

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
MR BERNARD A
NICKNAME LAST SUFFIX
- MARISTANY -

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 890212 Houston, TX 77289

Change of Address

Date Received

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
DR. ROSITA M
NICKNAME LAST SUFFIX
MARISTANY -

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 890212 Houston, TX 77289

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 496-4014

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 MONTH Day Year
10 / 30 / 01 THROUGH 01 / 15 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
12 / 01 / 01

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Houston City Council District E

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

BERNARD A. MARISTANY

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 11,025.-

EXPENDITURE TOTALS

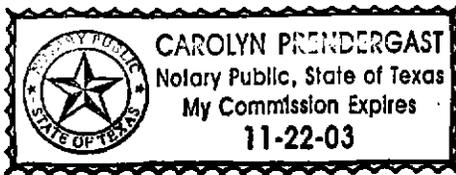
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 32,175.-

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 30,594.-

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.

Bernard A. Maristany
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Carolyn Prendergast CAROLYN Prendergast Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

11025

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: 5	
2 FILER NAME BERNARD A. MARISTANY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/8/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE HARVEY	7 Amount of contribution (\$) 25.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77450			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIO LAFO	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Bealard, TX 77584			
Principal occupation (Optional)		Employer (Optional)	
Date 11/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO SMITH	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77036			
Principal occupation (Optional)		Employer (Optional)	
Date 11/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celina Gonzalez	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059			
Principal occupation (Optional)		Employer (Optional)	
Date 11/9/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard J. Maristany	Amount of contribution (\$) 2,500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] New Orleans, LA 70119			
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: 5	
2 FILER NAME BERNARD A. MARISTANY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/9/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANA MARISTANY	7 Amount of contribution (\$) 2,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Baltimore, MD 21231			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/4/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Crawford	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Sugar Land, TX 77479			
Principal occupation (Optional)		Employer (Optional)	
Date 11/11/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Durham	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77059			
Principal occupation (Optional)		Employer (Optional)	
Date 11/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jens Chao	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Sugar Land, TX 77478			
Principal occupation (Optional)		Employer (Optional)	
Date 11/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Burns	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77062			
Principal occupation (Optional)		Employer (Optional)	

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**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: 5	
2 FILER NAME BERNARD A. MARISTANY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/19/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Hannic	7 Amount of contribution (\$) 300.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Baton Rouge, LA 70806			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby Cutler	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Hunter, TX 77259			
Principal occupation (Optional)		Employer (Optional)	
Date 11/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Monistany	Amount of contribution (\$) 2000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] River Ridge, LA 70123			
Principal occupation (Optional)		Employer (Optional)	
Date 11/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wileen Sanders	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Kingwood, TX 77339			
Principal occupation (Optional)		Employer (Optional)	
Date 11/21/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anc Monistany	Amount of contribution (\$) 600.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Baltimore, MD 21231			
Principal occupation (Optional)		Employer (Optional)	

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3119

**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: 5	
2 FILER NAME BERNARD A. MALISTANY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/18/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Stumel	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [Redacted] Houston, TX 77062			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki Degioanni	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [Redacted] Houston, TX 77062			
Principal occupation (Optional)		Employer (Optional)	
Date 11/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Zoraro	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [Redacted] Houston, TX 77062			
Principal occupation (Optional)		Employer (Optional)	
Date 11/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosanne Zoraro	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [Redacted] Houston, TX 77062			
Principal occupation (Optional)		Employer (Optional)	
Date 11/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Boni	Amount of contribution (\$) 200.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [Redacted] Houston, TX 77069			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**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: 5	
2 FILER NAME BERNARD A. MARISTANY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/16/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Celsa Alonso	7 Amount of contribution (\$) 200.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77096			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramin Medina	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025			
Principal occupation (Optional)		Employer (Optional)	
Date 11/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jan Lang Reich Campaign	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 11/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angie Gonzalez	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059			
Principal occupation (Optional)		Employer (Optional)	
Date 11/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SW PAC	Amount of contribution (\$) 200.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027			
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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center; font-size: 2em;">1</p>
2 FILER NAME <p style="font-size: 1.5em; font-family: cursive;">BERNARD A. MARISTANY</p>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 2,020
5 Date of loan <p style="font-size: 1.2em; font-family: cursive;">11/4-28/01</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; font-family: cursive;">BERNARD A. MARISTANY</p>	9 Loan Amount (\$) <p style="font-size: 1.2em; font-family: cursive;">13,500.</p>
6 Is lender a financial institution? <p style="font-size: 1.2em; font-family: cursive;">Y <input checked="" type="radio"/> N</p>	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em; font-family: cursive;">2919 Amber Dale Ct Houston, TX 77059</p>	10 Interest rate <p style="font-size: 1.2em; font-family: cursive;">5.70</p>
11 Maturity date <p style="font-size: 1.2em; font-family: cursive;">indefinite</p>		
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input checked="" 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? <p style="font-size: 1.2em; font-family: cursive;">Y N</p>	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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **4**

