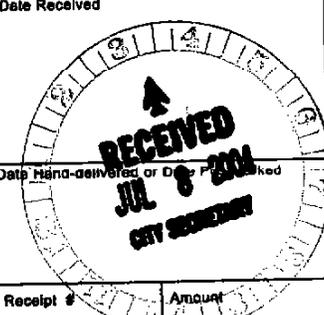


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MS. FIRST: ADA MI: NICKNAME: LAST: EDWARDS SUFFIX:	OFFICE USE ONLY  Date Received Date Hand-delivered or Date Filed: Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 667307 HOUSTON, TX 77266		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (913) 523-1762		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MS FIRST: MONIKA MI: NICKNAME: LAST: LAMB SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 667307 HOUSTON, TX 77266		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (913) 523-1762		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2004 06/30/2004		
11 ELECTION	ELECTION DATE Month Day Year 11/02/2001	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) HOUSTON CITY COUNCIL DISTRICT D	13 OFFICE SOUGHT (if known)	
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:		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
MS ADA EDWARDS

16 ACCOUNT # (Ethics Commission filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

** 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. **

<input type="checkbox"/> GENERAL	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	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)	\$ <u>44,045.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>29,391.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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 J 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 8th day of July, 2004, 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: **21**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/2004

5 Full Name of Contributor:

 out of state PAC**Home-PAC (Greater Houston Bldrs Assoc)**

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

1/30/2004

5 Full Name of Contributor:

 out of state PAC**ANSUN 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):

4 Date

1/30/2004

5 Full Name of Contributor:
Peter H. Brown FAIA out of state 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):

4 Date

1/30/2004

5 Full Name of Contributor:
George S. Littell out of state 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):

4 Date

1/30/2004

5 Full Name of Contributor:
Audrey Lawson out of state PAC

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):

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: 21

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/30/2004

5 Full Name of Contributor:

Jack C. Cannata out of state PAC7 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

1/30/2004

5 Full Name of Contributor:

Darryl B. Carter 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

1/30/2004

5 Full Name of Contributor:

Ruma Acharya 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

1/30/2004

5 Full Name of Contributor:

Howard W. Horne Jr. 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

1/30/2004

5 Full Name of Contributor:

Fulbright & Jaworski L.L.P. Texas Committee out of state PAC7 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):

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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James W. Vick	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):	
4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chris Richardson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 715			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/3/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John S.W. Kellett	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 2/6/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Larry L. Milberger	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 2/6/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Byrdie F. Berell	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):	

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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: **21**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis C. Ray	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 2817 W. [REDACTED] 70		

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

4 Date 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vinson & Elkins Texas Political Action Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] 760		

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

4 Date 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kagan Enterprises	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 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Chambless	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 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrews & Kurth Texas 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):

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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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sheila F. Stewart	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 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Graciela G. Saenz	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 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William D. Morse Jr.	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 2/9/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia K. Joiner	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 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cedric W Cox	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):	

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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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles C. Foster	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 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC ChaseCom Limited Partnership	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 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis S. Sklar	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 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bracewell & Patterson Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ 76611			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nabila Drooby	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):	

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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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Herbert B. Rothschild Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 644			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joan C. Edwards D.C.	7 Amount of contribution (\$): \$150.00	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 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dennis W. Sander PE	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 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Kent Friedman	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 77057			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Naomi Davis Brown	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 9			
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: 21

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/2004

5 Full Name of Contributor:

Reliant Resources, Inc. PAC (REPAC)

 out of state PAC7 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

2/19/2004

5 Full Name of Contributor:

George W. Strong

 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

2/19/2004

5 Full Name of Contributor:

S Ebow Coleman PhD, PE

 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

2/19/2004

5 Full Name of Contributor:

Sally L. Bradford AAE

 out of state PAC7 Amount of
contribution (\$):

\$35.00

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

2/19/2004

5 Full Name of Contributor:

Centerpoint Energy, Inc. PAC

 out of state PAC7 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):

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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cedric W Cox	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 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linebarger Goggan Blair, & Sampson, 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 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Craig M. Oettinger	7 Amount of contribution (\$): \$75.00	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 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chris K. Wilmot	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 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Mike Garver	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):	

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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Douglas Gooden PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], TX 77054-2639			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC D. Wayne Klotz PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], TX 77079			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John N. Barineau III	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], TX 78077			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tony L. Council	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], TX 78077			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Willie J. Alexander	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], TX 77027			
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: **21**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/19/2004

5 Full Name of Contributor: out of state PAC
Sujeeth B. Draksharam 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):

4 Date
2/19/2004

5 Full Name of Contributor: out of state PAC
Michele R. Fraga

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
2/19/2004

5 Full Name of Contributor: out of state PAC
Carl J. Stephens

7 Amount of contribution (\$):
\$150.00

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
2/19/2004

5 Full Name of Contributor: out of state PAC
Winstead Sechrest & Minick, P.C. 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
2/19/2004

5 Full Name of Contributor: out of state PAC
Nancy B. Berkman

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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Samuel K. Eaton	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Event Expenses
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TREPAC	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 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Turner Collie & Braden 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 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rudolph H. 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):	
4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stephen Carl Costello PE	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX			
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: **21**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/2004

5 Full Name of Contributor:

Sparks-Barlow-Barnett Partnership out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], TX 77056-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/19/2004

5 Full Name of Contributor:

Melaney A. Linton out of state PAC7 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

2/19/2004

5 Full Name of Contributor:

PSI PAC out of state PAC7 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

2/19/2004

5 Full Name of Contributor:

Gerald M. Brady out of state PAC7 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

2/19/2004

5 Full Name of Contributor:

James D. Dannenbaum P.E. out of state PAC7 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 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **21**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/2004

5 Full Name of Contributor:

Booker T. Morris III out of state PAC7 Amount of
contribution (\$):**\$150.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████ 7054

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/25/2004

5 Full Name of Contributor:

Herman Vacca 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

2/25/2004

5 Full Name of Contributor:

Kenneth W Ulmer out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████ 77041

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/25/2004

5 Full Name of Contributor:

Walter D Davis 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

2/25/2004

5 Full Name of Contributor:

John W. Peavy Jr. out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████ 77008

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: 21
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy A. 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 2/25/2004	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 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Regina S. Cherry	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 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lloyd K. Williams	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 31			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gayle S. Ramsey	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77006			
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: **21**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James F. Thompson	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 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marc A. Campos	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 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Odessa H. Davis	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 2/26/2004	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] 327-		

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

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patsy Cravens	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):

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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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith B Cunningham	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 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jon N. Strange	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77084-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC D. Fred Martinez Ph.D., 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 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wilford A. Weber	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 78000-1213			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David H. Sadeghpour PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77057-			
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: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Valvert R Thompson	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 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Plumbers Local Union No. 68 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 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC PBS&J PAC Texas	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ramesh Gunda PE, PTOE	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 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Pearl E. Miller	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77429			
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)

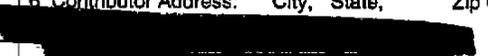
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton Claude Dehart	7 Amount of contribution (\$): \$25.00	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 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Melvin G Spinks 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):	
4 Date 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wayne W. Webber	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):	
4 Date 3/4/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cindy L. Clifford	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 3/8/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Regina F Kyles	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 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 21	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/8/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Friends of Bill White	7 Amount of contribution (\$): \$5,000.00	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 3/8/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Burney & Foreman, Attorneys-At-Law	7 Amount of contribution (\$): \$200.00	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 3/8/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Royce Builders	7 Amount of contribution (\$): \$1,500.00	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 3/8/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC CDMPAC	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 3/8/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Percy P. Creuzot III	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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**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: 21
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

Schedule A1 Report Total: \$44,045.00

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 1/7/2004	Payee Name John Pluecker				Amount (\$) \$40.59
	Payee address 1711 Fourcade #6 Houston, TX 77023	City; Houston	State; TX	Zip Code 77023	

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

Reimbursement for Meeting Refreshments

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

Candidate / Officeholder name Office sought Office held

Date 1/7/2004	Payee Name The Marcie L. Keys Activity Center				Amount (\$) \$100.00
	Payee address 8302 Colonial Lane Houston, TX 77051	City; Houston	State; TX	Zip Code 77051	

