



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME**  
No Rain Tax PAC

**16 ACCOUNT # (Ethics Commission filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

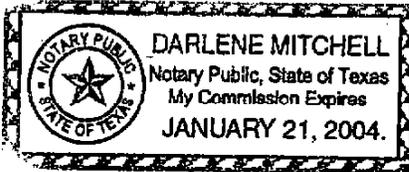
-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

|  |                                      |
|--|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | 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 | \$ 0.00    |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2700.00 |
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 0.00    |
| 4. TOTAL POLITICAL EXPENDITURES   | \$ 1527.74 |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 1263.29 |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0.00    |

**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.

*Norman E. Adams*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NORMAN E. ADAMS, this the 13<sup>th</sup> day of JANUARY, 20 04, to certify which, witness my hand and seal of office.

*Darlene Mitchell*      DARLENE MITCHELL      NOTARY PUBLIC  
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 C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
2/32 FILER NAME  
No Rain Tax PAC3 ACCOUNT # (Ethics Commission file)  
0004 Date  
12/01/20035 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Leon Davis7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
12/01/2003Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Don McGill ToyotaAmount of contribution (\$)  
2000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date  
12/22/2003Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
B.C. or Darlene MitchellAmount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date  
12/01/2003Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
John Ross WallaceAmount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

**POLITICAL EXPENDITURES****SCHEDULE F**

|  |  |   |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 Total pages report: 3/3   |
| 2 FILER NAME<br>No Rain Tax PAC  |  | 3 ACCOUNT # (Ethics Commission filers)<br>000   |
| 4 Date<br>12/04/2003   | 5 Payee name<br>A&E Products, Inc<br>.....<br>6 Payee address; City; State; Zip Code<br>P.O. Box 27286<br>Houston TX 77227 | 7 Amount (\$)<br>196.97   |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>Headquarters: Office Supplies-Boxes & Signs |  | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>12/04/2003   | Payee name<br>DCM<br>.....<br>Payee address; City; State; Zip Code<br>5415 Maple Ave<br>#230<br>Dallas TX 75235            | Amount (\$)<br>1330.77  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Petitions: Date Entry & Capture               |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
|  |  |   |