Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 25

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2003 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: John NICKNAME: W LAST: Elford SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1818 Augusta, #13, Houston, TX 77056

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Philip NICKNAME: J. LAST: Kunetke SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 5601 Edith, Houston, TX 77081

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 667-9927 EXTENSION:

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 1 / 1 / 2003 THROUGH Month Day Year: 6 / 30 / 2003

10 ELECTION

ELECTION DATE Month Day Year: 11 / 3 / 2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Pos. 2 Houston City Council, AT-Larg

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
John Elford

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 11,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 8,823.90
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John W. Elford, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	FIORA Smith	Notary

FLORA SMITH
MY COMMISSION EXPIRES
JANUARY 25, 2004

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/17

2 FILER NAME
Johne Elford for Houstgon City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/25/03	Micro Centert 1717 West Loop S., Houston, TX 77027	43.29

8 Purpose of payment (See instructions regarding type of information required.)
Card Reader

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/25/03	Rayman Productions, 408 Highland, Houston TX 77027	85.00

Purpose of payment (See instructions regarding type of information required.)
Brochure Photos

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/25/03	SBC c/o Randalls, 1408 S.Voss, Houston, TX 77057	87.32

Purpose of payment (See instructions regarding type of information required.)
Phone expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/03	John Elford 1818 Augusta, #13, Houston, TX 77056	156.38

8 Purpose of payment (See instructions regarding type of information required.)
Reimburement: 3/6 Ginza - Kunetka Hire: 27.00:
4/11 Champps - R. Tuana, A. Williams 32.36:

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	continued 4/11/03 Theater District Parking 5.00: 4/16 Walgreens, Nametags, Pens for Kickoff 7.55 continued 4/1 Greater Houston Pachyderm 15.00 4/15 Kinko's Nametages and Copies 16.24 4/15 PCI, Inc./R. Tuana owner, Printing 53.23	

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
~~220~~ XXX 3/29/03	Bellaire HS FFA PO Box 2311, Bellaire, TX 77402	400.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Sponsorship/Contribution Youth Stock Show	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/1/03	Transportation Club of Houston 3303 Main, Houston, TX 77002	80.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Luncheon	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/02/02	Maggiones 2019 Post Oak Blvd., Houston, TX 77056	54.68

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Fundraising Meeting, C. Ccrockett, J.Jones	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/7/02	Harris Co. Republican Party 3311 Richmond, Houston, TX 77098	500.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Table at Lincoln Day Dinner	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/7/03	Harris County Republican Party 3311 Richmond, Houston, TX 77098	85.00

8 Purpose of payment (See instructions regarding type of information required.)
San Jacinto Club Dues

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/9/03	Phil Kunetka 5611 Edith, Houston, TX 77081	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/10/03	Office Depot 7519 Westheimer, Houston, TX 77063	25.74

Purpose of payment (See instructions regarding type of information required.)
Paper and Copier Refill

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/10/03	Taste of Texas 10505 Katy Frwy, Houston, TX 77024	41.32

Purpose of payment (See instructions regarding type of information required.)
P. Heiberger Lunch Meeting

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5/17

2 FILER NAME: John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/16/03	Buffalo Grille 3116 Bissonnet, Houston TX 77005	301.64

8 Purpose of payment (See instructions regarding type of information required.): Campaign Kick-off

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16/03	Downtown Pachyderm c/o Tom Zakes, 1217 Prairie, Houston, TX 77002	10.00

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/03	Harris Co. Republican Party 3311 Richmond, Houston, TX 77098	85.00

Purpose of payment (See instructions regarding type of information required.): San Jacinto Club Dues

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/03	Kinkos 5510 Buffalo Spdwy, Houaton, TX 77005	16.24

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/18/03	Doubletree Hotel 5353 Westheimer, Houston, TX 77056	15.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Greater Houston Pachyderm Lunch			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/18/03	Memorial Golf Course 1001 E. Memorial Loop, Houston, TX 77007	54.01

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Green Fee, C. Simmons event			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/18/03	The Parish Child - The Parish School 11059 Timberline, Houston, TX 77043	40.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Event Sponsorship			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/22/03	Orlando Sanchez Campaign 10259 S. Post Oak, Houston, TX 77096	100.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Political Contribution	Orlando Sanchez	Mayor	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/03	Phil Kunetka 5611 Edith, Houston, TX 77081	1000.00

8 Purpose of payment (See instructions regarding type of information required.)
Campaign Consulting and Work

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/23/03	PCI, Inc., 5601Central Crest, Houston, TX 77092	597.55

Purpose of payment (See instructions regarding type of information required.)
Bus. Cards and Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/24/03	US Postal Service 2950 Unity Dr, Houston, TX 77057	45.95

