

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:
22

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ada
NICKNAME LAST SUFFIX
Edwards

OFFICE USE ONLY

Date Received

Date Handled or Date Postmarked

RECEIVED
OCT 27 2003

CITY SECRETARY

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Monica
NICKNAME LAST SUFFIX
Lamb

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09 / 26 / 03 THROUGH 10 / 25 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 04 / 03 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
City Council District D

13 OFFICE SOUGHT (if known)
City Council District D

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ada Edwards

16 ACCOUNT # (Ethics Commission filers)

17 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

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)

\$ 35,881.25

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 23,810.41

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

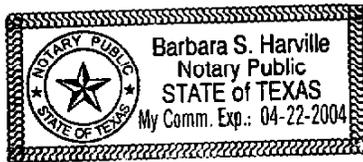
\$ 46,120.14

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Ada Edwards
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ADA J. EDWARDS, this the 27th day of October, 20 03, to certify which, witness my hand and seal of office.

Barbara S. Harville
Signature of officer administering oath

BARBARA S. HARVILLE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**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: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey Kenley Walker	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kefelegne Tesfaye	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sherif Mohamed	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Max Stanley Levit	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nathelyne A. Kennedy PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Regina Sue Cherry	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maconda Brown O'Connor PhD	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brenda Joyce Peters	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrea S. Matthiesen	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Douglas Gooden PE	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: **14**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2003

5 Full Name of Contributor:

Charles Crawford Foster
 out of state PAC

7 Amount of contribution (\$):

\$250.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Alison Cameron
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

John W. H. Chiang
 out of state PAC

7 Amount of contribution (\$):

\$500.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Susan Relgrod Goodman
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Frank M. K. Liu
 out of state PAC

7 Amount of contribution (\$):

\$1,000.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**SCHEDULE A1
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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Varinder P. Bobby Singh	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Naomi Davis Brown	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roberto Lay-Su	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel F. Lynch P.E.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrea Renee Williams Logans	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
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1 Total pages this schedule A1: **14**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/3/2003

5 Full Name of Contributor: out of state PAC
Lois Farfel Stark

7 Amount of contribution (\$):
\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/3/2003

5 Full Name of Contributor: out of state PAC
Reginald Edmund McKamie Sr

7 Amount of contribution (\$):
\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/3/2003

5 Full Name of Contributor: out of state PAC
Edward Francis Houff

7 Amount of contribution (\$):
\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/3/2003

5 Full Name of Contributor: out of state PAC
Rhonda Ellen Radliff

7 Amount of contribution (\$):
\$50.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/3/2003

5 Full Name of Contributor: out of state PAC
HAA Better Government Fund

7 Amount of contribution (\$):
\$2,000.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Texas Coalition for Good Government	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Uptown Houston Political Action Committee	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Solar & Associates, LLP	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rellant Resources, Inc. PAC (REPAC)	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alison Leland Brisco	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
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The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7/2003

5 Full Name of Contributor:

John Chambliss out of state PAC

7 Amount of

contribution (\$):

\$500.00

8 In kind

contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/7/2003

5 Full Name of Contributor:

Savannah Jones Collier out of state PAC

7 Amount of

contribution (\$):

\$5.00

8 In kind

contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/7/2003

5 Full Name of Contributor:

Peter Carl Peltier out of state PAC

7 Amount of

contribution (\$):

\$100.00

8 In kind

contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/9/2003

5 Full Name of Contributor:

Richard W. Weekley out of state PAC

7 Amount of

contribution (\$):

\$500.00

8 In kind

contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/9/2003

5 Full Name of Contributor:

Planned Parenthood of Hous. & SE TX Action Fnd Inc out of state PAC

7 Amount of

contribution (\$):

\$250.00

8 In kind

contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kase Lookman Lawal	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Samuel K Eaton	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Burney & Foreman, Attorneys-At-Law	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gerald M. Brady	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Locke Liddell & Sapp LLP	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roland Garcia Jr.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Willie James Alexander	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edna I Goodie	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rudolph Hubert Bruhns	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
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1 Total pages this schedule A1: **14**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/10/2003

