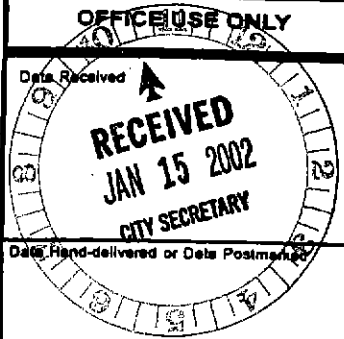


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	6601 Dunlap #3048 Houston Tx. 77074		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	6601 Dunlap #3048 Houston, Texas 77074		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 270-0971 NA			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
10 / 30 / 2001 THROUGH 1 / 15 / 2002			
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		City of Houston City Council - Position 1 (ONE)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- 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		



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission file)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY 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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 725. ⁰⁰ / _{XX}
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 288. ³⁹ / _{XX}
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 288. ³⁹ / _{XX}

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.



James B. Neal
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES B. NEAL, this the 15 day of JANUARY, 2002, to certify which, witness my hand and seal of office.

Harold Hunt Tyler HAROLD H. TYLER
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS COH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

TWO

2 FILER NAME

James B. Neal

3 ACCOUNT # (Ethics Commission file)

4 Date

10/30/2009

5 Full name of contributor out-of-state PAC

Mr. and Mrs. Matthew J. Breidenbach

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

check #1352

9 Principal occupation (Optional)

Sales

10 Employer (Optional)

Date

10/30/2009

Full name of contributor out-of-state PAC

John R. Duffy

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

check # 2228

Principal occupation (Optional)

Insurance Sales

Employer (Optional)

Insurance/owner

Date

10/30/2009

Full name of contributor out-of-state PAC

Mr. and Mrs. Nunzio L. Tritico

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

ck. # 7821

Principal occupation (Optional)

Retired

Employer (Optional)

Date

10/30/2009

Full name of contributor out-of-state PAC

Frank V. Ghiselli, Jr.

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

ck. # 6010

Principal occupation (Optional)

Attorney At Law

Employer (Optional)

Attorney-Self employed

Date

10/30/2009

Full name of contributor out-of-state PAC

M. ARY F. LOPEZ

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

ck. # 1801

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 CIOH & SPAC)**

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <i>Two</i>	
2 FILER NAME <i>James B. Neal</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10/30/2001</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Ann Downey</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable) <i>ck #1062</i>
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional) <i>Housewife</i>		10 Employer (Optional) <i>Self employed/housewife</i>	
Date <i>10/30/2001</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Mr. and Mrs. Leonard L. Ball</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable) <i>ck #1808</i>
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional) <i>Retired</i>		Employer (Optional) <i>NA</i>	
Date <i>11/1/2001</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Mohdudul HUA</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable) <i>ck #1007</i>
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional) <i>City of Houston</i>	
Date <i>11/19/2001</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Michael D. Copland - Joint Rentals</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) <i>ck #3217</i>
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional) <i>Appraiser - Real Estate</i>		Employer (Optional) <i>Self Employed</i>	
Date <i>11/29/2001</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>John B. Raia</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) <i>ck #3991</i>
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional) <i>Planner/Division</i>		Employer (Optional) <i>City of Houston</i>	

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
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The instruction Guide explains how to complete this form.	1 Total pages Schedule E: ONE
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2 FILER NAME James B. Neal	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED LOANS:
Total Money Loaned to Campaign from Personal Funds \$ **3,662.31**

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:
ONE

2 FILER NAME **James B. Neal** 3 ACCOUNT # (Ethics Commission files)

4 Date 11/1/2001	5 Payee name The Ebony Voice / La Vida News 6 Payee address; City; State; Zip Code P.O. Box 307 Missouri City, Texas 77459	8 Amount (\$) \$50.00 cash
	7 Purpose of expenditure (See instructions regarding type of information required.) Newspaper Advertisement	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/30/2001	Payee name Duchos Steak House Payee address; City; State; Zip Code 633 Heidrich Houston, Texas 77018	Amount (\$) \$211.33 credit card payment
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Party for Candidate	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/30/2001	Payee name A and E Products Co, Inc. Payee address; City; State; Zip Code P.O. Box 2286 Houston, Texas 77227	Amount (\$) \$27.06 cash
	Purpose of expenditure (See instructions regarding type of information required.) Name tags / Candidate and workers	<input checked="" 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