

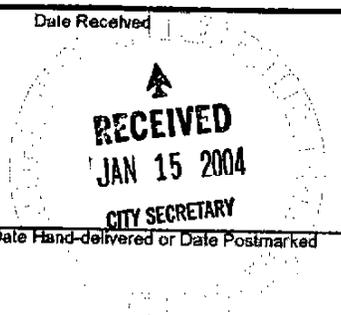
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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:** 28

3 CANDIDATE / OFFICEHOLDER NAME
 MS/MRS/MR FIRST MI
 Gordon
 NICKNAME LAST SUFFIX
 Quan

OFFICE USE ONLY

Date Received

 Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
 P. M. Box 65, 5090 Richmond Ave.
 Houston, TX 77056
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (713) 527-8115

6 CAMPAIGN TREASURER NAME
 MS/MRS/MR FIRST MI
 Mike
 NICKNAME LAST SUFFIX
 Garver

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 5402 Lawndale Houston, Texas 77023

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (713) 921-2929

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year
 10 / 26 / 03 THROUGH Month Day Year
 12 / 31 / 03

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year
 / / Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
 City Council At Large Position 2

14 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

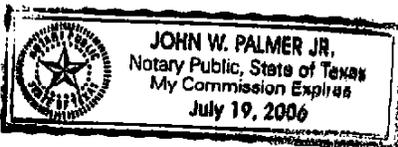
15 C/OH NAME Gordon Quan	16 ACCOUNT # (Ethics Commission filers)
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17 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. 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

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)	\$	15,085.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	580.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	39,153.29
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	152,864.94
OUTSTANDING LOAN TOTALS	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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gordon Quan this the 15 day of January, 2006, to certify which, witness my hand and seal of office.

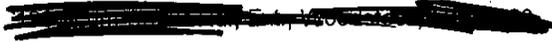
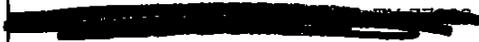
[Signature]
Signature of officer administering oath

John W Palmer
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

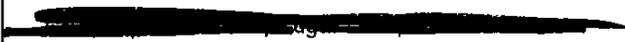
SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 10	
2 FILER NAME Gordon Quan				3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/03	5 Full name of contributor Daisy W. Brazzeal	Out of state PAC (ID# _____)		7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 					
9 Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Yuan Gen Yin	Out of state PAC (ID# _____)		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Itzie O. Soliz	Out of state PAC (ID# _____)		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Yrima G. Wheaton	Out of state PAC (ID# _____)		Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Carmelita V. Dizon	Out of state PAC (ID# _____)		Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			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 Schedule A:	
2 FILER NAME Gordon Quan						3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/03		5 Full name of contributor <input type="checkbox"/> Out of state PAC (ID#) Carole L. Sego				7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 					
9 Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date 11/3/03		Full name of contributor <input type="checkbox"/> Out of state PAC (ID#) Lori Petitt				Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date 11/3/03		Full name of contributor <input type="checkbox"/> Out of state PAC (ID#) Josephine Javier				Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date 11/3/03		Full name of contributor <input type="checkbox"/> Out of state PAC (ID#) Sherif Mohamed				Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)			
Date 11/3/03		Full name of contributor <input type="checkbox"/> Out of state PAC (ID#) Tesfaye Kefelegne				Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)				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 Schedule A: 10	
2 FILER NAME Gordon Quan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/03	5 Full name of contributor Houston Associated General Contractors PAC Out of state PAC (ID# _____)	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor David J. Bishop Out of state PAC (ID# _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Union Pacific Corporation Fund for Effective Government Out of state PAC (ID# <u>00041213</u>)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Ray Davis Out of state PAC (ID# _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Bracewell & Patterson Committee Out of state PAC (ID# _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job Title (See Instructions)		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

