Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: 19

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS. FIRST: DIANA MI: D.

NICKNAME LAST: MARTINEZ SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1009 GRACELAND, HOU, TX 77009

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (713) PHONE NUMBER: 691-1436 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: ROMAN MI: D.

NICKNAME LAST: MARTINEZ SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1009 GRACELAND, HOU, TX 77009

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 691-1436 EXTENSION

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: 9 / 26 / 03 THROUGH Month Day Year: 10 / 25 / 2003

11 ELECTION

ELECTION DATE Month Day Year: 11 / 04 / 03

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): HOUSTON 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: DIANA DAVILA MARTINEZ

16 ACCOUNT # (Ethics Commission filers)

17 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. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 17,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ 88,290.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 960.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 72,000.00

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
ERICKA M. YOUNGBLOOD
Notary Public, State of Texas
My Commission Expires
5-25-2004

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Davila Martinez, this the 27th day of October, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: Ericka M. Youngblood | Title of officer administering oath: Admin. Asst.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/26/03	NOEL B LOPEZ [redacted]	$5000.00	

9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/30/03	DANIEL DAVILA [redacted]	$1000.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/03	NICOLAS KANELLOS [redacted]	$300.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/03	LEE VELA [redacted]	$500.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/03	Richard Hill [redacted]	$500.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/8/03	MICHAEL A. OLIVAS [redacted]	$250.00	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	DARREN WALKER [redacted]	50.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	KELLEY C. COOPER [redacted]	$100.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	DONALD R. MC ADAMS [redacted]	$250.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	DAN MARTINEZ [redacted]	$1750.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/8/03	HERMAN SILBERSTEIN [redacted]	$250.00	

9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	ANNA BABIN [redacted]	$100.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	SUZANNE S. HARTER [redacted]	$1000.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/03	STEVEN S. HARTER [redacted]	$1000.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	NELLY M. FRAGA + FELIX FRAGA [redacted]	$50.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/03	MANUEL LOPEZ [redacted]	$100.00	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	JOHN. P. HERNANDEZ [redacted]	$125.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	MARIO DAVILA [redacted]	$500.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	HOMERO PONCE-LOPEZ [redacted]	$300.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	AMADOR + PILAR LOPEZ [redacted]	$200.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/03	FRANCISCO MEDINA [redacted]	$500.00	

9 Principal occupation \ Job title (See Intructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	ZINA CARTER [redacted]	$500.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	R. STAN MAREK, JR. [redacted]	$250.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	SHERRY MERFISH [redacted]	$250.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/03	HILARY PURCELL [redacted]	$100.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/03	EDWARD A. CAZARES [redacted]	$25.00	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/03	RAYMOND + YVONNE TURNER [redacted]	$250.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/03	JOHN CHAMBLESS [redacted]	$250.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/03	SHEILA F. STEWART [redacted]	$250.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/03	EDWARD HINES [redacted]	$200.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 7

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/03	TRINIDAD V. MENDENHALL [redacted]	$1000.00	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/03	Olivia G. Garza [redacted]	$100.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/03	JULIUS GLICKMAN [redacted]	$250.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
9/26/03	SERGIO DAVILA	$5000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code: 4405 1/2 POLK, Houston, TX 77023	10 Interest rate: n/a
		11 Maturity date: n/a

12 Description of Collateral
☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation: engineer

18 Employer: Halliburton

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
10/8/03	MARICELA SALINAS	$5000.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code: 7010 Market, Houston, TX 77020	Interest rate: n/a
		Maturity date: n/a

Description of Collateral
☑ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☑ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation: educator

Employer: HISD

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

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 10/8/03

7 Name of lender: LIBORIO SALINAS ☐ out-of-state PAC (ID#:)

9 Loan Amount ($): $5000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 7010 MARKET, HOU, TX 77020

10 Interest rate: n/a

11 Maturity date: n/a

12 Description of Collateral: ☑ none

13 GUARANTOR INFORMATION ☑ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan: 10/17/03

Name of lender: ZULEMA DAVILA ☐ out-of-state PAC (ID#:)

