

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages this report:</b>  23
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE FIRST MI Ada	<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked   Receipt #      Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Edwards		
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston TX 77266 <input type="checkbox"/> Change of Address		
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE FIRST MI Monica NICKNAME LAST SUFFIX Lamb		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston TX 77266		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (713) 523-1762		
<b>8 REPORT TYPE</b>	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 09/28/2001      10/27/2001		
<b>10 ELECTION</b>	ELECTION DATE Month Day Year 11/06/2001	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> Houston City Council, District D	
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	... 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

14 C/OH NAME  
Ada Edwards

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 10,467.18**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 0.00**

EXPENDITURE TOTALS

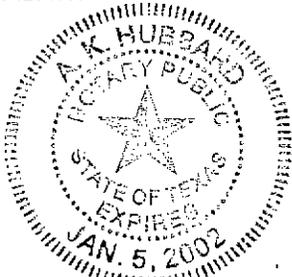
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 44.37**

4. TOTAL POLITICAL EXPENDITURES **\$ 22,163.56**

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

*Ada Edwards*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ADA EDWARDS, this the 29 day of Oct, 2001, to certify which, witness my hand and seal of office.

*A. K. Hubbard*  
Signature of officer administering oath

AK HUBBARD  
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: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**9/28/2001**5 Full Name of Contributor:  out of state PAC  
**Samuel W Anderson**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77051-3619**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**9/28/2001**5 Full Name of Contributor:  out of state PAC  
**David Stone Interior Design**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019-5714**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**9/28/2001**5 Full Name of Contributor:  out of state PAC  
**Oscar R. Gutierrez**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77006**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**9/29/2001**5 Full Name of Contributor:  out of state PAC  
**Angela J Henson**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Atascocita, TX 77346-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**9/29/2001**5 Full Name of Contributor:  out of state PAC  
**Marshinna V Jones**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77021-**

9 Principal Occupation (Optional):

10 Employer (Optional):

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>17</b>
2 FILER NAME: <b>Ada Edwards</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/29/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shelley E McIntosh</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77021-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>9/29/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carolyn R Murry</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77066-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>9/29/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Timothy P Davies</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>9/29/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frances T. Farenthold</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/1/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Margaret Ann Blackwell</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/1/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Anne Bobinski</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 770183240</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/1/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vincent S Goodridge</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77054-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/1/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert L. Michael</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77027-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/1/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine A. Caldwell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77002-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/1/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Mohle</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77061-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/2/2001**5 Full Name of Contributor:  out of state PAC  
**Kenneth C Hobbs**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED], **Houston, TX 77074-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/2/2001**5 Full Name of Contributor:  out of state PAC  
**Thomas Kleven**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77096-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/2/2001**5 Full Name of Contributor:  out of state PAC  
**Linda N Kato**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77058-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/2/2001**5 Full Name of Contributor:  out of state PAC  
**Mark N. Adams**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77025-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/3/2001**5 Full Name of Contributor:  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] **Houston, TX 77096-3849**

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/3/2001**5 Full Name of Contributor:  out of state PAC  
**Donald A Cook**7 Amount of  
contribution (\$):  
**\$120.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77061-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/3/2001**5 Full Name of Contributor:  out of state PAC  
**Julie Thobae**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77006-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/3/2001**5 Full Name of Contributor:  out of state PAC  
**Philip Snyder**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77075-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/3/2001**5 Full Name of Contributor:  out of state PAC  
**Lee T Loe**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77098-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/3/2001**5 Full Name of Contributor:  out of state PAC  
**Eric A Frazier**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77021-**

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 17

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2001

5 Full Name of Contributor:

**David J. Veale** out of state PAC7 Amount of  
contribution (\$):**\$10.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77096-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

10/3/2001

5 Full Name of Contributor:

**Betty T Patterson** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77087-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

10/3/2001

5 Full Name of Contributor:

**Holly J Harlow** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77018-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

10/4/2001

5 Full Name of Contributor:

**C. Lee Taylor** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

10/4/2001

5 Full Name of Contributor:

**Charles L. Mauch** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77081-

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/6/2001**5 Full Name of Contributor:  out of state PAC  
**Kimberly A Turner**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77006-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/6/2001**5 Full Name of Contributor:  out of state PAC  
**Nancy Edwards**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77025-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/7/2001**5 Full Name of Contributor:  out of state PAC  
**Ken Esene**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Katy, TX 77450-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/7/2001**5 Full Name of Contributor:  out of state PAC  
**Ken Esene**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Katy, TX 77450-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/7/2001**5 Full Name of Contributor:  out of state PAC  
**Clare H Bludworth**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77098-**

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**10/7/2001**

5 Full Name of Contributor:

**Melaney A. Linton** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77006-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**10/7/2001**