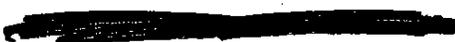
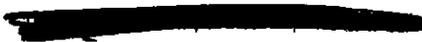
SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Gordon Quan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/03	5 Full name of contributor Kenneth Yellowe 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Dr. Yali Zou Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Elvira Ocampo Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Ronald G. Brookfield Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/03	Full name of contributor Harry Mach Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation \ Job Title (See Instructions)		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 Schedule A:	
2 FILER NAME Gordon Quan				3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/03	5 Full name of contributor Robert C. Hunter	Out of state PAC (ID# _____)		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 					
9 Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor James T. Hackett	Out of state PAC (ID# _____)		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Paul H. Asofsky	Out of state PAC (ID# _____)		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Michael M. Fowler	Out of state PAC (ID# _____)		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Byron F. Dyer	Out of state PAC (ID# _____)		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

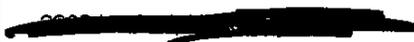
SCHEDULE A

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A:		
2 FILER NAME Gordon Quan						3 ACCOUNT # (Ethics Commission filers)		
4 Date 11/3/03		5 Full name of contributor Hinda Simon			Out of state PAC (ID# _____)		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 								
9 Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)				
Date 11/3/03		Full name of contributor David A. Grenell			Out of state PAC (ID# _____)		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 								
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)				
Date 11/3/03		Full name of contributor Chichi N. Andrade			Out of state PAC (ID# _____)		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 								
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)				
Date 11/3/03		Full name of contributor Stanley B. Tjahjono			Out of state PAC (ID# _____)		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 								
Principal occupation \ Job Title (See Instructions)				Employer (See Instructions)				
Date 11/3/03		Full name of contributor Beatrice A. Marquez			Out of state PAC (ID# _____)		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 								
Principal occupation \ Job Title (See Instructions)				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

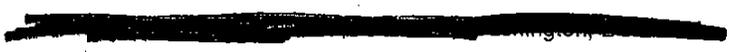
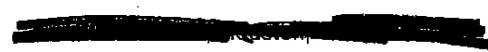
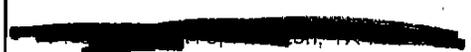
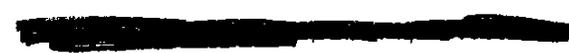
SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME Gordon Quan				3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/03	5 Full name of contributor Chong Cha Jaff	Out of state PAC (ID# _____)		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 					
9 Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Nathaniel Joseph	Out of state PAC (ID# _____)		Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/3/03	Full name of contributor Gary Gonzales.	Out of state PAC (ID# _____)		Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/25/03	Full name of contributor Randal M. Hall	Out of state PAC (ID# _____)		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			Employer (See Instructions)		
Date 11/25/03	Full name of contributor Halliburton Company Political Action Committee	Out of state PAC (ID# _____)		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 					
Principal occupation \ Job Title (See Instructions)			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

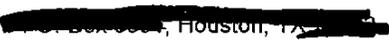
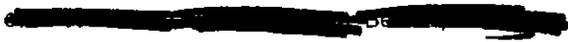
SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Gordon Quan			3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/03	5 Full name of contributor Waste Management PAC <input checked="" type="checkbox"/> Out of state PAC (ID# <u>COO119008</u>)	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 				
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor Walter H. Criner Sr. <input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor Brian P. Cweren <input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor H. Lee Godfrey <input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor Franci N. Crane <input type="checkbox"/> Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		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 Schedule A:	
2 FILER NAME Gordon Quan			3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/03	5 Full name of contributor Daniel J. Snooks	Out of state PAC (ID# 666419008)	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 				
9 Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor Houston Police Patromen's Union	Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor Manson B. Johnson	Out of state PAC (ID# _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 11/25/03	Full name of contributor Christopher J. Maurer	Out of state PAC (ID# _____)	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		Employer (See Instructions)		
Date 12/19/03	Full name of contributor Shen Ping Liang	Out of state PAC (ID# _____)	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 				
Principal occupation \ Job Title (See Instructions)		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 Schedule A:

2 FILER NAME

Gordon Quan

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/19/03

5 Full name of contributor Out of state PAC (ID# ~~000140008~~)

HOME-PAC

7 Amount of contribution (\$)
1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor Out of state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor Out of state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor Out of state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor Out of state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job Title (See Instructions)

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 EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F 16
2 FILER NAME Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/27/03	5 Payee name Kathryn C. McNeil / K-Chace Consulting	7 Amount (\$) 4,000.00
6 Payee address; City; State; Zip Code P. O. Box 131835, Houston, TX 77219		
8 Purpose of payment (See instructions regarding type of information required) Consulting fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Karen DeSantis	Amount (\$) 250.00
Payee address; City; State; Zip Code 21007 Auburn Ridge Lane, Spring, TX 77379		
Purpose of payment (See instructions regarding type of information required) Professional fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Southern Chinese News	Amount (\$) 255.00
Payee address; City; State; Zip Code 11122 Bellaire Blvd., Houston, TX 77072		
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Chinese Daily News	Amount (\$) 277.20
Payee address; City; State; Zip Code 9104-A Bellaire Blvd., Houston, TX 77036		
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/27/03	5 Payee name International Daily News ----- 6 Payee address; City; State; Zip Code 9107 Bellaire Blvd. #110, Houston, TX 77036	7 Amount (\$) 240.00
8 Purpose of payment (See instructions regarding type of information required) Advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Voice of Asia ----- Payee address; City; State; Zip Code 9730 Town Park Dr., Suite 102, Houston, TX 77036	Amount (\$) 1,300.00
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Korean World ----- Payee address; City; State; Zip Code 9610 Longpoint, #340, Houston, TX 77055	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Indo-American News ----- Payee address; City; State; Zip Code 7457 Harwin, #262, Houston, TX 77036	Amount (\$) 175.00
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/27/03	5 Payee name Vietnam Moi News ----- 6 Payee address; City; State; Zip Code 8060 Boone Rd., Houston, TX 77072	7 Amount (\$) 250.00
8 Purpose of payment (See Instructions regarding type of information required) Advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/27/03	Payee name Jewish Herald Voice ----- Payee address; City; State; Zip Code P. O. Box 153, Houston, TX 77001-0153	Amount (\$) 180.00
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/28/03	Payee name Sprint Digital Print Inc. ----- Payee address; City; State; Zip Code 10100 Clay Rd., Suite C, Houston, TX 77080	Amount (\$) 2,554.70
Purpose of payment (See instructions regarding type of information required) Yard signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/29/03	Payee name InfoVine, Inc. ----- Payee address; City; State; Zip Code P. O. Box 2706, Houston, TX 77252-2706	Amount (\$) 3,762.70
Purpose of payment (See instructions regarding type of information required) Postage & mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/29/03	5 Payee name Varoga Rice & Shalett, Inc. ----- 6 Payee address: City: State: Zip Code 3303 Louisiana St., Suite 240, Houston, TX 77006	7 Amount (\$) 750.00
8 Purpose of payment (See instructions regarding type of information required) Advertising design		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/30/03	Payee name Houston Hispanic Chamber of Commerce ----- Payee address; City; State; Zip Code 2900 Woodridge Dr., Ste. 312, Houston, TX 77087-2506	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required) Chamber's 20th Annual Triumfando Awards Gala		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/30/03	Payee name Houston 80-20 ----- Payee address; City; State; Zip Code 8300 Bender Rd, Humble, TX 77396	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required) Election radio spots for Houston 80-20		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/2/03	Payee name Drexler's BBQ & Grill ----- Payee address; City; State; Zip Code 2300 Pierce St., Houston, TX	Amount (\$) 1,379.94
Purpose of payment (See instructions regarding type of information required) Food & beverage for campaign fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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

Gordon Quan

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/03

5 Payee name

Hertz Car Rental

7 Amount (\$)

67.34

6 Payee address; City; State; Zip Code

Orlando Airport, Orlando, FL

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

National League of Cities meeting in Orlando

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

11/4/03

Payee name

George Strong & Associates

Amount (\$)

1,756.92

Payee address; City; State; Zip Code

2242 Bartlett, Houston, TX 77098

Purpose of payment (See instructions regarding type of information required)

Radio advertising

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

11/4/03

Payee name

Grant Martin

Amount (\$)

275.00

Payee address; City; State; Zip Code

P. O. Box 667307, Houston, TX 77266-7307

Purpose of payment (See instructions regarding type of information required)

Electronic data files.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

11/4/03

Payee name

Monarch Printing

Amount (\$)

2,590.69

Payee address; City; State; Zip Code

6605 McGrew, Houston, TX 77087

Purpose of payment (See instructions regarding type of information required)

Postcard printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/4/03	5 Payee name Z. Hussain 6 Payee address; City, State; Zip Code 523 Crestwood Dr., Seabrook, TX 77586	7 Amount (\$) 1,177.39
8 Purpose of payment (See instructions regarding type of information required) Professional fee and reimburse for auto expenses, mailing labels, and parade supplies.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/5/03	Payee name Franks Pizza Payee address; City, State; Zip Code 417 Travis, Houston, RX 77002	Amount (\$) 70.00
Purpose of payment (See instructions regarding type of information required) Lunch for Aspiring Youth TASTE participants		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/5/03	Payee name Copy.com Payee address; City, State; Zip Code 1201-F Westheimer, Houston, TX 77006	Amount (\$) 1,121.50
Purpose of payment (See instructions regarding type of information required) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/5/03	Payee name Campos Communications Payee address; City, State; Zip Code 816 Ralfallen, Houston, TX 77008	Amount 1,067.00
Purpose of payment (See instructions regarding type of information required) Election night reception cost		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/5/03	5 Payee name Z. Hussain ----- 6 Payee address; City; State; Zip Code 523 Crestwood Dr., Seabrook, TX 77586	7 Amount (\$) 250.00
8 Purpose of payment (See instructions regarding type of information required) Professional fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/6/03	Payee name Fresh Brew ----- Payee address; City; State; Zip Code 11600 Big John Blvd, Houston, TX 77038-3302	Amount (\$) 437.26
Purpose of payment (See instructions regarding type of information required) Coffee service for City Hall Annex, First Floor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/6/03	Payee name Texaco Food Mart ----- Payee address; City; State; Zip Code 5701 Gessner Dr., Houston, TX 77041	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required) Provide lunch for participants in the clean-up at Tanner & Gessner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/6/03	Payee name Laurent Chevalier ----- Payee address; City; State; Zip Code 5120 DeMilo St., Houston, TX 77092	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required) Sign placement expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/19/03	5 Payee name Diana Davila Martinez Campaign ----- 6 Payee address: City: State: Zip Code 1009 Graceland, Houston, TX 77009	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required) Campaign donation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/19/03	Payee name Canton Seafood ----- Payee address; City; State; Zip Code 2649 Richmond, Houston, TX 77098	Amount (\$) 364.53
Purpose of payment (See instructions regarding type of information required) Dinner for LUDAT steering Committee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/20/03	Payee name A Taste of Catering ----- Payee address; City; State; Zip Code 19408 Mersey Dr., Porter, TX 77365	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required) Catering for breakfast honoring Bill White at Rev. Nash's church		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/26/03	Payee name Kathryn C. McNeil / K-Chace Consulting ----- Payee address; City; State; Zip Code P. O. Box 131835, Houston, TX 77219	Amount (\$) 4,000.00
Purpose of payment (See instructions regarding type of information required) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/26/03	5 Payee name Korean World ----- 6 Payee address; City; State; Zip Code 9610 Longpoint, #340, Houston, TX 77055	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required) Advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/26/03	Payee name Karen DeSantis ----- Payee address; City; State; Zip Code 21007 Auburn Ridge Lane, Spring, TX 77379	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required) Professional fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/26/03	Payee name DaliYah Co. ----- Payee address; City; State; Zip Code 8928 Sagebrush St., Apple Valley, CA 92308	Amount (\$) 2,500.00
Purpose of payment (See instructions regarding type of information required) Campaign materials designs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/26/03	Payee name InfoVine, Inc. ----- Payee address; City; State; Zip Code P. O. Box 2706, Houston, TX 77252-2706	Amount (\$) 851.81
Purpose of payment (See instructions regarding type of information required) Postage & mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/26/03	5 Payee name MJ Khan Campaign ----- 6 Payee address: City: State: Zip Code P.O. Box 742368, Houston, TX 77274-2368	7 Amount (\$) 250.00
8 Purpose of payment (See instructions regarding type of information required) Campaign donation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/9/03	Payee name The Alliance for Multicultural Community Services ----- Payee address; City; State; Zip Code 6440 Hillcroft Ste. 411, Houston, TX 77081	Amount (\$) 200.00
Purpose of payment (See instructions regarding type of information required) Stars Among Us gala		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/9/03	Payee name League of Women Voters ----- Payee address; City; State; Zip Code 2650 Fountain View, Ste. 328, Houston, TX 77057	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required) Membership dues for 2004		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/10/03	Payee name La Rosa Family Services ----- Payee address; City; State; Zip Code P.O. Box 16042, Houston, TX 77222-6042	Amount (\$) 150.00
Purpose of payment (See instructions regarding type of information required) Donation to assist women who are the victims of domestic abuse		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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

Gordon Quan

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/03

5 Payee name

Black Heritage Society

7 Amount
(\$)

100.00

6 Payee address; City; State; Zip Code

2900 Woodridge, Ste. 311, Houston, TX 77087-2506

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

Donation to sponsor a young person for the "Queen of Queens"
Pageant

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

12/10/03

Payee name

LULAC Council 402

Amount
(\$)

300.00

Payee address; City; State; Zip Code

P.O. Box 30498, Houston, TX 77249-0498

Purpose of payment (See instructions regarding type of information required)

National LULAC Week 75th Anniversary event

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

12/10/03

Payee name

University of St. Thomas

Amount
(\$)

100.00

Payee address; City; State; Zip Code

C/O Office of Student Activities; 3800 Montrose Blvd, Houston, TX 77006

Purpose of payment (See instructions regarding type of information required)

Donation for the UST-LULAC District Convention

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

12/10/03

Payee name

Star of Hope

Amount
(\$)

100.00

Payee address; City; State; Zip Code

6897 Ardmore, Houston, TX 77054-2307

Purpose of payment (See instructions regarding type of information required)

Donation to combat homelessness in the City of Houston

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder 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

Gordon Quan

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/12/03

5 Payee name

Kathryn C. McNeil / K-Chace Consulting

7

Amount
(\$)

189.37

6 Payee address; City; State; Zip Code

P. O. Box 131835, Houston, TX 77219

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

Food expense for Parker event

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

12/12/03

Payee name

Copy.com

Amount
(\$)

282.35

Payee address; City; State; Zip Code

1201-F Westheimer, Houston, TX 77006

Purpose of payment (See instructions regarding type of information required)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

12/12/03

Payee name

TanChes Global Management, Inc.

Amount
(\$)

27.06

Payee address; City; State; Zip Code

2411 Fountainview Dr., Suite 111, Houston, TX 77057

Purpose of payment (See instructions regarding type of information required)

Web site hosting fee

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder name Office sought Office held

Date

12/16/03

Payee name

Continental Airlines

Amount
(\$)

246.25

Payee address; City; State; Zip Code

1600 Smith St., Houston, TX 77002

Purpose of payment (See instructions regarding type of information required)

Air fare for National League of Cities conference in
Washington, DC

** Complete if direct expenditure to benefit C/OH **

Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/16/03	5 Payee name National League of Cities ----- 6 Payee address; City; State; Zip Code 1301 Pennsylvania Ave., NW, #550, Washington, DC 20004-1763	7 Amount (\$) 580.00
8 Purpose of payment (See instructions regarding type of information required) National League of Cities conference in Washington, DC		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/22/03	Payee name Houston Livestock Show & Rodco ----- Payee address; City; State; Zip Code P.O. Box 20070, Houston, TX 77225-0070	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required) 1/14 cost of full page ad in HLSR program book		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/31/03	Payee name Rogene Gee Calvert ----- Payee address; City; State; Zip Code 4122 Woodhaven St., Houston, TX 77025	Amount (\$) 427.22
Purpose of payment (See instructions regarding type of information required) Cell phone and misc office & meeting expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/31/03	Payee name Karen DeSantis ----- Payee address; City; State; Zip Code 21007 Auburn Ridge Lane, Spring, TX 77379	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required) Professional fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 Gordon Quan		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/31/03	5 Payee name TanChes Global Management, Inc. ----- 6 Payee address; City; State; Zip Code 2411 Fountainview Dr., Suite 111, Houston, TX 77057	7 Amount (\$) 27.06
8 Purpose of payment (See instructions regarding type of information required) Web site hosting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/6/03	Payee name Asia Society Texas Chapter ----- Payee address; City; State; Zip Code 4605 Post Oak Pl., Houston, TX 77027	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required) YWCA Luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/4/03	Payee name Sandra Hines ----- Payee address; City; State; Zip Code 4425 Alvin St., Houston, TX 77051	Amount (\$) 75.00
Purpose of payment (See instructions regarding type of information required) Election day worker		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/4/03	Payee name Wendell Banks ----- Payee address; City; State; Zip Code 6341 Dabney, Houston, TX 77020	Amount (\$) 60.00
Purpose of payment (See instructions regarding type of information required) Election day worker		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 <p style="text-align: center;">Gordon Quan</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="text-align: center;">11/4/03</p>	5 Payee name <p style="text-align: center;">Aaron Hughes</p> <hr style="border-top: 1px dashed black;"/> <p style="font-size: small;">6 Payee address; City; State; Zip Code <p style="text-align: center;">3034 McGowen, Houston, TX 77004</p></p>	7 Amount (\$) <p style="text-align: right;">75.00</p>
8 Purpose of payment (See instructions regarding type of information required) <p style="text-align: center;">Election day worker</p>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date <p style="text-align: center;">11/4/03</p>	Payee name <p style="text-align: center;">Nguyen Hai Thao</p> <hr style="border-top: 1px dashed black;"/> <p style="font-size: small;">Payee address; City; State; Zip Code <p style="text-align: center;">13314 Agarita Lane, Houston, TX 77083</p></p>	Amount (\$) <p style="text-align: right;">30.00</p>
Purpose of payment (See instructions regarding type of information required) <p style="text-align: center;">Election day worker</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date <p style="text-align: center;">11/4/03</p>	Payee name <p style="text-align: center;">Diep Nguyen</p> <hr style="border-top: 1px dashed black;"/> <p style="font-size: small;">Payee address; City; State; Zip Code <p style="text-align: center;">13314 Agarita Lane, Houston, TX 77083</p></p>	Amount (\$) <p style="text-align: right;">30.00</p>
Purpose of payment (See instructions regarding type of information required) <p style="text-align: center;">Election day worker</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date <p style="text-align: center;">11/4/03</p>	Payee name <p style="text-align: center;">Mac McLemore</p> <hr style="border-top: 1px dashed black;"/> <p style="font-size: small;">Payee address; City; State; Zip Code <p style="text-align: center;">5538 Hummingbird, Houston, TX 77096</p></p>	Amount (\$) <p style="text-align: right;">75.00</p>
Purpose of payment (See instructions regarding type of information required) <p style="text-align: center;">Election day worker</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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 **Gordon Quan** 3 ACCOUNT # (Ethics Commission filers)

4	Date	5	Payee name	7	Amount (\$)
	11/4/03		Audrey Berry		75.00
		6	Payee address; City; State; Zip Code		
			2686 Murworth, E511, Houston, TX 77054		

8 Purpose of payment (See instructions regarding type of information required) Election day worker	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/4/03	Oretha Basey	60.00
	Payee address; City; State; Zip Code	
	4507 S. Ridgewalk, Houston, TX 77053	

Purpose of payment (See instructions regarding type of information required) Election day worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/4/03	Nikkia Strachan	60.00
	Payee address; City; State; Zip Code	
	2823 Valley Forest Dr., Missouri City, TX	

Purpose of payment (See instructions regarding type of information required) Election day worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder 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)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
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