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

Souvenir Booklet - half page

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

Candidate / Officeholder name Office sought Office held

Date 1/7/2004	Payee Name Nzinga Rideaux				Amount (\$) \$50.00
	Payee address	City;	State;	Zip Code	

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

Employee Recognition

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

Candidate / Officeholder name Office sought Office held

Date 1/7/2004	Payee Name Tamara Jones				Amount (\$) \$15.35
	Payee address 935 Fugate Houston, TX 77009	City; Houston	State; TX	Zip Code 77009	

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

Reimbursement for Arnie's expenses

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

Candidate / Officeholder name Office sought Office held

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Revised 09/01/2003

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address				City;	State;	Zip Code	Amount (\$)
1/14/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266				Houston	TX	77266	\$100.00

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

Earnest McMillan Mission to Cuba

** 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 (\$)
1/14/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266				Houston	TX	77266	\$219.50

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

3 Men Movers - Move from Headquarters to Storage

** 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 (\$)
1/14/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266				Houston	TX	77266	\$434.72

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

Southwestern Bell - Final Telephone Bill

** 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 (\$)
1/14/2004	Barbara Jordan - Section - NCNW	14031 Callahan Drive Houston, TX 77049				Houston	TX	77049	\$100.00

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

Charter Member Contribution

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

Candidate / Officeholder name

Office sought

Office held

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Revised 09/01/2003

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
18

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 1/30/2004	Payee Name John Pluecker				Amount (\$) \$50.67
	Payee address 1711 Fourcade #6 Houston, TX 77023	City; Houston	State; TX	Zip Code 77023	

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

Date 1/30/2004	Payee Name Black United Fund of Texas				Amount (\$) \$117.00
	Payee address 5407 Chenevert, Suite 101 Houston, TX 77004	City; Houston	State; TX	Zip Code 77004	

Purpose of payment (See instructions regarding type of information required) 17th Annual Thank You Reception	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 2/3/2004	Payee Name National Black United Front - Houston				Amount (\$) \$100.00
	Payee address 2428 Southmore Houston, TX 77004	City; Houston	State; TX	Zip Code 77004	

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

Date 2/4/2004	Payee Name Grant Martin Consulting				Amount (\$) \$798.13
	Payee address P.O. Box 667307 Houston, TX 77266	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required) Printing, Faxing & Mailing Expenses - Michaeline's Host Letters and Invitations	** 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

18

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	City;	State;	Zip Code	Amount (\$)
2/4/2004	Grant Martin Consulting	Houston	TX	77266	\$128.00
Purpose of payment (See instructions regarding type of information required)		1 Year Rental of P. O. Box 1564, Houston 77251-1564			
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
2/4/2004	Grant Martin Consulting	Houston	TX	77266	\$597.70
Purpose of payment (See instructions regarding type of information required)		Monarch Printing - New Letterhead & Envelopes			
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
2/4/2004	Grant Martin Consulting	Houston	TX	77266	\$21.32
Purpose of payment (See instructions regarding type of information required)		Everyone's Internet - Website			
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
2/4/2004	Grant Martin Consulting	Houston	TX	77266	\$2,500.00
Purpose of payment (See instructions regarding type of information required)		Consulting Fee - January			
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

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Revised 09/01/2003

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 2/29/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	\$10.66

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

Date 2/29/2004	Payee Name Q Designs	Amount (\$)
	Payee address City; State; Zip Code 3002 Chenevert Houston, TX Houston TX 77004 77004	\$150.00

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

Date 2/29/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	\$99.16

Purpose of payment (See instructions regarding type of information required) Postage stamps for invitations and thank you letters	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/29/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	\$8.90

Purpose of payment (See instructions regarding type of information required) Sponsor Board for Michaeline's Fundraiser	** 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	Payee Name	Payee address	City;	State;	Zip Code	Amount (\$)
2/29/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266	Houston	TX	77266	\$292.12
Purpose of payment (See instructions regarding type of information required)			** Complete if direct expenditures to benefit C/OH **			
Catering for Michaeline's Fundraiser			Candidate / Officeholder name		Office sought	Office held
2/29/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266	Houston	TX	77266	\$65.40
Purpose of payment (See instructions regarding type of information required)			** Complete if direct expenditures to benefit C/OH **			
Fax Broadcast - Michaeline's Reminder			Candidate / Officeholder name		Office sought	Office held
2/29/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266	Houston	TX	77266	\$145.69
Purpose of payment (See instructions regarding type of information required)			** Complete if direct expenditures to benefit C/OH **			
Balance due on Michaeline's Mailing			Candidate / Officeholder name		Office sought	Office held
2/29/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266	Houston	TX	77266	\$500.00
Purpose of payment (See instructions regarding type of information required)			** Complete if direct expenditures to benefit C/OH **			
Bonus			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	Payee Name	Payee address			City;	State;	Zip Code	Amount (\$)
2/29/2004	YMCA of Greater Houston	2122 East Governors Circle Houston, TX 77092			Houston	TX	77092	\$120.00

