

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,200.30

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 39,556.51

CONTRIBUTION BALANCE

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

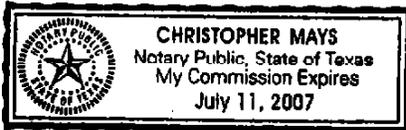
\$ 18,162.07

OUTSTANDING LOAN TOTALS

6. 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.

Ada Edwards
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ada J Edwards, this the 14th day of January, 2004, to certify which, witness my hand and seal of office.

Christopher M Mays
Signature of officer administering oath

Christopher M. Mays
Printed name of officer administering oath

Notary
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: **8**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harris County Women's Political Caucus (HCWPC)	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Lynn Furay	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bette Erwin John	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis Carr Ray	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert J Bacon Sr., MD	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):

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: 8	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeanette A. Rash	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janet T. Wilbur	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton Claude Dehart	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walter H Criner Sr.	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 10/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy E. Caram Ed.D	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):	

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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: 8
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC PSI PAC	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 10/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Southwest Airlines Freedom Fund	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 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gerald B. Smith	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 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy Ann Edwards	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 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Coats, Rose Political Action Committee	7 Amount of contribution (\$): \$2,000.00	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):	

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: 8
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James F. Gustafson	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 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald G. Brookfield	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 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elmer David Engelhardt Jr.	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 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Fire Fighters L-341 Political Action Fund	7 Amount of contribution (\$): \$3,000.00	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 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nelda Conner Lewis	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):	

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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: **8**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/6/2003

5 Full Name of Contributor:

Stephen James out of state PAC7 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

11/6/2003

5 Full Name of Contributor:

Edia M Gladney out of state PAC7 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):

4 Date

11/6/2003

5 Full Name of Contributor:

Harlan Edwards Smith out of state PAC7 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

11/6/2003

5 Full Name of Contributor:

Deborah Johnson Anders out of state PAC7 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

11/6/2003

5 Full Name of Contributor:

Sherra L. Aguirre out of state PAC7 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):

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: 8	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jan J. Gibson	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 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tony R. Carroll	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 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Earnest B. Goodrich Sr	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Sr, Cypress, [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Garnet F. Coleman Campaign	7 Amount of contribution (\$): \$1,725.30	8 In kind contribution (if applicable): Paid Phone Calls
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Victoria J. Sloan	7 Amount of contribution (\$): \$300.00	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: 8	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wendy Watriss	7 Amount of contribution (\$): \$125.00	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 12/1/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hardy Loe Jr.	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 12/3/2003	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 12/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Parsons Corporation PAC	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 12/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Citizens PAC	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: 8	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey K. Walker	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):	

Schedule A1 Report Total: \$12,200.30

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
12

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$3,815.00
	Payee address P.O. Box 667307	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required) Mailhouse Expense	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 10/27/2003	Payee Name Houston Gay and Lesbian Political Caucus				Amount (\$) \$5,000.00
	Payee address P.O. Box 66664	City; Houston	State; TX	Zip Code 77266	

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 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$3,000.00
	Payee address P.O. Box 667307	City; Houston	State; TX	Zip Code 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 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$445.00
	Payee address P.O. Box 667307	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required) T-Shirts	** 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
12

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
10/27/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$24.92

P.O. Box 667307

Houston

TX

77266

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

Courier Service

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

Candidate / Officeholder name

Office sought

Office held

Date
10/27/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City,

State;

Zip Code

\$53.44

P.O. Box 667307

Houston

TX

77266

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

Internet / Website Expense

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

Candidate / Officeholder name

Office sought

Office held

Date
10/27/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$2,443.64

P.O. Box 667307

Houston

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
10/27/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$873.61

P.O. Box 667307

Houston

TX

77266

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

Supplies

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
12

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$630.32
	Payee address	City;	State;	Zip Code	
	P.O. Box 667307	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 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$2,000.00
	Payee address	City;	State;	Zip Code	
	P.O. Box 667307	Houston	TX	77266	

Purpose of payment (See instructions regarding type of information required) Aswad Walker - Contract Labor	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$2,000.00
	Payee address	City;	State;	Zip Code	
	P.O. Box 667307	Houston	TX	77266	