5 Full Name of Contributor: out of state PAC
Coats, Rose Political Action Committee

7 Amount of contribution (\$):
\$1,000.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/10/2003

5 Full Name of Contributor: out of state PAC
Truman C. Edminster III, P.E.

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

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/10/2003

5 Full Name of Contributor: out of state PAC
TX Friends of Time Warner Cable

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

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/2003

5 Full Name of Contributor: out of state PAC
International Longshoremen's Association COPE

7 Amount of contribution (\$):
\$1,000.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/2003

5 Full Name of Contributor: out of state PAC
Ann Lorentson Friedman PhD

7 Amount of contribution (\$):
\$900.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

catering, parking, etc for event

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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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: **14**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Fred Martinez Ph.D., P.E	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dawn Dancy	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC CWA Cope	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Council of Engineering Companies	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia Knudson Joiner	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**
The Instruction Guide explains how to complete this form.
1 Total pages this schedule A1: 14
2 FILER NAME:
Ada Edwards
3 ACCOUNT # (Ethics Commission filers)
4 Date
10/22/2003
5 Full Name of Contributor:
Clinton F Wong
 out of state PAC

**7 Amount of
contribution (\$):**
\$2,500.00
**8 In kind
contribution**

(if applicable) :

6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/22/2003
5 Full Name of Contributor:
Mark Kaufman
 out of state PAC

**7 Amount of
contribution (\$):**
\$250.00
**8 In kind
contribution**

(if applicable) :

6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/22/2003
5 Full Name of Contributor:
Gordon Anderson
 out of state PAC

**7 Amount of
contribution (\$):**
\$100.00
**8 In kind
contribution**

(if applicable) :

6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/22/2003
5 Full Name of Contributor:
Cedric W Cox
 out of state PAC

**7 Amount of
contribution (\$):**
\$50.00
**8 In kind
contribution**

(if applicable) :

6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/22/2003
5 Full Name of Contributor:
Judith Lee McConnell
 out of state PAC

**7 Amount of
contribution (\$):**
\$25.00
**8 In kind
contribution**

(if applicable) :

6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Council of Engineering Companies	7 Amount of contribution (\$): \$641.25	8 In kind contribution (if applicable): Event Expense
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ross Carl Allyn	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Zuberi Iddi Mwamba	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John R. Lester	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alan Jeffrey Bricker	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **14**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/24/2003

5 Full Name of Contributor: out of state PAC
Felix William Othon P.E.

7 Amount of contribution (\$):
\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/2003

5 Full Name of Contributor: out of state PAC
Robert Cary McNair

7 Amount of contribution (\$):
\$1,000.00

8 In kind contribution (if applicable):

6 Contributor Address: City State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total: **\$35,881.25**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

6

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$47.60

P.O. Box 667307 Houston, TX Houston
77266

TX 77266

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
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$2,674.94

P.O. Box 667307 Houston, TX Houston
77266

TX 77266

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
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$10.66

P.O. Box 667307 Houston, TX Houston
77266

TX 77266

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

Website

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$200.00

P.O. Box 667307 Houston, TX Houston
77266

TX 77266

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

Travel

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

6

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$500.00

P.O. Box 667307 Houston, TX
77266 Houston TX 77266

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

Filing Fee

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$3,000.00

P.O. Box 667307 Houston, TX
77266 Houston TX 77266

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

10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$1,000.00

P.O. Box 667307 Houston, TX
77266 Houston TX 77266

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

10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$1,000.00

P.O. Box 667307 Houston, TX
77266 Houston TX 77266

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
6

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$8,119.84

P.O. Box 667307 Houston, TX Houston TX 77266

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
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

(\$1,000.00)

P.O. Box 667307 Houston, TX Houston TX 77266

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

Rent - credit 1 month

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$5,883.73

P.O. Box 667307 Houston, TX Houston TX 77266

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
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$54.17

P.O. Box 667307 Houston, TX Houston TX 77266

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

Volunteer Expenses

**** 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

6

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$1,200.00

P.O. Box 667307 Houston, TX Houston TX 77266

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

Headquarters Opening Expenses

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State:

Zip Code

\$250.00

P.O. Box 667307 Houston, TX Houston TX 77266

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

Graphic Design

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/3/2003

Payee Name

Dena Gray

Amount
(\$)

