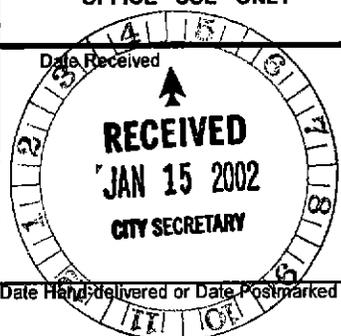


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 11
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Jan	MI Lang	OFFICE USE ONLY 
	NICKNAME	LAST Kish	SUFFIX	

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address	P. O. Box 890064,		Houston, TX		77289-0064

5 CAMPAIGN TREASURER NAME	TITLE	FIRST Rebecca	MI Gentry	<table border="1" style="width:100%"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged	
	Receipt #	Amount								
Date Processed										
Date Imaged										
NICKNAME	LAST Richey	SUFFIX								

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1802 Orchard Country Lane		Houston, Texas		77062

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	480-4789	

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 <input type="checkbox"/> July 15 <input type="checkbox"/> 8th 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
	10	27	01		12	31	01

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council District E
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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 <p style="text-align:center">JAN LANG KISH</p>	15 ACCOUNT # (Ethics Commission filers)
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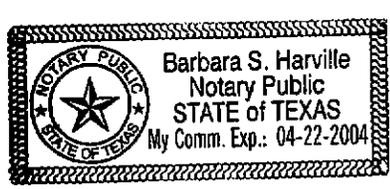
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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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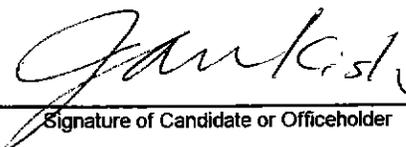
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,563.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 139.89
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,174.90
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

19 AFFIDAVIT

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

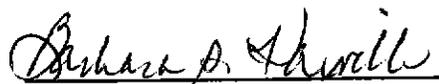


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAN KISH, this the 15th day of January, 2002, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