Purpose of payment (See instructions regarding type of information required) Todd Edwards - Contract Labor	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/27/2003	Payee Name Grant Martin Consulting				Amount (\$) \$150.00
	Payee address	City;	State;	Zip Code	
	P.O. Box 667307	Houston	TX	77266	

Purpose of payment (See instructions regarding type of information required) Wheeler Avenue Baptist Church - Sponsorship	** 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
12

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 10/27/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$200.00

Purpose of payment (See instructions regarding type of information required) Southeast Judges Council - Annual Breakfast Sponso	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 10/27/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$2,000.00

Purpose of payment (See instructions regarding type of information required) Keith Wade - Consulting	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 10/28/2003	Payee Name Ada Edwards	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK, Apt. 20 Houston TX 77021	\$425.93

Purpose of payment (See instructions regarding type of information required) Reimbursement for supplies Project Row Houses - ar	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 10/28/2003	Payee Name Sheila B. Savannah	Amount (\$)
	Payee address City; State; Zip Code 3910 Cheryl Lynne Houston TX 77045	\$900.00

Purpose of payment (See instructions regarding type of information required) Consulting - DD Advisory Council	** 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
12

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 10/28/2003	Payee Name Loretta's Floral Design	Amount (\$)
	Payee address City; State; Zip Code 1909 Blodgett Houston TX 77004	\$80.36

Purpose of payment (See instructions regarding type of information required) Flowers	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 10/28/2003	Payee Name Tamara Jones	Amount (\$)
	Payee address City; State; Zip Code 935 Fugate Houston TX 77009	\$40.00

Purpose of payment (See instructions regarding type of information required) Reimbursement for Sound Permits	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 10/29/2003	Payee Name Ada Edwards	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK, Apt. 20 Houston TX 77021	\$202.98

Purpose of payment (See instructions regarding type of information required) Reimbursement for supplies Project Row Houses - ar	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 11/4/2003	Payee Name Walker Entertainment	Amount (\$)
	Payee address City; State; Zip Code 10101 Southwest Freeway, Suite 400 Houston TX 77074	\$1,500.00

Purpose of payment (See instructions regarding type of information required) Entertainment - Victory Party	** 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
12

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
11/5/2003Payee Name
Ada EdwardsAmount
(\$)

Payee address

City;

State;

Zip Code

\$400.00

5400 MLK, Apt. 20

Houston

TX

77021

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

Reimbursement - Sponsorship

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

Candidate / Officeholder name

Office sought

Office held

Date
11/5/2003Payee Name
Pan African Orthodox Christian ChurchAmount
(\$)

Payee address

City;

State;

Zip Code

\$279.20

5500 M.L.K. Blvd. #20-21

Houston

TX

77021

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
11/10/2003Payee Name
Crime Stoppers of Houston, Inc.Amount
(\$)

Payee address

City;

State;

Zip Code

\$150.00

P.O. Box 541654

Houston

TX

77254-1654

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
11/12/2003Payee Name
Grant Martin ConsultingAmount
(\$)

Payee address

City;

State;

Zip Code

\$83.09

P.O. Box 667307

Houston

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

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

12

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date	Payee Name					Amount (\$)
11/12/2003	Grant Martin Consulting					\$43.08
Payee address		City;	State;	Zip Code		
P.O. Box 667307		Houston	TX	77266		

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

Internet / Website Expense

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

Candidate / Officeholder name Office sought Office held

Date	Payee Name					Amount (\$)
11/12/2003	Grant Martin Consulting					\$612.18
Payee address		City;	State;	Zip Code		
P.O. Box 667307		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	Payee Name					Amount (\$)
11/12/2003	Grant Martin Consulting					\$210.00
Payee address		City;	State;	Zip Code		
P.O. Box 667307		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

Date	Payee Name					Amount (\$)
11/12/2003	Grant Martin Consulting					\$2,625.00
Payee address		City;	State;	Zip Code		
P.O. Box 667307		Houston	TX	77266		

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

Election Day Workers

** 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
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FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 11/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$200.00

