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: 21

OFFICE USE ONLY

Date Received: RECEIVED OCT 27 2003 CITY SECRETARY

Date Hand-delivered/Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. FIRST: Jolanda MI: F.

NICKNAME: "Jo" LAST: Jones SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 88324
Houston, TX 77288

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 661-9884

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. FIRST: Leslie MI: D.

NICKNAME LAST: Epps Lathan SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

21603 Longcastle Drive
Spring, Texas 77388

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 350-2511

9 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)

10 PERIOD COVERED

Month Day Year: 9 / 26 / 2003 THROUGH Month Day Year: 10 / 25 / 2003

11 ELECTION

ELECTION DATE Month Day Year: 11 / 4 / 2003

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (If any)

13 OFFICE SOUGHT (If known): Houston City Council At Large Pos #3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

☐ additional pages

GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Jolanda Felicia Jones "Jo"

**16 ACCOUNT #** (Ethics Commission filers) NA

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**18 CONTRIBUTION TOTALS**

| | | |
|---|---|---|
| | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 1,303.00 |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 17,908.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 3,647.83 |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 26,039.01 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 4,753.17 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ Ø |

**19 AFFIDAVIT**

PEARL LANES
MY COMMISSION EXPIRES
JANUARY 21, 2007

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jolanda Jones, this the 27th day of October, 20 03, to certify which, witness my hand and seal of office.

| Pearl Lanes | Pearl Lanes | Notary Public |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 8

2 FILER NAME: Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 10/14/03 | Jocelyn Wright<br>[redacted] | $75. | |
| 9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions) | | |
| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/13/03 | William Coates Jr.<br>[redacted] | $80 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |
| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/7/03 | Ernest McMillan<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |
| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/7/03 | P.J. Walsh<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |
| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/8/03 | Lee Joe<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

☐ out-of-state PAC (ID#: _____)

**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 A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/2/03 | Leif & Elsie Hatlen<br>[redacted] | $100 | |
| 9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 10/2/03 | Gerald & Anita Smith<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 9/26/03 | Mr + Mrs Sidney Slavin<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 10/2/03 | Gary + Gail Swartz<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 10/14/03 | Ruth Burton<br>[redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/13/03 | Cameron + Judy Payne [redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/13/03 | Carol Williams [redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/13/03 | Edmond Osuji [redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/13/03 | Bryan Savoy [redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 10/13/03 | Lance Hamm [redacted] | $100 | |
| Principal occupation \ Job title (See Intructions) | | Employer (See Instructions) | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/9/03 | Ada Edwards Campaign [redacted] | $100 | |

| 9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 9/30/03 | Jason Itkin [redacted] | $100 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/1/03 | Robin Tonbin Stein [redacted] | $200 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/13/03 | Gin Ru Lee [redacted] | $200 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/13/03 | Charles Bratka [redacted] | $200 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/13/03 | Mark Thuesen<br>[redacted] | $200 | |
| 9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 10/7/03 | George Reiter<br>[redacted] | $250 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 9/29/03 | Barbara + Corbin Robertson<br>[redacted] | $250 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 10/1/03 | Katherine Scardino<br>[redacted] | $250 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

| 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) |
|---|---|---|---|
| 10/4/03 | Anderson & Smith<br>[redacted] | $250 | |
| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/12/03 | Sandy Mathieu [redacted] | $250 | |

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

| 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) |
|---|---|---|---|
| 9/29/03 | Christie + Bruce Cameron [redacted] | $300 | |

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

| 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) |
|---|---|---|---|
| 10/22/03 | Sara Pennington [redacted] | $300 | |

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

| 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) |
|---|---|---|---|
| 10/13/03 | Roy Glen Armstrong [redacted] | $400 | |

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

| 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) |
|---|---|---|---|
| 10/16/03 | Steven Kherkher [redacted] | $400 | |

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/13/03 | Troy Bearden<br>[redacted] | $500 | |

| 9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/13/03 | Candace Brooks<br>[redacted] | $500 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/24/03 | Roy + Shirley Malonson<br>[redacted] | $1000 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/23/03 | Chris Eaglen<br>[redacted] | $2000 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 10/9/03 | Laura Steelman<br>[redacted] | $2500 | |

| Principal occupation \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Jolanda Felicia Jones "Jo"

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) |
|---|---|---|---|
| 10/15/03 | Kenneth Bailey<br>[redacted] | $5000 | |

| 9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions) |
|---|---|
| | |

| 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 \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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 \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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 \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

| 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 \ Job title (See Intructions) | Employer (See Instructions) |
|---|---|
| | |

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: Joland Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/10/03 | Target Deli<br>8500 Main St<br>Houston, Tx 77025 | $60 |

8 Purpose of payment (See instructions regarding type of information required.): Food for Volunteer Rally

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 ($) |
|---|---|---|
| 10/10/03 | Food Town<br>12182 Veterans Memorial Dr<br>Houston, Tx 77067 | $65.57 |

Purpose of payment (See instructions regarding type of information required.): Food for Office

•• 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 ($) |
|---|---|---|
| 10/10/03 | Uchenna Conley<br>4503 Parkbreeze<br>Fresno, Tx 77545 | $66.27 |

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

•• 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 ($) |
|---|---|---|
| 10/15/03 | Southeast Council<br>2600 Hamilton Ste #103<br>Houston, Tx 77004 | $100 |

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

•• 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 FILER NAME: Solanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/16/03 | John Gilmore<br>405 Hawthorne #20<br>Houston, TX 77006 | $100 |

| 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 |
|---|---|
| Pictures from fundraiser | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/17/03 | Alpha Kappa Omega<br>3Ward Multipurpose Center<br>3611 Ennis<br>Houston, TX 77004 | $150.00 |

| 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 |
|---|---|
| Banquet | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/6/03 | Charlotte Hawkins<br>3428 Pease<br>Houston, TX 77003 | $114 |

| 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 |
|---|---|
| Reimbursement - BBQ | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/10/03 | Lavelle Hinton<br>8919 Parkette Dr.<br>Houston, TX 77078 | $123.98 |

| 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 |
|---|---|
| Gas + Food Reimbursement | |

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/23/03 | Alicia Richmond<br>3810 Ashford<br>Houston, Tx 77082 | $145 |

8 Purpose of payment (See instructions regarding type of information required.): Hotel Reimbursement

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 ($) |
|---|---|---|
| 10/10/03 | Karena Polk<br>5090 Richmond #126<br>Houston, TX 77056 | $150 |

Purpose of payment (See instructions regarding type of information required.): Mobile Phone Chgs. Reimbursement

•• 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 ($) |
|---|---|---|
| 10/6/03 | Uchenna Conley<br>4503 Parkbreeze<br>Fresno, Tx 77545 | $192.38 |

Purpose of payment (See instructions regarding type of information required.): Precint Judge Breakfast

•• 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 ($) |
|---|---|---|
| 10/15/03 | Donald Cook<br>7954 Glenheath<br>Houston, Tx 77061 | $210 |

Purpose of payment (See instructions regarding type of information required.): Pushcard/Joint Mailing

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

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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 FILER NAME: Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 9/27/03 | Leslie Lathan<br>21603 Longcastle Dr<br>Spring TX 77388 | $240. |

8 Purpose of payment (See instructions regarding type of information required.): OM Salary Expense Reimbursement

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 ($) |
|---|---|---|
| 10/3/03 | Charlotte Hawkins<br>3428 Pease<br>Houston, TX 77003 | $240 |

Purpose of payment (See instructions regarding type of information required.): Salary 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 ($) |
|---|---|---|
| 10/10/03 | Charlotte Hawkins<br>3428 Pease<br>Houston, TX 77003 | $240 |

Purpose of payment (See instructions regarding type of information required.): Salary 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 ($) |
|---|---|---|
| 10/16/03 | Charlotte Hawkins<br>3428 Pease<br>Houston, TX 77003 | $240 |

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

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

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/23/03 | Charlotte Hawkins<br>3428 Please<br>Houston, Tx 77003 | $240 |

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

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 ($) |
|---|---|---|
| 9/27/03 | Larry Kessler<br>1733 Longacre Dr.<br>Houston, Tx 77055 | $249.77 |

Purpose of payment (See instructions regarding type of information required.)
Precint Addresses/Mailout

** 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 ($) |
|---|---|---|
| 9/29/03 | Kinko's<br>2200 SW Freeway<br>Houston, TX 77098 | $265.21 |