2 FILER NAME **BERNARD A. MARISTANY** 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/01/01	5 Payee name Commercial Business Service, Inc.	7 Amount (\$) \$1,130.13
6 Payee address; City; State; Zip Code 1111 Adkins Houston, TX 77055		

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

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

Date 11/30/01	Payee name Commercial Business Service Inc.	Amount (\$) \$662.30
Payee address; City; State; Zip Code 1111 Adkins, Houston, TX 77055		

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

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

Date 11/23/01	Payee name HCN	Amount (\$) \$1,195.⁸⁰ =
Payee address; City; State; Zip Code The Citizen / The Exchange New P.O. Box 57907 - Webster, TX 7759		

Purpose of payment (See instructions regarding type of information required.) **ads, newspaper**

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

Date 11/29/01	Payee name South Belt - Ellington Leader	Amount (\$) \$1,200.00
Payee address; City; State; Zip Code 11555 Beamer - Houston, TX 77089		

Purpose of payment (See instructions regarding type of information required.) **ads, newspaper**

-- 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: 4
2 FILER NAME BERNARD A. MARISTANY		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/21/01	5 Payee name Reliant Energy/H&L&P	7 Amount (\$) \$596.-
6 Payee address; City; State; Zip Code PO Box 1545 - Houston, TX 77251		
8 Purpose of payment (See instructions regarding type of information required.) electricity for headquarters		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/4-30/01	Payee name Office Max	Amount (\$) \$653.-
Payee address; City; State; Zip Code 1529 Webster, 1529 West Bay Ave - Webster, TX 77598		
Purpose of payment (See instructions regarding type of information required.) photocopies and supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/1-30/01	Payee name Kinko's	Amount (\$) \$457.-
Payee address; City; State; Zip Code 495 Bay Area Blvd. - Houston, TX 77058		
Purpose of payment (See instructions regarding type of information required.) photocopies and supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/1/01	Payee name Ken Clark Services	Amount (\$) \$1,600.-
Payee address; City; State; Zip Code P.O. Box 399 - Kemah, TX 77565		
Purpose of payment (See instructions regarding type of information required.) yard signs		** 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: 4
2 FILER NAME BERNARD A. MARISTANY		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/10/01	5 Payee name Bernie Estess Bevan	7 Amount (\$) \$6,148.-
6 Payee address; City, State, Zip Code 4802 Travis/Houston/TX 77002		
8 Purpose of payment (See instructions regarding type of information required.) mail out		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/19/01	Payee name Bernie Estess Bevan	Amount (\$) \$14,551.-
Payee address; City, State, Zip Code 4802 Travis - Houston, TX 77002		
Purpose of payment (See instructions regarding type of information required.) mail out		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/23/01	Payee name Bernie Estess Bevan	Amount (\$) \$2,311.-
Payee address; City, State, Zip Code 4802 Travis - Houston, TX 77002		
Purpose of payment (See instructions regarding type of information required.) mail out		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/16/01	Payee name Clear Channel Outdoor	Amount (\$) \$517.-
Payee address; City, State, Zip Code 1313 West Loop North - Houston, TX 77055		
Purpose of payment (See instructions regarding type of information required.) outdoor posters		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 4
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2 FILER NAME BERNARD A. MARISTANY	3 ACCOUNT # (Ethics Commission filers)
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4 Date 11/1-30/01	5 Payee name <i>Miscellaneous</i>	7 Amount (\$) \$1,156.50
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <i>Miscellaneous.</i>	9 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.)	9 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.)	9 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.)	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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