 | Linebarger Goggan Blair Pena & Sampson, LLP | [redacted] | $1,000.00 | | | |
| 3/19/2003 | Jerome Robinson | [redacted] | $1.00 | | | |
| 3/19/2003 | Wayne Barry Slaughter | [redacted] | $100.00 | | | |
| 3/19/2003 | Thomas A Staudt | [redacted] | $250.00 | | | |

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Revised 05/22/1998

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/19/2003 | Jackson Hicks | [redacted] | $100.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/19/2003 | Ann L. Bragdon MD | [redacted] | $15.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/19/2003 | Charles E. Armstrong | [redacted] | $1,000.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/19/2003 | Jack C. Cannata | [redacted] | $500.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/19/2003 | Patricia J. Lasher | [redacted] | $50.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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|---|---|
| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/19/2003** | **James C. Box** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/19/2003** | **William E. Colburn** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Carmen V. Orta** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Theola Petteway** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Paul D. Charles** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Paul L. Lippke** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Mike Petrizzo** | **$300.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **David Lee Collins** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Gayle E. Waden** | **$25.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Roberta R. Burroughs** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **William Paul Thomas** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Valvert R Thompson** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Charles Gregory Rencher** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Janiece M. Longoria** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Edward L Boswell** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **James D. Dannenbaum P.E.** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Okechukwu Charles Obi** | **$100.00** | |
| | City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Herbert B. Rothschild Jr.** | **$200.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Judson W. Robinson III** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Judson W. Robinson III** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Darcy Mackey** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Doreen N. Stoller** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **C. C. Lee** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Francelia Totty** | **$35.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Wilford A. Weber** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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



Revised 05/22/1998

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 3/20/2003 | J. Wellington Masseh | [redacted] | $100.00 | | | |
| 3/20/2003 | Halff Associates State PAC | [redacted] | $250.00 | | | |
| 3/20/2003 | Paul L. Lippke | [redacted] | $100.00 | | | |
| 3/20/2003 | Texas Weston PAC | [redacted] | $500.00 | | | |
| 3/20/2003 | Cindy L. Clifford | [redacted] | $250.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Walden & Associates** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Niko Nikos Sandwich Corner** | **$5,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Centerpoint Energy PAC - Texas** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **Burney & Foreman, Attorneys-At-Law** | **$250.00** | |
| | [redacted] City, State, Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/20/2003 | **AFSCME Local 1550** | **$200.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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**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 and SPAC)

| The instruction Guide explains how to complete this form. | 1 Total pages this schedule A1: **42** |
|---|---|
| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **National Association of Minority Contractors** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Outdoor PAC** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Bank One, Texas, N.A. Good Government Committee** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Johnnie A Jenkins** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **3/20/2003** | **Turner Collie & Braden PAC** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: | ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/20/2003 | **Texas Working Families PAC** | | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: | ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/20/2003 | **Gerald M. Brady** | | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: | ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/20/2003 | **Paul D Fremberg** | | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: | ☒ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/20/2003 | **IBEW - Washington DC** | | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: | ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/20/2003 | **Sherif Mohamed** | | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/20/2003 | Rosita Waden Brooks | [redacted] | $50.00 | |

9 Principal Occupation (Optional):

10 Employer (Optional):

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/27/2003 | Bracewell & Patterson Committee | [redacted] | $1,000.00 | |

9 Principal Occupation (Optional):

10 Employer (Optional):

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/27/2003 | Jeff E. Ross Sr., PE | [redacted] | $500.00 | |

9 Principal Occupation (Optional):

10 Employer (Optional):

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/27/2003 | Algenita Scott Davis | [redacted] | $200.00 | |

9 Principal Occupation (Optional):

10 Employer (Optional):

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|---|
| 3/27/2003 | Jeanette A. Rash | [redacted] | $250.00 | |

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/27/2003 | **Wilmoth Loper Williams** | **$40.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/27/2003 | **Continental Airlines Inc. Employee Fund for a Bett** | **$1,000.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 3/27/2003 | **Simon R Wiltz** | **$2,500.00** | |
| | Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 4/8/2003 | **Texas Friends of Time Warner Cable** | **$500.00** | |
| | 6 Contributor Address: Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 4/8/2003 | **Uptown Houston Political Action Committee** | **$250.00** | |
| | 6 Contributor Address: Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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Revised 05/22/1998

