

# 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 files)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE: <i>Councilman</i> FIRST: <i>John</i> MI: <i>H.</i> NICKNAME:      LAST: <i>Kelley</i> SUFFIX:	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; margin: 0;"><b>RECEIVED</b></p> <p style="text-align: center; margin: 0;">JAN 01 2002</p> <p style="text-align: center; margin: 0;">CITY SECRETARY</p> </div>	
4 CANDIDATE/ OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <i>10219 Cedar Creek Houston, TX, 77042</i>		
5 CAMPAIGN TREASURER NAME	TITLE:      FIRST: <i>John</i> MI: <i>H.</i> NICKNAME:      LAST: <i>Kelley</i> SUFFIX:		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE <i>10219 Cedar Creek Houston, TX, 77042</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(713) 781-0464</i>		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year <i>JAN / 1 / 2002      6 / 30 / 2002</i>		
10 ELECTION	ELECTION DATE Month    Day    Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any): <i>Former Councilman</i>	12 OFFICE BOUGHT (if known): <i>NONE</i>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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:		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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)	\$
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 19,255.50
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE  
TOTALS

OUTSTANDING  
LOAN TOTALS

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.

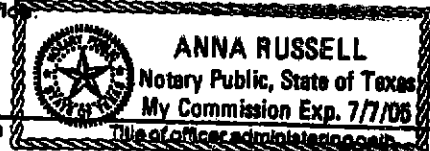
*John Kelley*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Kelley, this the 1<sup>st</sup> day of July, 2007, to certify which, witness my hand and seal of office.

*Anna Russell*  
Signature of officer administering oath

Printed name of officer administering oath



# PLEGGED CONTRIBUTIONS

## SCHEDULE B1 (FOR FORMS C10K & B10C)

The instructions that explain how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

*John Kelley N/A*

3 ACCOUNT # (State Commission Use)

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

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

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

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

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

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

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

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

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

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

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS CCH & SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

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.**

# 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 file)

4 Date

1-28-02

5 Payee name

Addie E. McFarland Foundation

6 Payee address: City: State: Zip Code

Addie McFarland Foundation, Inc.  
P.O. Box 987  
Mineola, Texas 75773

7 Amount (\$)

250.00

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

Donation

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

1-30-02

Payee name

Crime Stopper of Houston

Payee address: City: State: Zip Code

P.O. Box 541654  
Houston, TX 77254-1654

Amount (\$)

100.00

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

Donation

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

1-30-02

Payee name

United Republicans of Harris County

Payee address: City: State: Zip Code

P.O. Box 571264  
Houston, TX 77257-1264

Amount (\$)

500.00

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

Donation

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

2-4-02

Payee name

MARtha Wong Campaign

Payee address: City: State: Zip Code

55 WAUGH DR.  
Ste. 610  
Houston, TX 77007

Amount (\$)

500.00

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

Donation

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / 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:

2 FILER NAME

John Kelley

3 ACCOUNT # (Ethics Commission files)

4 Date

2-18-02

5 Payee name

Houston Raiders

7 Amount (\$)

100.00

6 Payee address: City: State: Zip Code

1943 Round Lake Pr.  
Houston, TX 77077

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

Donation

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

Office sought / held

Date

2-21-02

Payee name

DAVID DEWHURST COMMITTEE

Amount (\$)

500.00

Payee address: City: State: Zip Code

3323 Richmond ave.  
Suite C  
Houston TX 77098

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

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

Office sought / held

Date

2-22-02

Payee name

Patterson Campaign

Amount (\$)

250.00

Payee address: City: State: Zip Code

710 N. Post Oak Rd.  
Suite 107  
Houston TX 77024

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

Donation

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

Office sought / held

Date

2-22-02

Payee name

Judge Jim WALLACE Campaign

Amount (\$)

500.00

Payee address: City: State: Zip Code

P.O. Box 3422  
Houston, TX 77253

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

Donation

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

Office sought / 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

3-7-02

D.O.L. P.A.C.  
 Payee address: City: State: Zip Code

12 50

7902 OAKINGTON  
 Houston, TX, 77071

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

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

Luncheon

Date

Payee name

Amount (\$)

4-3-02

ASCENSION Episcopal School  
 Payee address: City: State: Zip Code

100.00

2525 SEASLER  
 Houston, TX, 77042

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

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

Donation

Date

Payee name

Amount (\$)

4-3-02

Beverly KAUFMAN Campaign  
 Payee address: City: State: Zip Code

250.00

710 N. Post OAK Rd.  
 Suite 107  
 Houston, TX, 77024

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

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

Donation

Date

Payee name

Amount (\$)

4-3-02

MARtha WONG Campaign  
 Payee address: City: State: Zip Code

500.00

55 WAUGH ON  
 Suite 610  
 Houston, TX, 77007

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

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

Donation

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:

2 FILER NAME

John Kelley

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7

Amount (\$)

4-4-02

Royal FFA

2,850.00

6 Payee address: City: State: Zip Code

P.O. Box 469  
Pattison, TX, 77466

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

Donation

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

Office sought / held

Date

Payee name

Amount (\$)

4-17-02

South MAIN Center Assoc.