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

** 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 ($) |
|---|---|---|
| 10/19/03 | Uchenna Conley<br>4503 Parkbreeze<br>Fresno, TX 77545 | $280 |

Purpose of payment (See instructions regarding type of information required.)
Gas, Food, Bank Fees

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

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/17/03 | Sprint Digital Print<br>10100 Clay Rd #C<br>Houston, TX 77080 | $360 |

8 Purpose of payment (See instructions regarding type of information required.)
Artwork for Pushcards

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 ($) |
|---|---|---|
| 10/24/03 | Pearl Lanes<br>3130 Kelling<br>Houston, TX 77045 | $ 364 |

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

•• 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 ($) |
|---|---|---|
| 9/29/03 | Power 97.5<br>2700 Post Oak Blvd<br>Houston, TX 77056 | $400 |

Purpose of payment (See instructions regarding type of information required.)
Radio Adv (20 spots)

•• 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 ($) |
|---|---|---|
| 10/14/03 | Karen Polk<br>5090 Richmond #126<br>Houston, TX 77056 | $400 |

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

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/14/03 | Alicia Richmond<br>3810 Ashford<br>Houston, TX 77082 | $500 |

8 Purpose of payment (See instructions regarding type of information required.): Appreciation Pymt

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 ($) |
|---|---|---|
| 10/14/03 | Uchenna Conley<br>4503 Parkbreeze<br>Fresno, TX 77545 | $500 |

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

-- 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 ($) |
|---|---|---|
| 10/14/03 | Lavelle Hinton<br>8919 Parkette Dr<br>Houston, TX 77078 | $500 |

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

-- 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 ($) |
|---|---|---|
| 10/14/03 | Larry Kessler<br>1733 Longacre Dr.<br>Houston, TX 77055 | $500 |

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

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Solanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) | 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 |
|---|---|---|---|---|---|---|
| 10/14/03 | Pearl Lanes<br>3130 Kelling<br>Houston, Tx 77045 | $500 | Appreciation Pymt | | | |
| 10/15/03 | Michael Tennon<br>312 W. Alabama #13<br>Houston, Tx 77006 | $500 | Appreciation Pymt | | | |
| 10/15/03 | Leslie Lathan<br>21603 Longcastle Dr<br>Spring, TX 77388 | $500 | Appreciation Pymt | | | |
| 10/17/03 | Power 97.5<br>2700 Post Oak Blvd<br>Houston, Tx 77056 | $500 | Advertising | | | |

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Solanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/17/03 | SBC<br>1714 Ashland St.<br>Houston, TX 77008 | $534.94 |

| 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 |
|---|---|
| Telephone Bill | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/10/03 | Michael Yarbrough<br>5407 Chenevert<br>Houston, TX 77004 | $850 |

| 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 Fee | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/24/03 | Eddie Conley<br>4503 Parkbreeze<br>Fresno, TX 77545 | $1600 |

| 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 |
|---|---|
| Pushcard Distribution | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/1/03 | Sprint Digital Print<br>10100 Clay Rd #C<br>Houston, TX 77080 | $1883.55 |

| 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 |
|---|---|
| 4 X 8 Signs | |

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/16/03 | Univision<br>1415 North Loop West #550<br>Houston, TX 77008 | $1950 |

8 Purpose of payment (See instructions regarding type of information required.): Radio Spots

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 ($) |
|---|---|---|
| 10/11/03 | KCOH<br>5011 Almeda Rd<br>Houston, TX 77004 | $2470 |

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

•• 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 ($) |
|---|---|---|
| 10/15/03 | Jolanda Jones<br>2626 S Loop W #422<br>Houston, TX 77004 | $2600 |

Purpose of payment (See instructions regarding type of information required.): Personal Funds Expense Reimb.

•• 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) | Reimbursement from political contributions intended |
|---|---|---|---|---|
| 10/10/03 | Kinko's<br>2200 SW Freeway<br>Houston, TX 77098 | 20,000 Pushcards | $530.00 | ☑ |
| 10/25/03 | Kinko's<br>2200 SW Freeway<br>Houston, TX 77098 | 50,000 Pushcards | $976.41 | ☑ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ |

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