

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

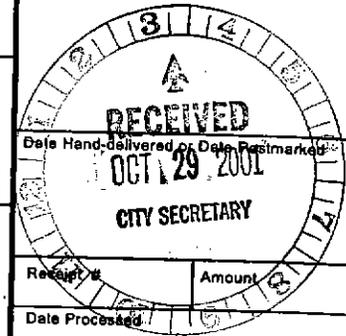
2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
JEAN V
KUHLEMAN

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5773 WOODWAY, PMB #189
HOUSTON, TX 77057
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
ADRIAN
HERNANDEZ

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5177 RICHMOND #265
HOUSTON, TX 77056

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 961-0262

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year
9 / 28 / 01 THROUGH Month Day Year
10 / 27 / 01

10 ELECTION

ELECTION DATE Month Day Year
11 / 06 / 01
ELECTION TYPE
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

HOUSTON CITY COUNCIL, DISTRICT C

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME JERI LARA KUHLEMAN	15 ACCOUNT # (Ethics Commission files)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	

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.)

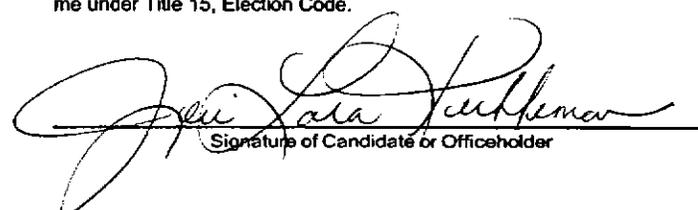
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1750.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5481.98</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2500.00</u>

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.



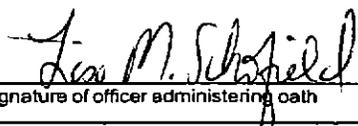
Lisa M. Schofield
Notary Public, State of Texas
My Commission Expires
APRIL 28, 2005



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeri Lara Kuhleman, this the 29th day of October, 20 01, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Lisa M. Schofield
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <i>1 of 3</i>	
2 FILER NAME <i>JERI LARA KUHLEMAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-1-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRED WORTH</i>	7 Amount of contribution (\$) <i>350⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <i>[REDACTED] HOUSTON, TX 77004</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-4-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TONY L. WEBER</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>[REDACTED] HOUSTON, TX 77095</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-5-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT G. & LE KOCITAN</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>[REDACTED] HOUSTON, TX 77005</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-9-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CORNELSTONE FINANCIAL MORTGAGE</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <i>[REDACTED] HOUSTON, TX 77031</i>			
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
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2 OF 3	
2 FILER NAME JEY CARA KUTHEMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-11-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HARRY REED	7 Amount of contribution (\$) 300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code HOUSTON, TX 77056			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10-19-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK G. & SHARON L. STRATS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code HOUSTON, TX 77096-3717			
Principal occupation (Optional)		Employer (Optional)	
Date 10-11-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES H. WILSON	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code HOUSTON, TX 77056			
Principal occupation (Optional)		Employer (Optional)	
Date 10-20-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED WORTH	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code HOUSTON, TX 77004			
Principal occupation (Optional)		Employer (Optional)	
Date 10-16-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOUSTON DOCK & MARINE COUNCIL PAC FUND.	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code PASADENA, TX 77506			
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:
1 of 1

2 FILER NAME
JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

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

N/A

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)	Employer (optional)
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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:

1 of 3

2 FILER NAME

JERI LARA KUTHELMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
10.17.01

5 Payee name
C.A. THORPE STUDIO, INC.

7 Amount (\$)
797⁸⁰

6 Payee address; City; State; Zip Code
121 E. 16th., SUITE 100
HOUSTON, TX 77008

8 Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN GRAPHIC DESIGN AND PRINTING

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

Date
10.22.01

Payee name
JEWISH HERALD VOICE

Amount (\$)
525⁰⁰

Payee address; City; State; Zip Code
P.O. BOX 153
HOUSTON, TX 77001-0153

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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:

1023

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

9.28.01

INTERNATIONAL MAILING SYSTEMS, INC.

6 Payee address; City; State; Zip Code

8915 LIVE OAK
HOUSTON, TX 77003-3220

222.78

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

CAMPAIGN MAIL OUT AND POSTAGE

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

Date

Payee name

Amount (\$)

9.28.01

WESTECH

Payee address; City; State; Zip Code

5630 N. ELDRIDGE PKWY #850-107
HOUSTON, TX 77041

750.00

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

CAMPAIGN RESEARCH

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

Date

Payee name

Amount (\$)

10-3-01

SPRINT DIGITAL PRINT

Payee address; City; State; Zip Code

3612 MAGNUM, SUITE 107
HOUSTON, TX 77092

1542.56

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

CAMPAIGN PRODUCT PRINTING

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

Date

Payee name

Amount (\$)

10-5-01

THE KALEIDOSCOPE GROUP, INC

Payee address; City; State; Zip Code

5757 WOODWAY, SUITE 250
HOUSTON, TX 77057

206.24

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

CAMPAIGN TELEPHONE/WALK LISTS

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1 OF 1</u>	
2 FILER NAME <u>JERI LARA KUHLEMAN</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$ <u>2500.00</u>
5 Date of loan <u>10-1-01</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FRANK X. GARZA</u>		9 Loan Amount (\$) <u>2500.00</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>12914 SEEBIA LN. STAFFORD, TX 77477-3308</u>		10 Interest rate <u>0</u>
			11 Maturity date <u>0</u>
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code		16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

- POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
1 of 3

2 FILER NAME JERI LARA KUHLEMAN 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-5-01</u>	5 Payee name <u>JEWISH HERALD VOICE</u>	7 Amount (\$) <u>370⁰⁰</u>
6 Payee address; City; State; Zip Code <u>P.O. BOX 153 HOUSTON, TX 77001-0153</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN ADVERTISEMENT</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10-5-01</u>	Payee name <u>JEWISH HERALD VOICE</u>	Amount (\$) <u>525⁰⁰</u>
Payee address; City; State; Zip Code <u>P.O. BOX 153 HOUSTON, TX 77001-0153</u>		

Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN ADVERTISEMENT</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10-10-01</u>	Payee name <u>UNIVERSAL PRINTING</u>	Amount (\$) <u>190³⁹</u>
Payee address; City; State; Zip Code <u>402 COURTLAND AT 4TH STREET # HOUSTON, TX 77007</u>		

Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN PRODUCT PRINTING</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10-10-01</u>	Payee name <u>C. A. THORPE STUDIO, INC.</u>	Amount (\$) <u>351⁸¹</u>
Payee address; City; State; Zip Code <u>121 E. 16TH, SUITE 100 HOUSTON, TX 77008</u>		

Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN GRAPHIC DESIGN</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

10 of 1

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

N/A

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

10 of 1

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

N/A

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I: <i>1081</i>
2 FILER NAME <i>JERI LARA KUHLEMAN</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED