

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Michael L.
NICKNAME LAST SUFFIX
Howard

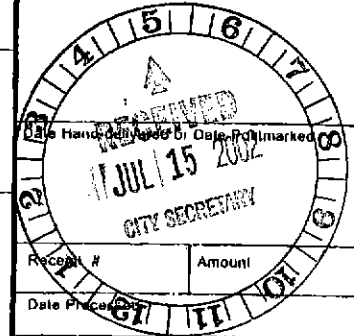
OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
12607 Westleigh Dr.
Houston, TX 77077

Change of Address



5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
T. Lynne
NICKNAME LAST SUFFIX
Eckels

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6321 Crab Orchard
Houston, TX 77057

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 227-8008

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 THROUGH Month Day Year
1 / 1 / 2002 THROUGH 6 / 30 / 2002

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Michael L. Howard	15 ACCOUNT # (Ethics Commission Bars)
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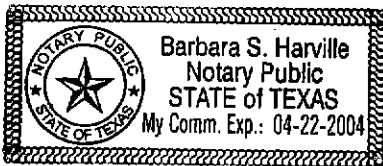
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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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)	\$ 9,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
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.



Michael L. Howard
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael L. Howard this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Barbara S. Harville **BARBARA S. HARVILLE** **NOTARY PUBLIC**
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 6
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 2-21-2002	Full name of contributor Sam Barbar	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 				
Principal occupation (Optional)		Employer (Optional)		

Date 2-21-2002	Full name of contributor Don Sanders	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 				
Principal occupation (Optional)		Employer (Optional)		

Date 2-22-2002	Full name of contributor Locke Liddell & Sapp LLP	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 				
Principal occupation (Optional)		Employer (Optional)		

Date 2-22-2002	Full name of contributor Cynthia Kelsch	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 				
Principal occupation (Optional)		Employer (Optional)		

Date 2-25-2002	Full name of contributor Bret Sanders	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 				
Principal occupation (Optional)		Employer (Optional)		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Patricia Joiner	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Richard Gay	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	






Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Texas Coalition for Good Government	Amount of contribution (\$) \$750.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC C.M. Garver	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC LAN-PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 6
FILER NAME: Mike Howard			ACCOUNT # (Ethics Commission filers)
Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Jard	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	
Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Phillip Adams	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Thompson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mark Boyer	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Box	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 6
FILER NAME: Mike Howard			ACCOUNT # (Ethics Commission filers)

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jeanette Rash	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ross Allyn	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Beth Bellows	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ricardo Castaneda	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Marcia Watson	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 6
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Wayne Klotz	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Uptown Houston PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jack Linville	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 3-5-2002	Full name of contributor <input type="checkbox"/> out of state PAC Vinson & Elkins Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 3-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC John O. Cobb	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 6
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission files)
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Date 3-8-2002	Full name of contributor <input type="checkbox"/> out of state PAC Charles H. Grube	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-20-2002	Full name of contributor <input type="checkbox"/> out of state PAC Turner, Collie & Braden PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 4-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jack Miller	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
	No activity	
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held