Loan Amount ($): $5000.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: 4405 POLK, HOUSTON, TX 77023

Interest rate: n/a

Maturity date: n/a

Description of Collateral: ☑ none

GUARANTOR INFORMATION ☑ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation: housewife

Employer: n/a

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender	9 Loan Amount ($)
10/17/03	TIFFANY DAVILA ☐ out-of-state PAC (ID#:_____)	$5000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code: 4405 1/2 POLK, HOU, TX 77023	10 Interest rate: n/a
		11 Maturity date: n/a

12 Description of Collateral
☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer
Executive assistant	Moody Rambin

Date of loan	Name of lender	Loan Amount ($)
10/17/03	ROMAN MARTINEZ ☐ out-of-state PAC (ID#:_____)	$5000.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code: 1009 Graceland, Houston, TX 77009	Interest rate: n/a
		Maturity date: n/a

Description of Collateral
☑ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☑ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer
Consultant	self-employed

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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: 4

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender	9 Loan Amount ($)
10/22/03	DANIEL DAVILA (☐ out-of-state PAC (ID#:_____))	$2000.00
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code: 4405 POLK, HOU, TX 77023	10 Interest rate: n/a
		11 Maturity date: n/a

12 Description of Collateral ☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation: retired

18 Employer: n/a

Date of loan	Name of lender	Loan Amount ($)
10/22/03	DIANA DAVILA MARTINEZ (☐ out-of-state PAC (ID#:_____))	$40,000.00
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code: 1009 GRACELAND, HOU, TX 77009	Interest rate: n/a
		Maturity date: n/a

Description of Collateral ☑ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☑ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation: consultant

Employer: self-employed

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/30/03	WC Management 402 West 16th St., Houston, TX 77008	$2500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/03	Baptist Ministers Assoc. of Houston & Vicinity Houston, Texas	$1000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/06/03	WC Management 402 West 16th St., Houston, TX 77008	$678.18

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/07/03	U.S. Post Master Barbara Jordan Main PO, Houston, TX 77201	$199.00

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

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/06/03	Doris Hubbard Houston, Texas	$2500.00

8 Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/07/03	Kinko's 5110 Buffalo Speedway, Ste. A, Hou, TX 77005	$392.29

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/08/03	WC Management 402 West 16th St., Houston, TX 77008	$14,821.96

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/03	Country Kitchen 4840 N. Shepherd, Hou, TX 77018	$51.00

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

•• 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: 6

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/03	Independence Heights War on Drugs 4430 Castor Dr., Houston, TX 77022	$100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17/03	WC Management 402 West 16th St. Houston, TX 77008	$10,023.86

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17/03	WC Management 402 West 16th St., Houston, TX 77008	$5,690.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21/03	Tiffany Dávila 4405 1/2 Polk, Houston, TX 77023	$311.00

Purpose of payment (See instructions regarding type of information required.): t-shirts

•• 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: 6

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/14/03	WC Management 402 West 16th St., Houston, TX 77008	$5690.00

8 Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/22/03	WC Management 402 West 16th St., Hou, TX 77008	$8103.92

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 / Payee address; City; State; Zip Code	Amount ($)
10/23/03	Robin Broussard Houston, Texas	$500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23/03	KXLN-TV, Channel 45 9430 Kirby Dr. Houston, TX 77054	$19,979.25

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

•• 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: 6

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24/03	Doris Hubbard Houston, TX	$2500.00

8 Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Houston Black American Democrats Houston, Texas	$750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	John Gibbs 1403 W. Donovan, Houston, Texas 77091	$500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/4/03	Arlen Provost + Herb Mitchell PO BOX 23332, Houston, TX	$6000.00

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

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

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Revised 09/01/2003

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 6

2 FILER NAME: DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
10/22/03	Allen Provost + Herb Mitchell PO BOX 23332, Hou, TX	$5500.00

8 Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Allen Provost + Herb Mitchell PO Box 23332, Houston, TX	$500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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

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