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/8/2003** | **Grant Martin Consulting** | **$50.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/8/2003** | **Helen N. Futch** | **$50.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/8/2003** | **Jane Bass Page** | **$250.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/8/2003** | **Audrey Lawson** | **$100.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/8/2003** | **Marc A. Campos** | **$250.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/9/2003** | **Ronald Drew Piperi** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/9/2003** | **R. Jack Linville** | **$500.00** | |
| | [redacted] Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/9/2003** | **Ozell Taylor Johnson** | **$75.00** | |
| | [redacted] Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/9/2003** | **Darryl B. Carter** | **$500.00** | |
| | [redacted] Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/9/2003** | **Judson W. Robinson III** | **$250.00** | |
| | [redacted] Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 4/9/2003 | D. Wayne Klotz PE | [redacted] | $500.00 | | | |
| 4/16/2003 | Edmond D. Wulfe | [redacted] | $1,000.00 | | | |
| 4/16/2003 | Peter H. Brown | [redacted] | $100.00 | | | |
| 4/16/2003 | Gerald E. Wilson | [redacted] | $1,000.00 | | | |
| 4/19/2003 | Donald K. Hollingsworth | [redacted] | $500.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/18/2003** | **V. N. Vijayvergiya PE**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$1,000.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/29/2003** | **William F. Burge III**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$250.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/29/2003** | **William F. Burge**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$250.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **4/29/2003** | **Jack Drake**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$250.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Donald W Sewell**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$1,000.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Booker T. Morris III** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Kathleen Wilkes** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Deandre M Sam** | **$200.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Paul D Fromberg** | **$30.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Elise D. Cook MD** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City State Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 5/2/2003 | Albert Pemburton | [redacted] | $100.00 | | | |
| 5/2/2003 | Gerald Wayne Womack | [redacted] | $100.00 | | | |
| 5/2/2003 | Carol L. Bailey | [redacted] | $50.00 | | | |
| 5/2/2003 | Charles M Bush | [redacted] | $500.00 | | | |
| 5/2/2003 | Brian G. Smith | [redacted] | $1,000.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Academy Awards Trophies and Plaques** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Gerald Wayne Womack** | **$500.00** | **Event Expenses** |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/2/2003** | **Carlos Menendez** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/5/2003** | **R Gary Montgomery PE** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/5/2003** | **Jacqueline E. Bostic Esq.** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 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 and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/5/2003** | **Janine M. Brunjes RN** | **$100.00** | |
| | [redacted] City, State, Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/5/2003** | **Ann Lents** | **$100.00** | |
| | [redacted] City, State, Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/8/2003** | **Houston Police Officers Union PAC** | **$10,000.00** | |
| | 6 Contributor Address: [redacted] City, State, Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/15/2003** | **James R. Jard** | **$500.00** | |
| | 6 Contributor Address: [redacted] City, State, Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **5/15/2003** | **Jon N. Strange** | **$250.00** | |
| | 6 Contributor Address: [redacted] City, State, Zip Code | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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**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 and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|---|
| 5/15/2003 | Bridget Lois Jensen | [redacted] | $50.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|---|
| 5/15/2003 | LAN-PAC | [redacted] | $500.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|---|
| 5/15/2003 | Louis C Ray | [redacted] | $50.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|---|
| 5/15/2003 | McConnell Jones Lanier & Murphy | [redacted] | $500.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|---|
| 5/22/2003 | Beadie Rach | [redacted] | $25.00 | |
| 9 Principal Occupation (Optional): | | 10 Employer (Optional): | | |

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**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 and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 5/30/2003 | **Richard W. Weekley** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 5/30/2003 | **Candace M. Brooks** | **$1,300.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 5/30/2003 | **Judith B Cunningham** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 5/30/2003 | **Lee T Lee** | **$100.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 5/30/2003 | **David Fred Martinez Ph.D., P.E** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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**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 and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/4/2003 | **Reginald E. McKamie Sr** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/4/2003 | **Rosie L. Mackey Baines** | **$10.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/4/2003 | **Home-PAC (Greater Houston Bldrs Assoc)** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/18/2003 | **Dennis W. Sander PE** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/20/2003 | **Harry W. Reed** | **$300.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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**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 and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 6/20/2003 | Senetta Clifton | [redacted] | $25.00 | | | |
| 6/25/2003 | Louis S. Sklar | [redacted] | $250.00 | | | |
| 6/25/2003 | Paula S. Arnold | [redacted] | $100.00 | | | |
| 6/25/2003 | M. Associates of Houston | [redacted] | $100.00 | | | |
| 6/25/2003 | Susan B. Kennedy | [redacted] | $50.00 | | | |

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



Revised 05/22/1999

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/25/2003** | **Sherif Mohamed** | **$1,000.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/25/2003** | **Patsy Cravens** | **$50.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/25/2003** | **Marqus Bogan** | **$25.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/25/2003** | **Pearl E. Miller** | **$50.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/25/2003** | **Hazel H. Young** | **$25.00** | |
| | 6 Contributor Address: City State Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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**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 and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (If applicable) : | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 6/25/2003 | Ovide Duncantell Jr. | [redacted] | $100.00 | | | |
| 6/25/2003 | Brian T. Stephens | [redacted] | $100.00 | | | |
| 6/25/2003 | Jasbir Singh | [redacted] | $2,500.00 | | | |
| 6/25/2003 | Hemachandra Prasad Kolluru PE | [redacted] | $500.00 | | | |
| 6/26/2003 | Samuel D. Keeper | [redacted] | $100.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/26/2003** | **Hou Con PAC**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$1,000.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/26/2003** | **Anne Lundy**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$25.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/26/2003** | **Elisabeth B Huffer**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$50.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/26/2003** | **Jack Drake**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$100.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/26/2003** | **Joyce Taylor Johnson**<br>6 Contributor Address: City, State, Zip Code [redacted] | **$50.00** | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 6 Contributor Address: City, State, Zip Code | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): | 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|---|---|---|---|---|
| 6/26/2003 | Herman T. Pipkins Sr | [redacted] | $100.00 | | | |
| 6/26/2003 | James C. Greves | [redacted] | $100.00 | | | |
| 6/26/2003 | J. Thomas Smith JD, PhD. | [redacted] | $25.00 | | | |
| 6/27/2003 | William H. White | [redacted] | $500.00 | | | |
| 6/30/2003 | Nelda Conner Lewis | [redacted] | $25.00 | | | |

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Revised 05/22/1998

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

| The Instruction Guide explains how to complete this form. | 1 Total pages this schedule A1: 42 |
|---|---|
| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/30/2003 | Vinson & Elkins Texas Political Action Committee | $1,000.00 | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/30/2003 | H-CAR PAC | $500.00 | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/30/2003 | Ricky Kamins | $1,000.00 | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/30/2003 | Hemachandra Prasad Kolluru PE | $500.00 | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| 6/30/2003 | Jeanette A. Rash | $250.00 | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

| The Instruction Guide explains how to complete this form. | 1 Total pages this schedule A1: **42** |
|---|---|
| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/30/2003** | **Herman Vacca** | **$25.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/30/2003** | **Mary Lynn Furay** | **$25.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/30/2003** | **Rupert E. Hazle** | **$25.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/30/2003** | **Ayesha G. Mutope-Johnson** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/30/2003** | **Ray C. Davis** | **$5,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages this schedule A1: **42** |
| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **6/30/2003** | **Nancy C. Fogarty** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |

| 9 Principal Occupation (Optional): | 10 Employer (Optional): |
|---|---|

Schedule A1 Report Total: $93,136.00

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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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 1/8/2003 | Breakfast Klub<br>3711 Travis St. Houston, TX 77002 | $100.00 |

Purpose of payment (See instructions regarding type of information required): Meeting Refreshments

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 1/10/2003 | Harris County Women's Political Caucus<br>P.O. Box 77048 Houston, TX 77248 | $100.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 1/14/2003 | Mayor Pro Tem Gordon Quan<br>City Hall Annex 900 Bagby, 1st Floor Houston, TX | $100.00 |

Purpose of payment (See instructions regarding type of information required): Contribution toward City Council Microwave