Purpose of payment (See instructions regarding type of information required) Election Day Field Office	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$1,326.06

Purpose of payment (See instructions regarding type of information required) Signs	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$2,455.72

Purpose of payment (See instructions regarding type of information required) Mailhouse Expense	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$1,054.75

Purpose of payment (See instructions regarding type of information required) Event Expense - Birraporretti's	** 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
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FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 12/5/2003	Payee Name Ada Edwards	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK, Apt. 20 Houston TX 77021	\$290.00

Purpose of payment (See instructions regarding type of information required)
Reimbursement for Auto Expenses

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

Date 12/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$43.08

Purpose of payment (See instructions regarding type of information required)
Internet / Website Expense

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

Date 12/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$1,000.00

Purpose of payment (See instructions regarding type of information required)
Aswad Walker - Contract Labor

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

Date 12/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$1,000.00

Purpose of payment (See instructions regarding type of information required)
Todd Edwards - Contract Labor

** 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
12

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 12/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$750.00

Purpose of payment (See instructions regarding type of information required) Campaign HQ Electricity	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$99.15

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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Date 12/15/2003	Payee Name John Pluecker	Amount (\$)
	Payee address City; State; Zip Code 1711 Fourcade #6 Houston TX 77023	\$200.00

Purpose of payment (See instructions regarding type of information required) Holiday Bonus	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/15/2003	Payee Name Dena Gray	Amount (\$)
	Payee address City; State; Zip Code 436 Hawthorne, #7 Houston TX 77006	\$200.00

Purpose of payment (See instructions regarding type of information required) Holiday Bonus	** 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
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FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 12/15/2003	Payee Name Tamara Jones				Amount (\$)
	Payee address 935 Fugate	City; Houston	State; TX	Zip Code 77009	\$200.00

Purpose of payment (See instructions regarding type of information required) Holiday Bonus	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 12/15/2003	Payee Name Nzinga Rideaux				Amount (\$)
	Payee address P. O. Box 1562	City; Houston	State; TX	Zip Code 77252	\$200.00

Purpose of payment (See instructions regarding type of information required) Holiday Bonus	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 12/17/2003	Payee Name League of Women Voters				Amount (\$)
	Payee address 2650 Fountainview #328	City; Houston	State; TX	Zip Code 77057-7619	\$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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Date 12/19/2003	Payee Name UST-LULAC Council #4773				Amount (\$)
	Payee address U. of St. Thomas Student Activities Office 3800 Mo	City; Houston	State; TX	Zip Code 77006	\$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		
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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: 2

FILER NAME **Ada Edwards**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name					Amount (\$)
10/28/2003	Walmart	Payee address	City;	State;	Zip Code	\$127.08
		1615 South Loop West	Houston	TX	77054	
	Purpose of payment (See instructions regarding type of information required) Reimbursement for supplies Project Row Houses - ar					<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/28/2003	Garden Ridge	Payee address	City;	State;	Zip Code	\$270.47
		7801 Main Street	Houston	TX	77030	
	Purpose of payment (See instructions regarding type of information required) Reimbursement for supplies Project Row Houses - ar					<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/28/2003	Walgreens	Payee address	City;	State;	Zip Code	\$28.38
		5202 Alameda	Houston	TX	77004	
	Purpose of payment (See instructions regarding type of information required) Reimbursement for supplies Project Row Houses - ar					<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/29/2003	Hobby Lobby	Payee address	City;	State;	Zip Code	\$202.98
		8715 West Loop South	Houston	TX	77096	
	Purpose of payment (See instructions regarding type of information required) Reimbursement for supplies Project Row Houses - ar					<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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: 2

FILER NAME **Ada Edwards**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address				City;	State;	Zip Code	Amount (\$)	
11/5/2003	Shrine of the Black Madonna	5500 Martin Luther King				Houston	TX	77021	\$400.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required) Sponsorship - Training Institute									
12/5/2003	Enterprise Leasing	1515 South Loop West				Houston	TX	77054	\$290.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required) Auto expense - GOTV									

Schedule G Report Total:

\$1,318.91

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