Payee address

City;

State;

Zip Code

\$50.00

436 Hawthorne, #7 Houston, TX 77006

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

Staff Bonus

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/9/2003

Payee Name

Jolanda Jones Campaign

Amount
(\$)

Payee address

City;

State;

Zip Code

\$100.00

P.O. Box 88324 Houston, TX Houston TX 77288

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

Campaign Contribution

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

6

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 10/9/2003	Payee Name City of Houston	City; Houston	State; TX	Zip Code 77266	Amount (\$) \$100.00
	Payee address P.O. Box 66513 Houston, TX 77266				

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

Cell Phone Reimbursement

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date 10/9/2003	Payee Name TABCCM	City; Houston	State; TX	Zip Code 78754	Amount (\$) \$125.00
	Payee address Texas Asso of Black Council Members 1821 Rutherfor				

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 10/21/2003	Payee Name Robert J. Bailey	City; Houston	State; TX	Zip Code 77087	Amount (\$) \$260.18
	Payee address 6618 Richwood Houston, TX 77087				

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

Repairs

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date 10/21/2003	Payee Name Cingular Wireless	City; Dallas	State; TX	Zip Code 75265-0574	Amount (\$) \$84.29
	Payee address P.O. Box 650574 Dallas, TX 75265-0574				

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

Cell Phone

** 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 6	
FILER NAME Ada Edwards		ACCOUNT # (Ethics Commission filers)	
Date 10/22/2003	Payee Name Breakfast Klub	Amount (\$) \$150.00	
	Payee address Breakfast Klub 3711 Travis St. Houston, TX 77002	City; Houston	State; Zip Code TX 77002
Purpose of payment (See instructions regarding type of information required) Event Catering		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

Schedule F Report Total: \$23,810.41

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-83579

1. CWA-COPE Political Contributions Committee

501 Third Street N.W.
Washington, DC 20001

2. Date: 03/03/2003

3. FEC Committee ID #: C00002089

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

Committee ID# C00002089
Communications Workers of America
501 Third Street N.W.
Washington, DC 20001
Relationship: Allied
Organization Type: Labor Organization

Committee ID# C00009597
Local 13000 CWA AFL-CIO
2124 Race Street
Philadelphia, Pennsylvania 19103
Relationship: Local Union
Organization Type: Labor Organization

Custodian of Records:

Barbara J. Easterling
501 Third Street N.W.
CWA Political Department
Washington, DC 20001
Title: Secretary-Treasurer
Phone # (202) 434-1100

STATEMENT OF ORGANIZATION
(See reverse side for instructions)

1. **NAME OF COMMITTEE** International Longshoremen's Association, AFL-CIO; Committee on Political Education **2. DATE** 5/18/94
 (b) **Number and Street Address** 17 Battery Place (Check if address is changed)
3. FEC IDENTIFICATION NUMBER 000158576
 (c) **City, State and ZIP Code** New York, New York 10004
4. IS THIS STATEMENT AN AMENDMENT? YES NO

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

(d) This committee is a _____ (National, State or subordinate) committee of the _____ Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
International Longshoremen's Association, AFL-CIO	17 Battery Place New York, NY 10004	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Robert E. Gleason	17 Battery Place New York, NY 10004	Treasurer

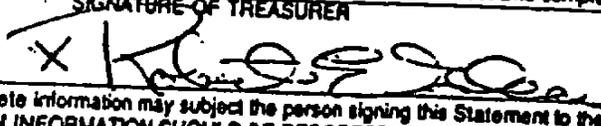
8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Robert E. Gleason	17 Battery Place New York, NY 10004	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Marine Midland Bank	17 Battery Place, NY, NY 10004
Gotham Savings Bank	1412 Broadway, NY, NY 10018
Cohen & Co.	Financial Sgr., NY, NY 10005
Prudential Securities	200 Campus Dr., Florham Park, NJ 07932

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Robert E. Gleason **SIGNATURE OF TREASURER**  **DATE** 5/19/94

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Ada Edwards

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Ada Edwards

8 Amount (\$)

6 Payee address; City; State; Zip Code

PO Box 667307, Houston TX 77266

425.93

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement for Project POW Houses Event Exp

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED