

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)

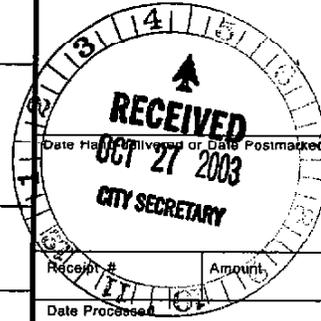
2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Hector
NICKNAME LAST SUFFIX
Longoria

OFFICE USE ONLY

Date Received



Date Has Been Delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 627
Houston, TX 77001-0627

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 703-0014

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Oliver
NICKNAME LAST SUFFIX
Pennington

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1301 McKinney, Suite 5100
Houston, TX 77010

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 651-3610

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

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 4 / 2003
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Dist. H

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME	16 ACCOUNT # (Ethics Commission files)
--------------	--

17 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. 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

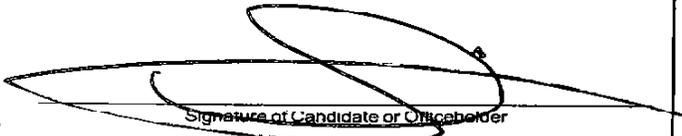
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34920
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 65937.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,056.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

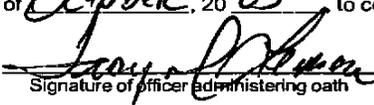


AFFIX NOTARY STAMP / SEAL ABOVE

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 Hector Longoria, this the 27th day of October, 2003, to certify which, witness my hand and seal of office.


Printed name of officer administering oath
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission files) 0	
4 Date 09/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Amad Al-Banna 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth Texas PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sherry L. Applewhite Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Bearden Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William F. Burge Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 09/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CDMPAC Contributor address: _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jorge L. Casimiro Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ramsay M. Elder Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) H. Dane Grant Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lisa Marie Hartman Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 09/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lawrence W. Hill	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ned Holmes	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Realty Breakfast Club PAC Funds	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) IEC of Houston PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 10/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Margaret and Kenneth R. Koechig	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 10/16/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Margaret and Kenneth R. Koechig	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/13/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R. Bruce LaBoon	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maverick Systems & Design	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E.D. McKinney	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 10/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert C. McNair	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 09/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nancy Oppermann	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) F. William Othon	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paul Pressler	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aracely R. Ramirez	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Terry M. Shaikh	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 10/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Southwest Airlines Co. Freedom Fund 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Melvin Spinks Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Michael Stevens Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. George Strake Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Thompson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/17	
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission files) 0	
4 Date 09/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Collie & Braden PAC 6 Contributor address; City; State; Zip Code [REDACTED] H [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David H. Wagner Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dave Walden Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) Reception Expenses
Principal occupation (Optional)		Employer (Optional)	
Date 09/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Weekley Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
16/17

2 FILER NAME
Mr. Hector Longoria

3 ACCOUNT # (Ethics Commission filers)
0

4 Date 10/21/2003	5 Payee name Sprint Digital Print 6 Payee address; City; State; Zip Code 10100 Clay Rd.,#C Houston TX 77080	7 Amount (\$) 563.00
----------------------	---	-------------------------

8 Purpose of expenditure (See instructions regarding type of information required.) printing	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/09/2003	Payee name Subway Sandwiches & Salads Payee address; City; State; Zip Code 3620 Katy Freeway,Suite C Houston TX 77007	Amount (\$) 29.23
--------------------	---	----------------------

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

Date 10/09/2003	Payee name Taqueria Laredo Payee address; City; State; Zip Code 115 Calvacade No. 3 Houston TX 77009	Amount (\$) 37.50
--------------------	--	----------------------

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

Date 10/19/2003	Payee name The Home Depot Payee address; City; State; Zip Code 999 West Loop North Houston TX 77008	Amount (\$) 8.62
--------------------	---	---------------------

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15/17
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 10/21/2003	5 Payee name Mr. Lee Padilla <hr/> 6 Payee address; City; State; Zip Code 5740 Larkin Houston TX 77007	7 Amount (\$) 700.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/28/2003	Payee name Party Boy <hr/> Payee address; City; State; Zip Code 1515 Studemont Houston TX 77007	Amount (\$) 93.07
Purpose of expenditure (See instructions regarding type of information required.) event decorations		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/29/2003	Payee name Phoenix Paper Company, Inc. <hr/> Payee address; City; State; Zip Code 1515 Studemont Houston TX 77007	Amount (\$) 93.07
Purpose of expenditure (See instructions regarding type of information required.) Parade materials		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/08/2003	Payee name Sprint Digital Print <hr/> Payee address; City; State; Zip Code 10100 Clay Rd.,#C Houston TX 77080	Amount (\$) 3489.98
Purpose of expenditure (See instructions regarding type of information required.) printing of signs		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
14/17