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

2004 Minority Achievers Gala

** 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 (\$)
2/29/2004	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266			Houston	TX	77266	\$2,500.00

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

Consulting Fee - February

** 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 (\$)
3/2/2004	Garnet Coleman Campaign	P. O. Box 88140 Houston, TX 77288			Houston	TX	77288	\$1,000.00

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 (\$)
3/2/2004	KCOH Radio	5011 Alameda Houston, TX 77004			Houston	TX	77004	\$700.00

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

Radio Advertisement

** 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 18	
FILER NAME Ada Edwards				ACCOUNT # (Ethics Commission filers)	
Date 3/10/2004	Payee Name Ethio-American Trade & Investment Council	Payee address 9301 Southwest Freeway, Suite 250 Houston, TX 77074			Amount (\$) \$4,800.00
Purpose of payment (See instructions regarding type of information required) Economic Development Trade Mission		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 3/17/2004	Payee Name Ada Edwards	Payee address 5400 MLK, Apt. 20 Houston, TX 77021			Amount (\$) \$28.09
Purpose of payment (See instructions regarding type of information required) Constituent Lunch - Family Cafe		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 3/17/2004	Payee Name Ada Edwards	Payee address 5400 MLK, Apt. 20 Houston, TX 77021			Amount (\$) \$60.84
Purpose of payment (See instructions regarding type of information required) Constituent Luch - North Indian Grill		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 3/17/2004	Payee Name Prairie View Student Government Associati	Payee address P. O. Box 2689 Prairie View, TX 77446			Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required) Dance-a-thon and Scholarship Contest		** 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 3/27/2004	Payee Name The Conrad O. Johnson Music & Fine Arts F	Amount (\$) \$100.00
	Payee address City; State; Zip Code 1320 Main Houston, TX 77002 Houston TX 77002	

Purpose of payment (See instructions regarding type of information required)
Donation - "Save the Music" Fundraiser

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

Date 3/27/2004	Payee Name Nearatown Little League	Amount (\$) \$150.00
	Payee address City; State; Zip Code P. O. Box 66193 Houston, TX 77266 Houston TX 77266	

Purpose of payment (See instructions regarding type of information required)
April Event Refreshments

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

Date 3/27/2004	Payee Name Women's Sports Foundation	Amount (\$) \$50.00
	Payee address City; State; Zip Code Eisenhower Park East East Meadow NY 11554 Meadow, NY 11554	

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

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

Date 3/27/2004	Payee Name Gents Scholarship Fund	Amount (\$) \$200.00
	Payee address City; State; Zip Code Booker T Washington High Houston TX 77018 School 119 39th Street	

Purpose of payment (See instructions regarding type of information required)
Donation - 2004 Banquet

**** 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.

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FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date	Payee Name					Amount (\$)
4/2/2004	Q Designs					\$215.89
Payee address		City;	State;	Zip Code		
3002 Chenevert Houston, TX 77004		Houston	TX	77004		

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

Balance Due on Ada Edwards Shirts

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

Candidate / Officeholder name

Office sought

Office held

Date	Payee Name					Amount (\$)
4/9/2004	Houston Peace & Justice Foundation					\$250.00
Payee address		City;	State;	Zip Code		
P. O. Box 66234 Houston, TX 77266		Houston	TX	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	Payee Name					Amount (\$)
4/9/2004	Sheila B. Savannah					\$750.00
Payee address		City;	State;	Zip Code		
3910 Cheryl Lynne Houston, TX 77045		Houston	TX	77045		

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

Invoice No.03-04 DD - Consulting Fees - DD Advisory Council

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

Candidate / Officeholder name

Office sought

Office held

Date	Payee Name					Amount (\$)
4/9/2004	Nzinga Rideaux					\$8.65
Payee address		City;	State;	Zip Code		

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

Reimbursement for disposable camera - Town Hall Meeting

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

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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

Date 4/14/2004	Payee Name Project Row Houses	Amount (\$)
	Payee address City; State; Zip Code	\$100.00
	P. O. Box 1011 Houston, TX Houston TX 77251-1011	

Purpose of payment (See instructions regarding type of information required) Donation	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/14/2004	Payee Name Good Gang USA, Inc.	Amount (\$)
	Payee address City; State; Zip Code	\$70.00
	P. O. Box 924214 Houston, TX Houston TX 77292	

Purpose of payment (See instructions regarding type of information required) 2 Tickets - Awards Luncheon	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code	\$70.90
	P.O. Box 667307 Houston, TX Houston TX 77266	

Purpose of payment (See instructions regarding type of information required) Visa fee to Ebassy of Tunisia - African Trade Mission	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code	\$140.00
	P.O. Box 667307 Houston, TX Houston TX 77266	

Purpose of payment (See instructions regarding type of information required) Register.com - domain name renewal - adaedwards.com	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$) \$179.66
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	

Purpose of payment (See instructions regarding type of information required) Intuit - Checks, deposit slips, envelopes	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$) \$137.20
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	

Purpose of payment (See instructions regarding type of information required) SW Airlines for Tamara Jones Travel to Dallas	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$) \$137.20
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	

Purpose of payment (See instructions regarding type of information required) SW Airlines for Dena Gray Travel to Dallas	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$) \$137.20
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	

Purpose of payment (See instructions regarding type of information required) SW Airlines for Ada Edwards Travel to Dallas	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	\$338.20

Purpose of payment (See instructions regarding type of information required) Continental Airlines ticket to New York - African Trade Mission	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	\$1,000.00

Purpose of payment (See instructions regarding type of information required) Consulting Fee - April	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2004	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266 77266	\$15.00

Purpose of payment (See instructions regarding type of information required) Hot Shot Delivery Service - Ethio-American Trade & Investment Council	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/19/2004	Payee Name Ada Edwards	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK, Apt. 20 Houston, Houston TX 77021 TX 77021	\$28.09

Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT - Constituent Lunch - Family Cafe	** 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 18	
FILER NAME Ada Edwards				ACCOUNT # (Ethics Commission filers)	
Date 4/19/2004	Payee Name Ada Edwards			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$217.52
	5400 MLK, Apt. 20 Houston, TX 77021	Houston	TX	77021	
Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT - Hotel expense for African Trade Mission - Sheraton Addis Hotel, Addis Ababa			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 4/19/2004	Payee Name Ada Edwards			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$77.62
	5400 MLK, Apt. 20 Houston, TX 77021	Houston	TX	77021	
Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT - Lunch meeting - Kyber Grill, 2510 Richmond, Houston 77098			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 4/19/2004	Payee Name Ada Edwards			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$60.84
	5400 MLK, Apt. 20 Houston, TX 77021	Houston	TX	77021	
Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT - Constituent Luch - North Indian Grill			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 5/25/2004	Payee Name ACORN			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$500.00
	2600 S. Loop West #271 Houston, TX 77054	Houston	TX	77054	
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		

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THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F 18	
FILER NAME Ada Edwards				ACCOUNT # (Ethics Commission filers)	
Date 6/1/2004	Payee Name Ada Edwards			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$463.70
	5400 MLK, Apt. 20 Houston, TX 77021	Houston	TX	77021	
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		
Date 6/1/2004	Payee Name Alan Walker			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$7,000.00
	5400 MLK Blvd. Apt. 46 Houston, TX 77021	Houston	TX	77021	
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		
Date 6/10/2004	Payee Name Nzinga Rideaux			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$50.00
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		
Employee Recognition program					
Date 6/12/2004	Payee Name The National Emancipation Assn.			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$100.00
	2314 Wheeler Ave Suite 1 Houston, TX 77004	Houston	TX	77004	
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		
donation					