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 1/22/2003 | City of Houston<br>P.O. Box 66513 Houston, TX 77266 | $1,508.50 |

Purpose of payment (See instructions regarding type of information required): Newsletter Expenses

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

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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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) | Purpose of payment (See instructions regarding type of information required) | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held |
|---|---|---|---|---|
| 1/30/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $5,000.00 | Consulting | |
| 2/7/2003 | Keith Wade<br>4810 Old Spanish Trail Houston, TX 77021 | $5,000.00 | Consulting | |
| 2/12/2003 | LULAC District VIII<br>P.O. Box 15100 Houston, TX 77220-5100 | $100.00 | Sponsorship | |
| 2/24/2003 | | $5.00 | Bank Service Charge | |

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Revised 04/04/2000

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# POLITICAL EXPENDITURES

## SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address | City; State; Zip Code | Amount ($) |
|---|---|---|---|
| 2/28/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | | $325.97 |

Purpose of payment (See instructions regarding type of information required): Postage & Mailhouse

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address | City; State; Zip Code | Amount ($) |
|---|---|---|---|
| 2/28/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | | $10,000.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address | City; State; Zip Code | Amount ($) |
|---|---|---|---|
| 2/28/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | | $2,429.58 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address | City; State; Zip Code | Amount ($) |
|---|---|---|---|
| 3/3/2003 | Keith Watson Wade<br>4810 Old Spanish Trail Houston, TX 77021 | | $2,000.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

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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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 3/10/2003 | Ada Edwards<br>5514 Griggs, Apt. 2832<br>Houston, TX 77021 | $20.00 |

Purpose of payment (See instructions regarding type of information required): Reimburse Meeting Refreshments

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 3/10/2003 | Martha Rivera<br>1351 Greens Parkway #99<br>Houston, TX 77076 | $20.00 |

Purpose of payment (See instructions regarding type of information required): Meeting Refreshments

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 3/14/2003 | Cingular Wireless<br>P.O. Box 650574 Dallas, TX 75265-0574 | $139.49 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 3/18/2003 | The Breakfast Klub<br>3711 Travis St. Houston, TX 77002 | $650.00 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 3/24/2003 | Washington Mutual | $5.00 |

Purpose of payment (See instructions regarding type of information required): Bank Service Charge

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 3/26/2003 | Ada Edwards<br>5514 Griggs, Apt. 2832<br>Houston, TX 77021 | $150.70 |

Purpose of payment (See instructions regarding type of information required): Reimburse travel expenses

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 4/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $1.68 |

Purpose of payment (See instructions regarding type of information required): Credit Card Processing Fees

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 4/1/2003 | Keith Wade<br>4810 Old Spanish Trail<br>Houston, TX 77021 | $2,000.00 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $75.75 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $2,536.73 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $1,373.56 |

Purpose of payment (See instructions regarding type of information required): Postage & Mailhouse

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $5,000.00 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 4/1/2003 | Ada Edwards<br>5514 Griggs, Apt. 2832<br>Houston, TX 77021 | $721.75 |

Purpose of payment (See instructions regarding type of information required): Reimbursement for Chocolate Bayou Heritage Festiva

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 4/1/2003 | People in Partnership<br>3000 Trulley Houston, TX 77004 | $150.00 |

Purpose of payment (See instructions regarding type of information required): Office Retreat

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 4/16/2003 | Cingular Wireless<br>P.O. Box 650574 Dallas, TX 75265-0574 | $83.98 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 5/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $198.00 |

Purpose of payment (See instructions regarding type of information required): Newspaper Subscription

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) | Purpose of payment (See instructions regarding type of information required) | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held |
|---|---|---|---|---|
| 5/1/2003 | Ada Edwards<br>5514 Griggs, Apt. 2832<br>Houston, TX 77021 | $50.00 | Reimburse photography expense | |
| 5/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $5,000.00 | Consulting | |
| 5/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $40.00 | Maps | |
| 5/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $56.32 | Web Site | |

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# POLITICAL EXPENDITURES

## SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $16.24 |

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

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

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/1/2003 | Keith Wade<br>4810 Old Spanish Trail Houston, TX 77021 | $2,000.00 |

