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:

OFFICE USE ONLY

Date Received

RECEIVED OCT 29 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: HCCS TRUSTEE | FIRST: CHRISTOPHER | MI: W

NICKNAME | LAST: OLIVER | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 11006 LONGGATE HOUSTON, TX. 77047

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: SYBLE | MI: D.

NICKNAME | LAST: SIMON | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3202 PROSPECT HOUSTON, TX. 77004

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 524-6551 | EXTENSION

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: 10 / 15 / 01 THROUGH Month Day Year: 10 / 29 / 01

10 ELECTION

ELECTION DATE Month Day Year: 11 / 06 / 01

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): HCCS TRUSTEE

12 OFFICE SOUGHT (if known): CITY COUNCIL - DISTRICT D

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: Chris OLIVER

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. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 29,345.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 27,389.30
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

TRAVIS WAYNE LEWIS, JR.
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
JUNE 3, 2002

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 CHRISTOPHER W. OLIVER, this the 29th day of OCTOBER, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath: TRAVIS W LEWIS	Title of officer administering oath

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:

2 FILER NAME: Chris OLIVER

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)
10-1-2001	Pete PLOTTS [redacted] HOUSTON, TX. 77019	$1,000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
10-1-2001	Rev. & Mrs. Freddie L. OLIVER, Sr. [redacted] HOUSTON, TX. 77047	$30.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-1-2001	PASTOR ETHAN OGLETREE [redacted] HOUSTON, TX. 77065	$50.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-8-2001	PASTOR ETHAN OGLETREE [redacted] HOUSTON, TX. 77065	$100.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-15-2001	CHARLOTTE JEAN WASHINGTON [redacted] HOUSTON, TX. 77081	$50.00	

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)

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1 Total pages this Schedule A1:

2 FILER NAME: Chris Oliver

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)
10-22-2001	Rev. & Mrs. Freddie L. Oliver, Sr. [redacted] Houston, Tx. 77047	$500.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
10-15-2001	Pastor Ethan Ogletree [redacted] Houston, Tx. 77065	$100.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-22-2001	Pastor Ethan Ogletree [redacted] Houston, Tx. 77065	$100.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-14-2001	Annette Bosley [redacted] Houston, Tx. 77047	$25.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-15-2001	Charles M. Cook [redacted] Houston Tx. 77004	$100.00	

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)

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2 FILER NAME: Chris Oliver

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)
10-17-2001	Rev. Manson B. Johnson [redacted] Houston, Tx. 77004	$500.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
10-16-01	Alexander C. Warren [redacted] Houston, Tx. 77090	$50.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-3-01	Patricia C. Williamson [redacted] Houston, Tx. 77098	$100.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-22-2001	Pastor C. L. Jackson [redacted] Houston, Tx. 77020	$500.00	

Principal occupation (Optional) | Employer (Optional)

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)
10-23-2001	Harlon Brooks [redacted] Houston, Tx. 77048	$1,000.00	

Principal occupation (Optional) | Employer (Optional)

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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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: Chris Ohver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-19-2001	CEDRIC W. COX [redacted] HOUSTON, TX. 77027	$35.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-23-2001	PASTOR ETHAN OGLETREE [redacted] HOUSTON, TX. 77065	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-2001	PASTOR C.L. JACKSON [redacted] HOUSTON, TX. 77020	$500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-2001	PASTOR ETHAN OGLETREE [redacted] HOUSTON, TX. 77065	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-17-2001	PATRICIA RODRIGUEZ [redacted] HOUSTON, TEXAS 77245	$100.00	

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)

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1 Total pages this Schedule A1:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-17-01	Doris Ann Lewis [redacted] Houston, Tx. 77047	$50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/01	Annette Bosley [redacted] Houston, Tx 77047	$50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26/01	Laverne Scales [redacted] Pearland, Tx 77584	$50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/01	Napoleon Higgins [redacted] Houston, Tx	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/01	Barbara Viser [redacted] Houston, Tx. 77055	$100.00	

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.

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Revised 04/03/2000

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME

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)
10/29/01	SWAN FRANKLIN [redacted] HOUSTON, TX 77071	$50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
10/28/01	MARY TWINE [redacted] HOUSTON, TX 77047	$5.00	

Principal occupation (Optional) | Employer (Optional)

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)
10/28/01	BING HAM GREEN [redacted] HOUSTON TX. 77048	$50.00	

Principal occupation (Optional) | Employer (Optional)

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)
10/28/01	AARON DAVIS [redacted] #624 HOUSTON TX. 77042	$150.00	

Principal occupation (Optional) | Employer (Optional)

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)
	CURTIS FLOWERS	$250.00	

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:

2 FILER NAME

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)
10/27/07	ED RYLAND [redacted], Houston, TX 77036 #190	$250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
10/29/07	FREDIA J. LEWIS, ESQ. [redacted] Houston, TX 77047	$200.00	

Principal occupation (Optional)	Employer (Optional)

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)
10/26/07	DAN KERR [redacted] Suite 136 North Houston, TX 77088	$5,000.00	Tele-Communications

Principal occupation (Optional)	Employer (Optional)

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)
10/28/07	PASTOR GENE A. MOORE [redacted] Houston, TX 77047	$3,000.00	

Principal occupation (Optional)	Employer (Optional)

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 (Optional)	Employer (Optional)

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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:

2 FILER NAME Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-9-2001	POSTMASTER GENERAL 401 FRANKLIN HOUSTON, TX. 77002	46.74

8 Purpose of payment (See instructions regarding type of information required.): POSTAGE / BULK MAIL

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 ($)
10-11-2001	SOUTHEAST PRECINCT JUDGES 9211 DULCIMER HOUSTON, TX. 77057	$200.00

Purpose of payment (See instructions regarding type of information required.): SPONSORSHIP / ADVERTISEMENT

•• 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 ($)
10-11-2001	REGINALD GREEN 1516 HOUCHES HOUSTON, TX. 77047	$300.00

Purpose of payment (See instructions regarding type of information required.): SIGN WORKING / POSTING / FIELD WORK

•• 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 ($)
10-15-2001	RELIANT ENERGY - HL&P P.O. BOX 4405 HOUSTON, TX. 77210	$304.59

Purpose of payment (See instructions regarding type of information required.): ELECTRIC BILL - CAMPAIGN HEADQUARTERS

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-22-01	Bowtex Company P.O. Box 800125 Houston, Tx. 77280-0125	$ 41.14

8 Purpose of payment (See instructions regarding type of information required.): STAKES for SIGNS

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 ($)
10-12-01	Office Depot 6904 S. W. Freeway Houston, Tx. 77036	$ 67.95

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 ($)
10-15-01	Ruby Phodes Thomas P.O Box 61045 Houston, Tx. 77208	$1,000.00

Purpose of payment (See instructions regarding type of information required.): Communication 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 ($)
10-15-01	Lisa Henry 4146 Presidents Dr.-So. Houston, Tx. 77047	$750.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 04/04/2000

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-15-2001	SADIE SIMMONS 4306 HICKOK HOUSTON, TX. 77047	$300.00

8 Purpose of payment (See instructions regarding type of information required.): Phone Bank Coordination

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 ($)
10-16-01	Patti Rodriguez 1526 YALE HOUSTON, TX. 77008	$1250.00

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

•• 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 ($)
10-23-01	Network Solutions, Inc. P.O. BOX 17305 BALTIMORE, MARYLAND 21297	$70.00

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

•• 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 ($)
10-13-01	Mona T-Shirts 9410 HARWIN HOUSTON, TX. 77036	$45.00

Purpose of payment (See instructions regarding type of information required.): T-Shirts / Advert.

•• 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:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-21-01	Marcus Curvey 2507 WICHITA Houston, TX. 77004	$75.00

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

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 ($)
10-21-01	Donovan Roberson P.O. Box 14625 Houston, TX. 77221	$100.00

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

•• 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 ($)
10-22-01	Evelyn Mears 9222 Jutland Houston, TX. 77033	$50.00

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

•• 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 ($)
10-22-01	Magnetic Signs 2314 Blalock Houston, TX 77080	$851.66

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-22-01	Texas Printing 4715 MAIN Houston, TX. 77002	$3,200.00

8 Purpose of payment (See instructions regarding type of information required.): Advertisement, Signs, Postcards, Doorhangers

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 ($)
10-22-01	Southwestern Bell Telephone Co. P.O. Box 4706 Houston, TX. 77210	$634.78

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

•• 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 ($)
10-28-01	GINA DUPATE' 6223 SHERLINGHAM Houston, TX. 77055	$290.00

Purpose of payment (See instructions regarding type of information required.): Block walkers / Poll workers

•• 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 ($)
10-23-01	DONOVAN ROBERSON P.O. Box 14625 Houston, TX. 77221	$100.00

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

•• 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:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-24-01	Alpha Kappa Alpha P.O. Box 2814 Baytown, TX. 77522	$120.00

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

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 ($)
10-25-01	Auto Rent 4544 North Freeway Houston, TX. 77022	$1,509.00

Purpose of payment (See instructions regarding type of information required.): Rentals — Van Transportation / Fieldwork

•• 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 ($)
10-26-01	Lisa Henry 4146 Presidents Dr. - 50 Houston, TX. 77047	$83.50

Purpose of payment (See instructions regarding type of information required.): Reimbursement / Office Supplies

•• 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 ($)
10-26-01	E.E. Worthing Class 9215 Scott Houston, TX. 77051	$40.00

Purpose of payment (See instructions regarding type of information required.): Worthing Class Reunion

•• 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:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-3-01	FAST SIGNS 8373 SOUTHWEST FREEWAY HOUSTON, TEXAS 77074	$63.33

8 Purpose of payment (See instructions regarding type of information required.): SIGN/OVERLAY

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 ($)
9-28-01	OFFICE DEPOT 6904 S.W. FREEWAY HOUSTON, TEXAS 77036	$4.54

Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-2-01	CITY OF HOUSTON, DEPT OF HEALTH 8000 N. STADIUM DR. HOUSTON, TX. 77021	$75.00

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

•• 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 ($)
10-2-01	E.E. WORTHING 9215 SCOTT HOUSTON, TX. 77051	$30.00

Purpose of payment (See instructions regarding type of information required.): DONATION - BAND UNIFORMS

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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:

2 FILER NAME: Chris Oliver

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-28-01	CHEVRON 1301 MC KINNEY HOUSTON, TX 77010	$439.39

8 Purpose of payment (See instructions regarding type of information required.): GASOLINE / VANS

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 ($)
9-13-01	TARGET 7801 SOUTH MAIN HOUSTON, TX. 77056	$516.06

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

-- 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 ($)
10/23/01	SIRIUS INTELLIGENT SYSTEMS 7306 WOVEN WOOD HOUSTON, TX. 77041	$360.47

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

-- 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 ($)
	MC BEE SYSTEMS INC. P.O BOX 4270 ATHENS, OHIO 45701	$115.15

Purpose of payment (See instructions regarding type of information required.): INVOICE for CHECKS KIT

-- 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	MAIL SERVICE of Houston, Inc. 3215 McKinney Houston, Tx 77003	$14,356.00

8 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
MAIL-out to Registered Voters	

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: HCCS TRUSTEE | FIRST: CHRIS | MI: W

NICKNAME | LAST: OLIVER | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year: 10/15/01 THROUGH Month Day Year: 10/29/01

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED OCT 30 2001 CITY SECRETARY

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

LEFT OUT LOAN PAGE of REPORT

7 AFFIDAVIT

TRAVIS WAYNE LEWIS, JR.
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
JUNE 3, 2002

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by CHRISTOPHER W. OLIVER this the 30th day of OCTOBER, 20 01,

to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: TRAVIS W LEWIS, JR. | Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

(Revised 05/11/2000)

Printed on recycled paper

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME
CHRIS OLIVER

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan
10-26-07

7 Name of lender ☐ out-of-state PAC (ID#:_____)
CHRIS OLIVER

9 Loan Amount ($)
$15,000.00

6 Is lender a financial Institution?
Y (N)

8 Lender address; City; State; Zip Code
11006 LONG GATE HOUSTON, TX 77042

10 Interest rate
0

11 Maturity date
12-1-07

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

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

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
☐ 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.