75.00

Payee address: City: State: Zip Code

1020 Holcombe  
suite 1300  
Hou, TX, 77030

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

Luncheon

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

Office sought / held

Date

Payee name

Amount (\$)

4-17-02

WALIPP

40.00

Payee address: City: State: Zip Code

5545 Alameda  
suite 505  
Houston TX, 77004

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

Luncheon

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

Office sought / held

Date

Payee name

Amount (\$)

4-23-02

Pachyderm

100.00

Payee address: City: State: Zip Code

P.O. Box 22531  
Houston, TX, 77222-2531

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

Dues

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

Office sought / 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: \_\_\_\_\_

2 FILER NAME

*John Kelley*

3 ACCOUNT # (Ethics Commission file) \_\_\_\_\_

4 Date

5 Payee name

*Double Tree Guest Suites*

7 Amount (\$)

*4-23-02*

6 Payee address: City: State: Zip Code

*5353 Westheimer*

*Hou, TX. 77056*

*26.00*

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

*Pachyderm Luncheon*

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

Office sought / held

Date

Payee name

*P.O.C. PAC*

Amount (\$)

*4-23-02*

Payee address: City: State: Zip Code

*7902 OAKINGTON*

*Houston, TX. 77071*

*200.00*

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

*Function*

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

Office sought / held

Date

Payee name

*Paul Bettencourt*

Amount (\$)

*4-30-02*

Payee address: City: State: Zip Code

*1001 Preston*

*Hou, TX. 77002*

*20.00*

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

*Cost of County MAP*

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

Office sought / held

Date

Payee name

*Houston ILLUSIONS Gymnastics*

Amount (\$)

*5-4-02*

Payee address: City: State: Zip Code

*P.O. Box 420377*

*Houston, TX. 77042*

*200.00*

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

*Donation for Event*

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

Office sought / 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:
2 FILER NAME <i>John Kelley</i>		3 ACCOUNT # (Ethics Commission file)
4 Date <i>5-16-02</i>	5 Payee name <i>Charles Bacarisse Campaign</i>	7 Amount (\$) <i>250.00</i>
6 Payee address: City: State: Zip Code <i>P.O. Box 1519 Houston, TX, 77251</i>		
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation Campaign</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>5-17-02</i>	Payee name <i>T. PPF</i>	Amount (\$) <i>250.00</i>
Payee address: City: State: Zip Code <i>Tex. Pub. Policy Foundation 3323 Richmond Houston, TX, 77098</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>DONATION</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>5-17-02</i>	Payee name <i>GARY ELKINS Campaign</i>	Amount (\$) <i>100.00</i>
Payee address: City: State: Zip Code <i>710 N. Post Oak Road Suite 107 Houston, TX, 77024</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation Campaign</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>5-18-02</i>	Payee name <i>Martha Noyes Campaign</i>	Amount (\$) <i>100.00</i>
Payee address: City: State: Zip Code <i>55 Waugh Dr Suite 610 Houston, TX, 77007</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation Campaign</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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:

2 FILER NAME

*John Kelley*

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

*5-18-02*

*Friends of Michael Stafford*

*500.00*

6 Payee address: City: State: Zip Code

*3323 Richmond  
St. C.  
Houston, TX 77098-3007*

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

*Donation*

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

Office sought / held

Date

Payee name

Amount (\$)

*5-24-02*

*Embry Retirement Party*

*100.00*

Payee address: City: State: Zip Code

*5910 Schumacker  
Houston, TX 77057-7188*

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

*Donation Function*

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

Office sought / held

Date

Payee name

Amount (\$)

*6-7-02*

*Texas for Gregg Abbott*

*500.00*

Payee address: City: State: Zip Code

*3323 Richmond Ave.  
Suite "C" 77098*

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

*Donation Campaign*

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

Office sought / held

Date

Payee name

Amount (\$)

*6-9-02*

*N.F.L. Alumni*

*8100.00*

Payee address: City: State: Zip Code

*5757 Westheimer Box 3-111  
Houston, TX 77057-5721*

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

*Donation*

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

Office sought / 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:

2 FILER NAME

*John Kelley*

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7

Amount (\$)

*6-14-02*

*The 100 Club*

*1,000.00*

6 Payee address: City: State: Zip Code

*1233 W Loop South  
Suite 1250  
Houston TX 77027*

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

*Donation*

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

Office sought / held

Date

Payee name

Amount (\$)

*6-27-02*

*U.S. TREASURY*

*1,032.00*

Payee address: City: State: Zip Code

*1973 N. Rulon White Blvd,  
Ogden, UTAH 84201*

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

*Taxes due on  
Interest to campaign acct  
EARNED*

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

Office sought / held

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

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

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