BARBARA S. HARVILLE
 Print name of officer administering oath

NOTARY PUBLIC
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.				1 Total pages Schedule A1: 5	
2 FILER NAME JAN LANG KISH				3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/01	5 Full name of contributor Hon. Carolyn Clause Garcia	<input type="checkbox"/> Out of state PAC		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 10/29/01	Full name of contributor Mei-Ing & Gilbert Hoffman	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056-4023					
Principal occupation (Optional)			Employer (Optional)		
Date 10/29/01	Full name of contributor Billy & Polly Lee	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062					
Principal occupation (Optional)			Employer (Optional)		
Date 10/29/01	Full name of contributor Marie & Frederic Dawn	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059-2904					
Principal occupation (Optional)			Employer (Optional)		
Date 10/30/01	Full name of contributor Ann & Terence Cheng	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057					
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.						1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH						3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor	<input type="checkbox"/> Out of state PAC		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/30/01	Benjamin Chang			100.00			
6 Contributor address; City; State; Zip Code							
[REDACTED] Houston, TX 77079							
9 Principal occupation (Optional)				10 Employer (Optional)			
Date	Full name of contributor	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/30/01	Kitipot & Pat Chamveja			100.00			
Contributor address; City; State; Zip Code							
[REDACTED] Houston, TX 77268-1277							
Principal occupation (Optional)				Employer (Optional)			
Date	Full name of contributor	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/30/01	Tsu-Yu Teng			100.00			
Contributor address; City; State; Zip Code							
[REDACTED] Houston, TX 77096							
Principal occupation (Optional)				Employer (Optional)			
Date	Full name of contributor	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/30/01	Flora Chun-Mei Lin			100.00			
Contributor address; City; State; Zip Code							
[REDACTED] Sugar Land, TX 77478							
Principal occupation (Optional)				Employer (Optional)			
Date	Full name of contributor	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/30/01	Bobby Moon			25.00			
Contributor address; City; State; Zip Code							
[REDACTED] Houston, TX 77036							
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.		1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/01	5 Full name of contributor Kenneth Li	<input type="checkbox"/> Out of state PAC	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77036		8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)		Employer (Optional)	
Date 10/30/01	Full name of contributor Dawson & Chao Real Estate	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77063		In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)	
Date 10/30/01	Full name of contributor Phan Uyen Phan	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77074-2088		In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/01	Full name of contributor Edward Yeh	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77005-3644		In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)	
Date 11/02/01	Full name of contributor Annise Parker & Kathy Hubbard	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77266-6513		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.		1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/02/01	5 Full name of contributor Ding San Kuo	<input type="checkbox"/> Out of state PAC	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062		8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/07/01	Full name of contributor Kwai-Woon Lai	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Webster, TX 77598		In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)	
Date 11/09/01	Full name of contributor Lang-Lee Chu	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED] Redmond, WA 98052		In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)	
Date 11/09/01	Full name of contributor Joseph Chow	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77036		In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)	
Date 11/09/01	Full name of contributor Houston 80-20 PAC	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 888.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.				1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor William & Eleanor DerBing	<input type="checkbox"/> Out of state PAC	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)	
11/09/01	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062				
9 Principal occupation (Optional)			10 Employer (Optional)		
Date	Full name of contributor Margaret Chang	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)	
11/19/01	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478				
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor Mark & Alice Lee	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
12/06/01	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77096				
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor Thomas H. Eng	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
10/30/01	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77035-6039				
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor Juinji & Chung-Liang Chen	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
10/30/01	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479				
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 3
2 FILER NAME JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/29/01	5 Payee name The Kaleidoscope, Inc. Payee address; City, State, Zip Code 5757 Woodway, Suite 250, Houston, TX 77057	7 Amount (\$) 18,734.83
8 Purpose of expenditure Mail-out & consultant fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 10/29/01	Payee name Chinatown Printing & Graphics Payee address; City; State; Zip Code 2102 Leeland St., Houston, TX 77003	Amount (\$) 2,002.63
Purpose of expenditure Push cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 10/29/01	Payee name Fastsigns Payee address; City; State; Zip Code 8373 Southwest Freeway, Houston, TX 77074	Amount (\$) 300.56
Purpose of expenditure Banner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 10/29/01	Payee name Quantum Consultants Payee address; City; State; Zip Code P. O. Box 2405, Houston, TX 77002-2405	Amount (\$) 3,391.98
Purpose of expenditure Graphic design work & consultant fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought

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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 JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/29/01	5 Payee name Golden Duck	7 Amount (\$) 300.00
6 Payee address; City; State; Zip Code 11768 Bellaire, Houston, TX 77072		
8 Purpose of expenditure Fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 10/30/01	Payee name Chinatown Printing & Graphics	Amount (\$) 2,706.25
Payee address; City; State; Zip Code 2102 Leeland St., Houston, TX 77003		
Purpose of expenditure Campaign flyers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 10/30/01	Payee name The Kaleidoscope, Inc.	Amount (\$) 3,279.90
Payee address; City; State; Zip Code 5757 Woodway, Suite 250, Houston, TX 77057		
Purpose of expenditure Recorded phone message		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 11/05/01	Payee name C. A. Thorp Studio, Inc.	Amount (\$) 286.86
Payee address; City; State; Zip Code 121 E. 16th, Suite 100, Houston, TX 77008		
Purpose of expenditure Dear neighbor letter		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
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
2 FILER NAME JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/29/01	5 Payee name Grand Buffet Restaurant	7 Amount (\$) 232.00
6 Payee address; City; State; Zip Code 112 Gulf Freeway North, League City, TX 77573		
8 Purpose of expenditure SCIPA fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date 10/29/01	Payee name Ai Hoa Chinese Seafood	Amount (\$) 800.00
Payee address; City; State; Zip Code 6200 Wilcrest, Houston, TX 77072		
Purpose of expenditure Fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

JAN LANG KISH

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

 -- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

 I do not have unexpended contributions or unexpended interest or income earned from political contributions.

 I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

 I do not retain assets purchased with political contributions or interest or other income from political contributions.

 I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


 Signature of Candidate

5 OFFICEHOLDER

 -- Complete this section *only* if you are an officeholder --

 I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

 Signature of Officeholder