

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: *Councilman* FIRST: *John* MI: *H.*
NICKNAME: LAST: SUFFIX:

Kelley

OFFICE USE ONLY

Date Received: **RECEIVED JAN 10 2002**
CITY SECRETARY

Date Hand-Delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
10219 Cedar Creek Houston, TX, 77042

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: MI:
NICKNAME: LAST: SUFFIX:

Kelley

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
10219 Cedar Creek Houston, TX, 77042

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 781-0464

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 - PR)

9 PERIOD COVERED

Month Day Year Month Day Year
July / 1 / 2001 THROUGH 12 / 31 / 01

10 ELECTION

ELECTION DATE: Month Day Year
/ /
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Former Councilman

12 OFFICE SOUGHT (if known)

NONE

13 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,200.00

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.

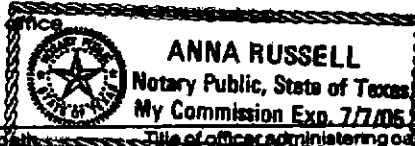
John Kelley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN KELLEY, this the 10th day of January, 2007, to certify which, witness my hand and seal of office

Anna Russell
Signature of officer administering oath

Printed name of officer administering oath



ANNA RUSSELL
Notary Public, State of Texas
My Commission Exp. 7/7/06
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

N/A

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Uses)

4 Date

5 Full name of contributor

out-of-state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/ON & PAC)

The instruction book explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

John Kelley N/A

3 ACCOUNT # (Ethics Commission form)

4 TOTAL OF UNITEMIZED PLEDGES: - - - - - - -

\$

5 Date	6 Full name of pledger <input type="checkbox"/> out-of-state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledger address: City: State: Zip Code			
10 Principal occupation (optional)		11 Employer (optional)	

Date	Full name of pledger <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledger address: City: State: Zip Code			
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledger <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledger address: City: State: Zip Code			
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledger <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledger address: City: State: Zip Code			
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledger <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledger address: City: State: Zip Code			
Principal occupation (optional)		Employer (optional)	

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

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

John Kelley N/A

3 ACCOUNT # (Ethics Commission Use)

4 TOTAL OF UNITEMIZED LOANS:

• • • • •

\$

5 Date of loan

7 Name of lender

out-of-state PAC

8 Loan Amount (\$)

6 Is lender a financial institution?

Y N

9 Lender address: City: State: Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Amount Guaranteed (\$)

16 Guarantor address: City: State: Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>John Kelley</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8-29-01</i>	5 Payee name <i>Touchdown Club</i>	7 Amount (\$) <i>250.00</i>
6 Payee address: City: State: Zip Code <i>13280 N.W. Fung, Ste F Houston, TX 77040-6003</i>		
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10-13-01</i>	Payee name <i>Andrew Varkados Campaign</i>	Amount (\$) <i>500.00</i>
Payee address: City: State: Zip Code <i>10146 Westheimer Houston, TX 77042</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Donation</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10-18-01</i>	Payee name <i>Michael Stafford</i>	Amount (\$) <i>500.00</i>
Payee address: City: State: Zip Code <i>3323 Richmond Suite C Houston Texas 77098</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Donation</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>11-9-01</i>	Payee name <i>Medi-Life</i>	Amount (\$) <i>200.00</i>
Payee address: City: State: Zip Code <i>1907 Freeman St. Houston, TX 77009</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Charitable Donation to Firefighters</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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 <i>John Kelley</i>		3 ACCOUNT # (Ethics Commission file)
4 Date <i>11-9-01</i>	5 Payee name <i>Bowl Series Inc.</i>	7 Amount (\$) <i>1,000.00</i>
6 Payee address; City; State; Zip Code <i>Reliant Park 8400 Kirby Dr. Houston, TX 77054</i>		
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation charity</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>11-14-01</i>	Payee name <i>Bowl Series Inc.</i>	Amount (\$) <i>600.00</i>
Payee address; City; State; Zip Code <i>Reliant Park 8400 Kirby Dr. Houston, TX, 77054</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation charity</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>12-5-01</i>	Payee name <i>Rotary Lombardi Award</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>8552 Katy Fwy Suite 156 Houston, TX. 77024</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation charity</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>12-12-01</i>	Payee name <i>Touchdown Club</i>	Amount (\$) <i>1,000.00</i>
Payee address; City; State; Zip Code <i>13280 N.W. Fry Suite F Houston, TX. 77040-6003</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation charity</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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 *John Kelley* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>12-29-01</i>	5 Payee name <i>USOC</i>	7 Amount (\$) <i>50.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 15199 Colorado, Springs Col. 80935-5199</i>		

8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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