Purpose of payment (See instructions regarding type of information required.)
Postage - Fundraising Mailing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/28/03	SBC c/o Randalls, 1408 S. Voss, Houston, TX 77057	125.39

Purpose of payment (See instructions regarding type of information required.)
Monthly Phone Bill

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/02/03	Strake Jesuit HS 8900 Bellaire, Tx 77036	225.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Golf Fundraiser Sponsorship	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/07/03	Greater Houston Builders Association 9511 Sam Houston Pkwy N., Houston, TX 77064	130.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Participation in Golf Tourney P. Kunetka	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/07/03	Trevesio Resturant 6550 Bertner, Houston, TX 77030	70.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Lunch Meeting D. Able, Tx Med Center	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/07/03	John Elford 1818 Augusta #13, Houston , TX 77056	259.71

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Re-imburement ATT Wireless	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/09/03	John Elford 1818 Augusta, #13, Houston, TX 77056	42.25

8 Purpose of payment (See instructions regarding type of information required.)
Cash Reimb. Houston Club Parking Akin-Gump Meetings (18.00)5/1, Dwtn Pachyderm (2 @10.00 ea = 2.00

9 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ••
Candidate / Officeholder name Office sought Office held
JW Elford @ P. Kunetka lunch at Steet Parking),$2.25 ATM fee

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/12/03	Ginza Restuarant 5868 San Felipe, Houston, TX 77057	39.00

Purpose of payment (See instructions regarding type of information required.)
Political Meeting Tony Williams

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/14/03	Maggionnes 2019 Post Oak Blvd, Houston, TX 77056	53.00

Purpose of payment (See instructions regarding type of information required.)
Lunch Houston Veterans Muceum

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/14/03	Tommy Thomas for Sheriff 4838 Lake Village Dr., Fulshear Tx 77041	100.00

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held
Tommy Thomas Sheriff sam

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/14/03	Sugar Creek Country Club 420 Sugar Creek, Sugarland TX 77478	16.24

8 Purpose of payment (See instructions regarding type of information required.)
Expenses related toStrake Jesuit fundraiser

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/14/02	Womens Political Forum 5051 Westheimer #600, Houston, TX 77056	25.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/16/03	Artista 800 BAGBY,Houston, TX 77002	119.00

Purpose of payment (See instructions regarding type of information required.)
Fundraiser expenses Akin-Gump event

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/19/03	Harris County Republican Party 3311 Richmond, Houston, TX 77098	85.00

Purpose of payment (See instructions regarding type of information required.)
San Jac. Club dues

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/19/02	Mr. Car Wash 2231 S. Voss, Houston, TX 77057	42.30

8 Purpose of payment (See instructions regarding type of information required.)
Car Servicing in lieu of milaege

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/19/03	Phil Kunetka 5611 Edith, Houston, TX 77081	500.00

Purpose of payment (See instructions regarding type of information required.)
Campaign Consulting and Work

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/19/03	SBC c/o Randalls, 1408 S. Voss, Houston, TX 77057	101.36

Purpose of payment (See instructions regarding type of information required.)
Monthly Phone Bill

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/19/03	John Elford 1818 Augusta, #13, Houston, TX 77057	60.15

Purpose of payment (See instructions regarding type of information required.)
4/27 Ctr. Hou. Pachyderm (2x15.00-Elford Kunetka)5/15 Downtown Pachyderm (2x10.00 Elford Kunetka) Cash Parking 8.00, 3.15 for copies

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 13/17

2 FILER NAME: John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/29/03	Shear Paradise 2619 Kipling, Houston,TX 77098	45.00

8 Purpose of payment (See instructions regarding type of information required.): Digital Camera Photo Pictures and prints for brochure

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/29/03	US Postal Service 2950 Unity Dr, Houston, TX 77057	37.60

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/30/03	Chuck Rosenthall Campaign 3405 Edloe, Houston, TX 77027	100.00

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Chuck Rosenthall | Office sought: Dist. Attor | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/30/03	Ninfa's 1650 Post Oak, Houston, TX 77056	38.58

Purpose of payment (See instructions regarding type of information required.): Longoria Event Expenses

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount
5/21/03	Society of Military Engineers c/o Jon Strange 17171 Park Row, Houston TX 77084	50.00 ($)

8 Purpose of payment (See instructions regarding type of information required.)
Luncheon (Elford @ Kunetkat)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/23/03	Fountainview Cafe 1842 Fountainview, Houston, TX 77057	12.88

Purpose of payment (See instructions regarding type of information required.)
Bfkst Meeting Don Milhein

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/27/03	Hobbit Cafe 2243 Richmond, Houston,TX 77098	24.19 ($)

Purpose of payment (See instructions regarding type of information required.)
Allison Sacra Meeting - Logo Design

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/27/03	John Elford 1818 Augusta #13, Houston,TX 77056	40.00 ($)