5 Full Name of Contributor:

**Erin Comeaux** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77098-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**10/7/2001**

5 Full Name of Contributor:

**Paul J Nelson** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77006-1119**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**10/7/2001**

5 Full Name of Contributor:

**Lenny Matuszewski** out of state PAC7 Amount of  
contribution (\$):**\$27.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77019-5715**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**10/7/2001**

5 Full Name of Contributor:

**Louie N Saletan** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77006-**

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/7/2001**5 Full Name of Contributor:  out of state PAC  
**Bill Gray**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED], **Houston, TX 77055-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/8/2001**5 Full Name of Contributor:  out of state PAC  
**Frances O Burford**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77002-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/9/2001**5 Full Name of Contributor:  out of state PAC  
**Wilmoth Loper Williams**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77004-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/10/2001**5 Full Name of Contributor:  out of state PAC  
**Alan Helfman**7 Amount of  
contribution (\$):  
**\$200.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77024-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/10/2001**5 Full Name of Contributor:  out of state PAC  
**Zerline B Prater**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77042-**  
**2900**

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>17</b>
2 FILER NAME:	<b>Ada Edwards</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/11/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Progressive Voters in Action</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable): <b>Phone Calls</b>
6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77266-7307</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/12/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nelda Conner Lewis</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/13/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Margaret Ann Blackwell</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/14/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey J Skarda</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/14/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Washington &amp; Son's Airconditioning &amp; Heating Services</b>	7 Amount of contribution (\$): <b>\$600.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 17

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James E Ohman</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77043-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Renee M Sauder</b>	7 Amount of contribution (\$): <b>\$3.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>TX</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandra Vincent</b>	7 Amount of contribution (\$): <b>\$40.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77021-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hawes, Hill &amp; Patterson Consultants LLP</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77074-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dalton C. Dehart</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77027</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>17</b>
2 FILER NAME: <b>Ada Edwards</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tendai</b>	7 Amount of contribution (\$): <b>\$5.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77021-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Meredith J Long</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Todd Edwards</b>	7 Amount of contribution (\$): <b>\$900.00</b>	8 In kind contribution (if applicable): <b>Rent</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Keith A Sartin</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/15/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tamani Mwandowi</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>, TX</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>17</b>
2 FILER NAME: <b>Ada Edwards</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/16/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dana Schweers</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/16/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sprint Digital Print</b>	7 Amount of contribution (\$): <b>\$81.18</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77080-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/16/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Union Fidelity Federal Credit Union</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/17/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Regina L Woolfolk</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Sugar Land, TX 77478-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/17/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gertie W Dickson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004-</b>			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/18/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barry Mandel</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/19/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Billy Burge</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/19/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Olivia Guzman</b>	7 Amount of contribution (\$): <b>\$1.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77021-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/19/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sherry Applewhite</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/19/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Pamela B Williams</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77035-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/19/2001**5 Full Name of Contributor:  out of state PAC  
**Craig M. Oettinger**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 770045848**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/21/2001**5 Full Name of Contributor:  out of state PAC  
**Arthur W Browning**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Cypress, TX 77429-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/21/2001**5 Full Name of Contributor:  out of state PAC  
**Patrick T Hernandez**7 Amount of  
contribution (\$):  
**\$10.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77075-**

9 Principal Occupation (Optional):

10 -Employer (Optional):

4 Date  
**10/22/2001**5 Full Name of Contributor:  out of state PAC  
**Nathelyne A. Kennedy**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **710 Houston, TX 77081-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**10/22/2001**5 Full Name of Contributor:  out of state PAC  
**Helen Ann Fisher**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Bellaire, TX 77401**

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/23/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine A. Caldwell</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/24/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George Strong</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-5202</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/24/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeanette H. Rash</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77020</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/24/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shirley A Delibero</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77024-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>10/24/2001</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cindy L. Clifford</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>West Gray, Suite 204, Houston, TX 77019-</b>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **17**

2 FILER NAME:

**Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**10/24/2001**

5 Full Name of Contributor:

**Kevin Riddle** out of state PAC7 Amount of  
contribution (\$):**\$15.00**8 In kind  
contribution  
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED], **Houston, TX 77030-**