2 FILER NAME
Mr. Hector Longoria

3 ACCOUNT # (Ethics Commission filers)
0

4 Date 10/09/2003	5 Payee name Kroger	7 Amount (\$) 20.93
6 Payee address; City; State; Zip Code 1035 N. Shepherd Houston TX 77008		

8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Office Supplies	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 10/05/2003	Payee name Mission Burritos	Amount (\$) 37.08
Payee address; City; State; Zip Code 1609 Durham Houston TX 77006		

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

Date 09/30/2003	Payee name Neumann LP	Amount (\$) 12884.78
Payee address; City; State; Zip Code 1314 West Webster Houston TX 77019		

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

Date 10/13/2003	Payee name Neumann LP	Amount (\$) 18526.00
Payee address; City; State; Zip Code 1314 West Webster Houston TX 77019		

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
13/17

2 FILER NAME
Mr. Hector Longoria

3 ACCOUNT # (Ethics Commission filers)
0

4 Date 09/30/2003	5 Payee name IMS 6 Payee address; City; State; Zip Code 915 Llive Oak Houston TX 77003	7 Amount (\$) 3032.10
-----------------------------	---	---------------------------------

8 Purpose of expenditure (See instructions regarding type of information required.) Mailing Services	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 10/07/2003	Payee name IMS Payee address; City; State; Zip Code 915 Llive Oak Houston TX 77003	Amount (\$) 3032.10
--------------------	---	------------------------

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

Date 10/20/2003	Payee name IMS Payee address; City; State; Zip Code 915 Llive Oak Houston TX 77003	Amount (\$) 3310.48
--------------------	---	------------------------

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

Date 10/24/2003	Payee name IMS Payee address; City; State; Zip Code 915 Llive Oak Houston TX 77003	Amount (\$) 5352.33
--------------------	---	------------------------

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
12/17

2 FILER NAME
Mr. Hector Longoria

3 ACCOUNT # (Ethics Commission files)
0

4 Date
10/19/2003

5 Payee name
Coalition Consultants

7 Amount
(\$)
675.00

6 Payee address; City; State; Zip Code
4836 Milwee St.
Houston TX 77092

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

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

Date
10/16/2003

Payee name
Copy.com

Amount
(\$)
50.88

Payee address; City; State; Zip Code
1201-F Westheimer
Houston TX 77006

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

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

Date
10/08/2003

Payee name
Mr. Ralph Garcia

Amount
(\$)
600.00

Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

Date
09/26/2003

Payee name
IMS

Amount
(\$)
3032.10

Payee address; City; State; Zip Code
915 Live Oak
Houston TX 77003

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/17
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 10/21/2003	5 Payee name Carreno McCune & Company 6 Payee address; City; State; Zip Code 3730 Kirby Dr. #418 Houston TX 77098	7 Amount (\$) 2500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/05/2003	Payee name Coalition Consultants Payee address; City; State; Zip Code 4836 Milwee St. Houston TX 77092	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) Church leafleting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/09/2003	Payee name Coalition Consultants Payee address; City; State; Zip Code 4836 Milwee St. Houston TX 77092	Amount (\$) 1645.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/2003	Payee name Coalition Consultants Payee address; City; State; Zip Code 4836 Milwee St. Houston TX 77092	Amount (\$) 1020.00
Purpose of expenditure (See instructions regarding type of information required.) Block Walking		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/17**2** FILER NAME

Mr. Hector Longoria

3 ACCOUNT # (Ethics Commission filers)
0**4** Date

09/30/2003

5 Payee name

Arnes

7

Amount

(\$)

65.36

6 Payee address; City; State; Zip Code

2830 Hicks

Houston TX 77007

8 Purpose of expenditure (See instructions regarding type of information required.)
event decorations**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/21/2003

Payee name

Blackburn Photography

Amount

(\$)

245.52

Payee address; City; State; Zip Code

8735 Katy Freeway

Houston TX 77024

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

Date

10/24/2003

Payee name

Marc Campos

Amount

(\$)

500.00

Payee address; City; State; Zip Code

3420 ~~Memphis~~ ~~Way~~, Suite B
TX 77009Purpose of expenditure (See instructions regarding type of information required.)
ConsultingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/07/2003

Payee name

Carreno McCune & Company

Amount

(\$)

2500.00

Payee address; City; State; Zip Code

3730 Kirby Dr. #418

Houston TX 77098

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 17/17
2 FILER NAME Mr. Hector Longoria		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 10/09/2003	5 Payee name Ed Valentine 6 Payee address; City; State; Zip Code 15662 Pebble Lake TX 77095	7 Amount (\$) 1318.26
8 Purpose of expenditure (See instructions regarding type of information required.) Lists		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/12/2003	Payee name Wal Mart Payee address; City; State; Zip Code 13484 Northwest Freeway Houston TX 77040	Amount (\$) 9.92
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/07/2003	Payee name Wearables International Payee address; City; State; Zip Code 9925 Aldine Westfield Houston TX 77093	Amount (\$) 115.00
Purpose of expenditure (See instructions regarding type of information required.) T-shirts		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held