Purpose of payment (See instructions regarding type of information required.)
Cash Re-imb. 10.00 Baker Connally parking on 5/8/03. 10.00 5/6/03 Grtr. Hou. Pachyderm. 20.00 Houston Realty Breakfast Club.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14/17

2 FILER NAME: John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
6/02/03	Arcodoro 5000 Westheimer, Houston, TX 77056	70.48

8 Purpose of payment (See instructions regarding type of information required.): Fundraiser Expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/4/03	Cafe Express 210 Meyerland, Houston, TX 77096	32.15

Purpose of payment (See instructions regarding type of information required.): Political Lunch - A. Cheng

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/7/03	PCI, Inc. 5601 Central Crest, Houston, TX 77092	810.46

Purpose of payment (See instructions regarding type of information required.): Pringing and Bumperstickers

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/9/03	Ginza 5868 San Felipe, Houston, TX 77056	56.31

Purpose of payment (See instructions regarding type of information required.): Fundraising Lunch Tom/Emma Goodwin

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 15/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/11/03	Cafe' Express 201 Meyerland, Houston, TX 77096	7.85

8 Purpose of payment (See instructions regarding type of information required.)
2nd A. Cheng Meeting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/11/03	Hobbit Cafe 2243 Richmond, Houston, TX 77098	52.00

Purpose of payment (See instructions regarding type of information required.)
Rob Milani Fundraiser

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/12/03	Maggiones, 2019 Post Oak, Houston, TX 77056	38.00

Purpose of payment (See instructions regarding type of information required.)
Fundraising Luncheon - Dave Tritter

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/18/03	Cadillac Bar 1802 Shepherd, Houston, TX 77007	47.00

Purpose of payment (See instructions regarding type of information required.)
Richard Stoker, John Narcisso
Fundraiser and Website Meeting

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 16/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/18/03	Harris County Republican Party 3311 Richmond, Houston, TX 77098	85.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
San Jac Club Dues	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/25/03	Houston Bar Association 1001 Fannin, Houston, TX 77002	354.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
HBA Melodrama Fundraiser Sponsorship & Program Advertisement	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/26/03	Houston Contractors Assoc. 4001 Sherwood, Houston, TX 77092	25.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Monthly Luncheon - P. Kunetka	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/27/03	Phil Kunetka 5611 Edith, Houston, TX 77081	500.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Consulting and Campaign Work	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 17/17

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/30/03	Cafe Express 3200 Kirby, Houston, TX 77098	36.59

8 Purpose of payment (See instructions regarding type of information required.)
H.Glauser, C. Lusk Meeting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/2/03	Office Depot 5133 Richmond, Houston TX 77056	43.29

Purpose of payment (See instructions regarding type of information required.)
Printer Cartridge, Office Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1/6

2 FILER NAME: John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/16/03	Thomas Balke [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/03	Michael Holsey [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/03	Charles Koerth [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/03	Dennis Stallings [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.16.03	Roberta Stanwood [redacted]	2,500.00	

Principal occupation (Optional)	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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2/6

2 FILER NAME: JOHN ELFORD FOR HOUSTON CITY COUNCIL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/16/03	David Tauber [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/03	John Broussard [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/03	Charles Simmons [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/03/03	Kevin Hodges [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Todd L. Greenillion [redacted]	500.00	
Principal occupation (Optional)	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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3/6

2 FILER NAME: JOHN ELFORD FOR CITY COUNCIL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	MIKE WOOD [redacted]	150.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	DAN MOONY [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	DEBRA BAKER [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	GREGORY BROWN [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	JOHN MONTALBANO [redacted]	250.00	
Principal occupation (Optional)	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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4/6

2 FILER NAME
John Elford for Houston City Council

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/19/03	Steven Finkelman 6 Contributor address; City; State; Zip Code [redacted]	500.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3/24/03	~~[illegible]~~ GARY NOVAK Contributor address; City; State; Zip Code ~~[illegible]~~ [redacted]	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/4/03	Samuel Edmondsun Contributor address; City; State; Zip Code [redacted]	1000.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/~~4~~1/03	Edwin Gentle Contributor address; City; State; Zip Code [redacted]	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/~~16~~/03 11	~~[illegible]~~ Robert Parslev Contributor address; City; State; Zip Code [redacted]	100.00	

Principal occupation (Optional)

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5/k

2 FILER NAME: JOHN ELFORD FOR CITY COUNCIL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	KEITH KILSON [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	CHASE CANFIELD [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	JOHN SCHNEIDER [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	RODOLFO MILANI [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	CHARLES M. LUSK III [redacted]	500.00	
Principal occupation (Optional)	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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6/6

2 FILER NAME: JOHN ELFORD FOR CITY COUNCIL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	JAMES N. LETSOS, III [redacted]	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	MARK S. LETSOS [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	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.