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**10/25/2001**

5 Full Name of Contributor:

**Lee T Loe** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED], **Houston, TX 77098-**

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
1/6**2** FILER NAME  
Ada Edwards**3** ACCOUNT # (Ethics Commission filers)**4** Date  
10/11/2001**5** Payee name  
David Cameron**7** Amount  
(\$)  
53.11**6** Payee address; City; State; Zip Code  
6706 Barney Road  
Houston TX 77092**8** Purpose of expenditure (See instructions regarding type of information required.)  
Reimbursed Expenses**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**Date**  
10/23/2001**Payee name**  
Donald Cook**Amount**  
(\$)  
100.00**Payee address; City; State; Zip Code**  
7954 Glenheath  
Houston TX 77061**Purpose of expenditure (See instructions regarding type of information required.)**  
House Party**Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held**Date**  
10/01/2001**Payee name**  
Frys Electronics**Amount**  
(\$)  
123.00**Payee address; City; State; Zip Code**  
10241 North Freeway  
Houston TX 77048**Purpose of expenditure (See instructions regarding type of information required.)**  
Computer Monitor**Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held**Date**  
10/01/2001**Payee name**  
Tamara Jones**Amount**  
(\$)  
39.24**Payee address; City; State; Zip Code**  
935 Fugate  
Houston TX 77009**Purpose of expenditure (See instructions regarding type of information required.)**  
Volunteer Food**Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 2/6
<b>2</b> FILER NAME Ada Edwards		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 10/01/2001	<b>5</b> Payee name Tamara Jones ..... <b>6</b> Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	<b>7</b> Amount (\$) 12.46
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Volunteer Food		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/11/2001	Payee name Tamara Jones ..... Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 1540.39
Purpose of expenditure (See instructions regarding type of information required.) Payroll		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/11/2001	Payee name Tamara Jones ..... Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 207.13
Purpose of expenditure (See instructions regarding type of information required.) Volunteer Food		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/25/2001	Payee name Tamara Jones ..... Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 1540.39
Purpose of expenditure (See instructions regarding type of information required.) Payroll		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
3/6

**2** FILER NAME  
Ada Edwards

**3** ACCOUNT # (Ethics Commission files)

**4** Date  
10/23/2001

**5** Payee name  
Kaleidoscope Group

**7** Amount  
(\$)  
7497.74

**6** Payee address; City; State; Zip Code  
5757 Woodway  
Houston TX 77057

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Mail House

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10/01/2001

Payee name  
Veon McReynolds

Amount  
(\$)  
489.41

Payee address; City; State; Zip Code  
2305 Wheeler  
Houston TX 77004

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

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

Date  
10/16/2001

Payee name  
Veon McReynolds

Amount  
(\$)  
769.50

Payee address; City; State; Zip Code  
2305 Wheeler  
Houston TX 77004

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

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

Date  
10/23/2001

Payee name  
Nextel

Amount  
(\$)  
78.18

Payee address; City; State; Zip Code  
1800 West Loop South #1400  
Houston TX 77027

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 4/6
<b>2</b> FILER NAME Ada Edwards		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> Date 10/11/2001	<b>5</b> Payee name Tamara Papa Johns Pizza <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 3210 Montrose Houston TX 77006	<b>7</b> Amount (\$) 75.71
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Food for Volunteers		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/23/2001	Payee name Radio One <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 24 E Greenway Plaza,#1508 Houston TX 77056	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/11/2001	Payee name Southwestern Bell <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 2525 North Loop West Houston TX 77057	Amount (\$) 328.94
Purpose of expenditure (See instructions regarding type of information required.) Telephone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/01/2001	Payee name Sprint Digital Printing <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 3612 Mangum Rd Houston TX 77042	Amount (\$) 2273.25
Purpose of expenditure (See instructions regarding type of information required.) Signs		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
5/6

2 FILER NAME  
Ada Edwards

3 ACCOUNT # (Ethics Commission files)

4 Date  
10/11/2001

5 Payee name  
Sprint Digital Printing

7 Amount  
(\$)  
1786.13

6 Payee address; City; State; Zip Code  
3612 Mangum Rd  
Houston TX 77042

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

9 Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
10/11/2001

Payee name  
USPS  
Payee address; City; State; Zip Code  
Barbara Jordan Main Office  
Houston TX 77201

Amount  
(\$)  
22.78

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

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

Date  
10/11/2001

Payee name  
USPS  
Payee address; City; State; Zip Code  
Barbara Jordan Main Office  
Houston TX 77201

Amount  
(\$)  
278.00

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

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

Date  
10/17/2001

Payee name  
Universal Marketing  
Payee address; City; State; Zip Code  
4800 W 34th Street  
Houston TX 77092

Amount  
(\$)  
300.00

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

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

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/6
2 FILER NAME Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/24/2001	5 Payee name Universal Printing ..... 6 Payee address; City; State; Zip Code 402 Courland Houston TX 77008	7 Amount (\$) 993.83
8 Purpose of expenditure (See instructions regarding type of information required.) Printing		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 09/28/2001	Payee name Washington Mutual ..... Payee address; City; State; Zip Code 1934 West Gray Houston TX 77019	Amount (\$) 505.00
Purpose of expenditure (See instructions regarding type of information required.) Returned Check		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 09/28/2001	Payee name Washington Mutual ..... Payee address; City; State; Zip Code 1934 West Gray Houston TX 77019	Amount (\$) 105.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Service Charges		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held