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

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

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/1/2003 | Sue Lovell Campaign<br>P.O. Box 667307 Houston, TX 77266-7307 | $100.00 |

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

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

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/1/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $4.44 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/2/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $4,200.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/2/2003 | Renita Davis<br>11980 Overbrook, No. 1101 Houston, TX 77077 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/5/2003 | Loretta's Floral Design<br>1909 Blodgett Houston, TX 77004 | $55.21 |

Purpose of payment (See instructions regarding type of information required): Event Expense

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/12/2003 | 276 Community Club, Inc.<br>5606 Beldart Houston, TX 77033 | $100.00 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/15/2003 | A & E The Graphics Complex<br>4235 Richmond Houston, TX 77027 | $1,022.96 |

Purpose of payment (See instructions regarding type of information required): Graphics & Banner

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/15/2003 | Cingular Wireless<br>P.O. Box 650574 Dallas, TX 75265-0574 | $83.98 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/19/2003 | Houston Image Group<br>901 Bagby #100 Houston, TX 77002 | $900.00 |

Purpose of payment (See instructions regarding type of information required): Contribution for Chocolate Bayou Heritage Festival

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/22/2003 | Harris County Democrats<br>2404 La Branch Houston, TX 77004 | $100.00 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/30/2003 | Alan Walker<br>5400 MLK Blvd. Apt. 46<br>Houston, TX 77021 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 5/30/2003 | Renita Davis<br>11980 Overbrook, No. 1101<br>Houston, TX 77077 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/2/2003 | PAOCC<br>5500 Martin Luther King J<br>Houston, TX 77021 | $300.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/3/2003 | Alan Walker<br>5400 MLK Blvd. Apt. 46<br>Houston, TX 77021 | $10.96 |

Purpose of payment (See instructions regarding type of information required): Volunteer Refreshments

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/3/2003 | Riverside Hospital<br>1302 Waugh Drive PMB 240<br>Houston, TX 77019 | $200.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/9/2003 | Keith Watson Wade<br>4810 Old Spanish Trail<br>Houston, TX 77021 | $2,000.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/12/2003 | Acres Homes Community Development Council<br>6710 W. Montgomery Rd.<br>Houston, TX 77091 | $150.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/12/2003 | Alan Walker<br>5400 MLK Blvd. Apt. 46<br>Houston, TX 77021 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/12/2003 | Harris County Democrats<br>7670 Woodway Drive, Suite 110 Houston, TX 77063 | $100.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/12/2003 | Renita Davis<br>11980 Overbrook, No. 1101 Houston, TX 77077 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/13/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Reimburse Renita Davis - Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/13/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $10.66 |

Purpose of payment (See instructions regarding type of information required): Web Site

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/13/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $154.96 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/13/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $5,000.00 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/13/2003 | Grant Martin Consulting<br>P.O. Box 667307 Houston, TX 77266 | $12.95 |

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

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address / City / State / Zip Code | Amount ($) |
|---|---|---|
| 6/18/2003 | Cingular Wireless<br>P.O. Box 650574 Dallas, TX 75265-0574 | $83.98 |

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

** Complete if direct expenditures 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.

Total pages Schedule F: 17

FILER NAME: Ada Edwards

ACCOUNT # (Ethics Commission filers):

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/24/2003 | Alan Walker<br>5400 MLK Blvd. Apt. 46<br>Houston, TX 77021 | $36.24 |

Purpose of payment (See instructions regarding type of information required): Volunteer Refreshments

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/24/2003 | Alan Walker<br>5400 MLK Blvd. Apt. 46<br>Houston, TX 77021 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/24/2003 | Renita Davis<br>11980 Overbrook, No. 1101<br>Houston, TX 77077 | $1,000.00 |

Purpose of payment (See instructions regarding type of information required): Campaign Management

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

| Date | Payee Name / Payee address | Amount ($) |
|---|---|---|
| 6/25/2003 | Keith Wade<br>4810 Old Spanish Trail<br>Houston, TX 77021 | $2,000.00 |

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

** Complete if direct expenditures 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.

Total pages Schedule F
17

FILER NAME
Ada Edwards

ACCOUNT # (Ethics Commission filers)