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F 18	
FILER NAME Ada Edwards				ACCOUNT # (Ethics Commission filers)	
Date 6/12/2004	Payee Name Houston Black American Democrats			Amount (\$) \$105.00	
	Payee address	City;	State;	Zip Code	
	9211 Dulcimer St Houston, TX 3019	Houston	TX	3019	
Purpose of payment (See instructions regarding type of information required) donation			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 6/22/2004	Payee Name NCI-Ripley House			Amount (\$) \$250.00	
	Payee address	City;	State;	Zip Code	
	PO Box 271389 Houston, TX 77277-1389	Houston	TX	77277-1389	
Purpose of payment (See instructions regarding type of information required) donation			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 6/27/2004	Payee Name Nzinga Rideaux			Amount (\$) \$50.00	
	Payee address	City;	State;	Zip Code	
Purpose of payment (See instructions regarding type of information required) Employee Recognition program			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 6/27/2004	Payee Name Southeast Branch - American Red Cross			Amount (\$) \$150.00	
	Payee address	City;	State;	Zip Code	
	4605 Wilmington Houston, TX 77051	Houston	TX	77051	
Purpose of payment (See instructions regarding type of information required) donation			** 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.

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FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 6/27/2004	Payee Name Ada Edwards	Payee address 5400 MLK, Apt. 20 Houston, TX 77021			City; Houston	State; TX	Zip Code 77021	Amount (\$) \$50.00
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Purpose of payment (See instructions regarding type of information required)

SE Pct Council Breakfast

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

Candidate / Officeholder name Office sought Office held

Date 6/27/2004	Payee Name Ada Edwards	Payee address 5400 MLK, Apt. 20 Houston, TX 77021			City; Houston	State; TX	Zip Code 77021	Amount (\$) \$50.00
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Purpose of payment (See instructions regarding type of information required)

South Acres West CC 5/08

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

Candidate / Officeholder name Office sought Office held

Date 6/27/2004	Payee Name Ada Edwards	Payee address 5400 MLK, Apt. 20 Houston, TX 77021			City; Houston	State; TX	Zip Code 77021	Amount (\$) \$110.00
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Purpose of payment (See instructions regarding type of information required)

"Constituents Advance" to staff

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

Candidate / Officeholder name Office sought Office held

Date 6/27/2004	Payee Name Ada Edwards	Payee address 5400 MLK, Apt. 20 Houston, TX 77021			City; Houston	State; TX	Zip Code 77021	Amount (\$) \$50.00
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Purpose of payment (See instructions regarding type of information required)

East Sunnyside CC 5/14

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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

Date 6/27/2004	Payee Name Ada Edwards	Amount (\$)								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px dashed black;">Payee address</td> <td style="border-bottom: 1px dashed black;">City;</td> <td style="border-bottom: 1px dashed black;">State;</td> <td style="border-bottom: 1px dashed black;">Zip Code</td> </tr> <tr> <td>5400 MLK, Apt. 20 Houston, TX 77021</td> <td>Houston</td> <td>TX</td> <td>77021</td> </tr> </table>	Payee address	City;	State;	Zip Code	5400 MLK, Apt. 20 Houston, TX 77021	Houston	TX	77021	\$50.00
Payee address	City;	State;	Zip Code							
5400 MLK, Apt. 20 Houston, TX 77021	Houston	TX	77021							

Purpose of payment (See instructions regarding type of information required) 5/14 SE Pct Council	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/27/2004	Payee Name Women in Municipal Government	Amount (\$)								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px dashed black;">Payee address</td> <td style="border-bottom: 1px dashed black;">City;</td> <td style="border-bottom: 1px dashed black;">State;</td> <td style="border-bottom: 1px dashed black;">Zip Code</td> </tr> <tr> <td>1301 Pennsylvania Ave NW Ste 550 Washington, DC</td> <td>Washington</td> <td>DC</td> <td>20004</td> </tr> </table>	Payee address	City;	State;	Zip Code	1301 Pennsylvania Ave NW Ste 550 Washington, DC	Washington	DC	20004	\$25.00
Payee address	City;	State;	Zip Code							
1301 Pennsylvania Ave NW Ste 550 Washington, DC	Washington	DC	20004							

Purpose of payment (See instructions regarding type of information required) membership dues	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Schedule F Report Total: **\$29,391.51**

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