Schedule F Report Total: $71,584.59

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 1

FILER NAME Ada Edwards

ACCOUNT # (Ethics Commission filers)

| Date | Payee Name / Payee address / City; State; Zip Code | Amount ($) | Purpose of payment (See instructions regarding type of information required) | Reimbursement from political contributions intended |
|---|---|---|---|---|
| 3/10/2003 | Ada Edwards<br>P.O. Box 667307 Houston, TX 77266-7307 | $20.00 | Reimburse Meeting Refreshments | X |
| 3/26/2003 | Ada Edwards<br>P.O. Box 667307 Houston, TX 77266-7307 | $150.70 | Reimburse travel expenses | X |
| 4/1/2003 | Ada Edwards<br>P.O. Box 667307 Houston, TX 77266-7307 | $721.75 | Reimbursement for Chocolate Bayou Heritage Festiva | X |
| 5/1/2003 | Ada Edwards<br>P.O. Box 667307 Houston, TX 77266-7307 | $50.00 | Reimburse photography expense | X |

Schedule G Report Total: $942.45

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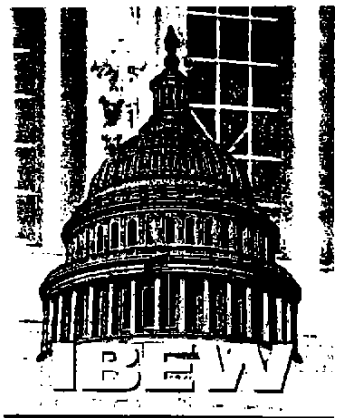

| | Initials | Date |
|---|---|---|
| QuickBooks | | |
| Credit Card | | |
| Data Base | | |
| Closed/File | | |

September 23, 2002

Mr. David Cameron

P. O. Box 667307
Houston, Texas 77266

Dear Mr. Cameron:

Enclosed is a copy of our Federal Election Commission Registration Form and Statement of Organization.

Best wishes.

Sincerely,

Jeremiah J. O'Connor
International Secretary-Treasurer

JJC/ch
Opeiu #2
Enclosure

District of Columbia:ss:
Subscribed and sworn before me this 26th day of September, 2002 at Washington. DC.

DEBORAH L. BRANZELL, NOTARY PUBLIC
IN AND FOR THE DISTRICT OF COLUMBIA
My Commission Expires August 14, 2003

My notary commission expires _____

Notary Public


Edwin D. Hill
Chairman

Jeremiah J. O'Connor
Secretary-Treasurer

International
Brotherhood of
Electrical Workers

1125 Fifteenth
Street, N.W.
Washington, D.C.
20005
PH: (202) 728-6046
FX: (202) 728-6144
ibewpoliticaldept@ibew.org

# UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

015806

## REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A COMMITTEE

1972 MAY 22 PM 1:05

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF $1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oaths.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oaths, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing address and ZIP code: 1125 - 15th Street, N. W.
Washington, D. C. 20005

Date of this registration: May 19, 1972

2. Affiliated or connected organizations:

| Name of affiliated or connected organization | Mailing address and ZIP code | Relationship |
|---|---|---|
| I.B.E.W. | 1125 - 15th Street, N. W. Washington, D. C. 20005 | |
| Federal Election Commission ID# | C00027342 | |

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above where information is continued on separate page(s).

3. Area, Scope and Jurisdiction of the Committee:
   (a) Will this committee operate in more than one State? Yes
   (b) Will it operate on a statewide basis in one State? Yes
   (c) Will it primarily support candidates seeking State or local office? No
   (d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? Yes

FEC ELECTION FORM 1

7200007094 2

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

| Full names of candidates | Mailing address and ZIP code | State and Congressional District | Party |
|---|---|---|---|
| Will Support A Number of Candidates As Determined From Time To Time | | | |

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

| Full names of candidates | Mailing address and ZIP code | Office sought | Party |
|---|---|---|---|
| Will Support A. Number Of Candidates As Determined From Time to Time | | | |

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

| Full names of candidates | Mailing address and ZIP code | Office sought | Party |
|---|---|---|---|
| Will Support A Number of Candidates As Determined From Time To Time | | | |

5. If this committee is supporting the entire ticket of a party, give name of party: Non-Applicable

6. Identify by name, address and position, the committee's custodian of books and accounts:

| Full name | Mailing address and ZIP code | Committee title or position |
|---|---|---|
| Joseph D. Keenan | 1125 - 15th Street, N. W. Washington, D. C. 20005 | Secretary Treasurer |

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

| Full name | Mailing address and ZIP code | Committee title or position |
|---|---|---|
| Charles H. Pillard | 1125 - 15th Street, N. W. Washington, D. C. 20005 | Chairman |

[illegible] additional information on separate continuation sheets appropriately labeled and attached to [illegible] Statement [illegible] appropriate [illegible] above when information is continued on separate page(s)



7 2 0 0 0 0 7 0 9 4 3

8. Does this committee plan to stay in existence beyond the current calendar year? Yes If so how long? Indefinitely

9. In the event of dissolution, what disposition will be made of residual funds? Non-Applicable

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

| Name of bank, repository, etc. | Mailing address and ZIP code |
|---|---|
| The First National Bank of Washington | Washington, D. C. |
| | |

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

| Report title | Dates required to be filed | Name and position of recipient | Mailing address and ZIP code |
|---|---|---|---|
| | | | |

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above where information is continued on separate page(s).

STATE OF District of Columbia
ss.
County of

I, Joseph D. Keenan, being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

(Full Name of Treasurer of Political Committee)

(Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 19th day of May, A.D. 19 72.

Frances Mariett Davis, Notary Public, District of Columbia
My commission expires My Commission Expires July 14, 1977 19.

[SEAL]

**Return completed form and attachments to:**
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515



72000070944

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: Ada Edwards

15 ACCOUNT # (Ethics Commission filers):

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 NO REPORTABLE ACTIVITY**

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

| | | |
|---|---|---|
| **18 CONTRIBUTION TOTALS** | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 93,136.00 |
| **EXPENDITURE TOTALS** | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 71,584.59 |
| **OUTSTANDING LOAN TOTALS** | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

**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.

NOTARY PUBLIC STATE OF TEXAS
Barbara S. Harville
Notary Public
STATE of TEXAS
My Comm. Exp.: 04-22-2004

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ada J Edwards, this the 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Barbara Harville — BARBARA S. HARVILLE — NOTARY PUBLIC

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

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 and SPAC)

| The instruction Guide explains how to complete this form. | 1 Total pages this schedule A1: **42** |
|---|---|
| 2 FILER NAME: **Ada Edwards** | 3 ACCOUNT # (Ethics Comission filers) |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/18/2003** | **Bette John** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/18/2003** | **David Stone Interior Design** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/19/2003** | **Coats, Rose Political Action Committee** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/20/2003** | **Ralph C. Lasher** | **$25.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/20/2003** | **Roland Garcia Jr.** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 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.**



Revised 05/22/1998

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/20/2003** | **Nathelyne A. Kennedy** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/20/2003** | **Plumbers Local Union No. 68 PAC** | **$2,500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/20/2003** | **Pipe Fitters Local Union #211** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/24/2003** | **Robin Blut** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/24/2003** | **George S. Littell** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/24/2003** | **Joan C. Edwards D.C.** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/24/2003** | **Rudolph H. Bruhns** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/24/2003** | **Monica Vaughan** | **$50.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/24/2003** | **Vinson & Elkins Texas Political Action Committee** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable) : |
|---|---|---|---|
| **2/25/2003** | **Larry L. Milberger** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Comission filers)

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|
| **2/28/2003** | **Peter H. Brown** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|
| **2/28/2003** | **Airport Express Management, Ltd** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|
| **2/28/2003** | **Charles G. Untemeyer** | **$250.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|
| **3/4/2003** | **Sheet Metal Workers Intl Assoc LU # 54** | **$500.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

| 4 Date | 5 Full Name of Contributor: ☐ out of state PAC | 7 Amount of contribution ($): | 8 In kind contribution (if applicable): |
|---|---|---|---|
| **3/4/2003** | **Landry's Restaurants PAC** | **$1,000.00** | |
| | 6 Contributor Address: City, State, Zip Code [redacted] | | |
| 9 Principal Occupation (Optional): | 10 Employer (Optional): | | |

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