

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: 35 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| Shelley | | M.D. | |
| Sekula-Gibbs, | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | PO Box 890954; Houston TX 77289-0954 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (281) | 480-5633 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| Graciela | | Saenz | |
| 1010 Lamar, Ste 1420; Houston TX 77002 | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 1010 Lamar, Ste 1420; Houston TX 77002 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (713) | 659-9200 | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff |
| | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit |
| | | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day | Year |
| | 09 | 26 | 2003 |
| THROUGH | | Month | Day |
| | | 10 | 25 |
| | | 2003 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| 11 / 04 / 2003 | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | City Council, At Large, Position 3 | | City Council, At Large, Position 3 |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures. ** | | |
| | Name | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

Shelley Sekula-Gibbs, M.D.

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

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

\$ 15 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 53,642.14

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 15 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 65,743.07

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 65,428.44

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Shelley Sekula-Gibbs M.D.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 21th day of October, 20 03, to certify which, witness my hand and seal of office.

Louis Gonzalez
Signature of officer administering oath

Louis Gonzalez
Printed 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. | Total pages this Schedule A: pg 1 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 9-26-2003 | Full name of contributor Ted Hirtz | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 9-26-2003 | Full name of contributor Texas SBC/ Southwestern Bell Employee PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 9-27-2003 | Full name of contributor Rick Gornto | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 9-27-2003 | Full name of contributor Jefferson Giller | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 9-28-2003 | Full name of contributor James R. Thompson | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | |
|---|--|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 2 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission files) |

| | | | |
|---|--|---|---|
| Date 9-29-2003 | Full name of contributor Reliant Resources Inc. PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 9-29-2003 | Full name of contributor Richard W. Weekley | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|--|---|
| Date 9-30-2003 | Full name of contributor Baine Kerr | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-1-2003 | Full name of contributor Cynthia Bosze | Amount of contribution (\$) \$10.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-1-2003 | Full name of contributor Beverly Rose | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|--|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 3 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission #ers) |

| | | | |
|---|--|--|---|
| Date 10-1-2003 | Full name of contributor Barbara S. Patton | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-2-2003 | Full name of contributor Wendy Oxman | Amount of contribution (\$) \$200.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-2-2003 | Full name of contributor Chris Demopoulos | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-3-2003 | Full name of contributor Karin Hudson | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-3-2003 | Full name of contributor Regina Kyles | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 4 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| Date | Full name of contributor | Amount of contribution (\$) | In-kind contribution description (if available) |
|---|--|-----------------------------|---|
| 10-6-2003 | A.L. Keller | \$50.00 | |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| Date | Full name of contributor | Amount of contribution (\$) | In-kind contribution description (if available) |
|---|--|-----------------------------|---|
| 10-7-2003 | J. James Rohack, MD | \$500.00 | |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| Date | Full name of contributor | Amount of contribution (\$) | In-kind contribution description (if available) |
|---|--|-----------------------------|---|
| 10-7-2003 | John Brown | \$200.00 | |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| Date | Full name of contributor | Amount of contribution (\$) | In-kind contribution description (if available) |
|---|--|-----------------------------|---|
| 10-7-2003 | Marian Kruzel | \$100.00 | |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| Date | Full name of contributor | Amount of contribution (\$) | In-kind contribution description (if available) |
|---|--|-----------------------------|---|
| 10-7-2003 | Zbigniew Wojchecowski, MD | \$100.00 | |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|--|---|
| Date 10-7-2003 | Full name of contributor Leonard Krazynski | Amount of contribution (\$) \$75.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-7-2003 | Full name of contributor Barbara Kimmel | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-7-2003 | Full name of contributor Waldemar Priebe | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

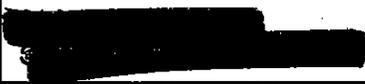
| | | | |
|---|--|--|---|
| Date 10-7-2003 | Full name of contributor Zdzislaw Elenberg | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

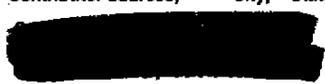
| | | | |
|---|--|--|---|
| Date 10-7-2003 | Full name of contributor David Lyons | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|---|--|---|
| Date 10-7-2003 | Full name of contributor Mariusz Smolij | Amount of contribution (\$) \$40.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|--|---|
| Date 10-7-2003 | Full name of contributor Victor Liu | Amount of contribution (\$) \$20.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-7-2003 | Full name of contributor SIMA of Houston PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-7-2003 | Full name of contributor Will C. Perry | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-7-2003 | Full name of contributor Dr. Laura Perry | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

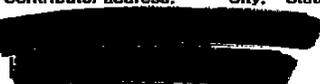
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

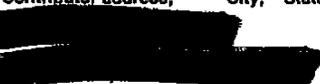
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| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 7 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|---|---|---|
| Date 10-7-2003 | Full name of contributor Beth Claude | Amount of contribution (\$) \$150.00 | In-kind contribution description (if available) Videos of the Houston Chronicle At Large 3 |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|--|---|
| Date 10-8-2003 | Full name of contributor R. Burnazian Fuller | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|--|---|
| Date 10-8-2003 | Full name of contributor Michelle Rozell | Amount of contribution (\$) \$98.44 | In-kind contribution description (if available) Reception expenses |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-8-2003 | Full name of contributor Mark Netoskie | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-9-2003 | Full name of contributor I.L.A. #24 PAC | Amount of contribution (\$) \$200.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code  | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 8 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission files) |

| | | | |
|---|--|---|---|
| Date 10-9-2003 | Full name of contributor Jeff E. Ross | Amount of contribution (\$) \$1,500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-9-2003 | Full name of contributor Rudolph H. Bruhns | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-10-2003 | Full name of contributor Susan Thompson | Amount of contribution (\$) \$5,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-10-2003 | Full name of contributor Tilman Fertitta | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-10-2003 | Full name of contributor Landry's Restaurants PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 9 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission files) |

| | | | |
|---|--|---|---|
| Date 10-10-2003 | Full name of contributor John J. Montalbano | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-13-2003 | Full name of contributor HOME-PAC | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-13-2003 | Full name of contributor André Crispin | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-13-2003 | Full name of contributor Allen Boone Humphries LLP | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-13-2003 | Full name of contributor Bob Jones | Amount of contribution (\$) \$4,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 10 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-13-2003 | Full name of contributor Kenneth Ulmer | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-14-2003 | Full name of contributor Tom Havron | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-15-2003 | Full name of contributor Keith Grady | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code Ho [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-15-2003 | Full name of contributor Bill Othon | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-15-2003 | Full name of contributor Stephen Costello | Amount of contribution (\$) \$2,500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg.11 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-15-2003 | Full name of contributor Joe Wozny | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-15-2003 | Full name of contributor Don Jordan | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-15-2003 | Full name of contributor Ronnie Mullinax | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-15-2003 | Full name of contributor Turner Collie & Braden PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|---|
| Date 10-16-2003 | Full name of contributor Linebarger Goggan Blair & Sampson LLP | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 12 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Ross Allyn | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Cecil Fong | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Dennis Sander | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Connie Weil | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Robert Cohen | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 13 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|--|---|
| Date 10-16-2003 | Full name of contributor Darryl Carter | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-16-2003 | Full name of contributor Clive Runnells | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-16-2003 | Full name of contributor George DeMontrond | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-16-2003 | Full name of contributor Uptown Houston PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-16-2003 | Full name of contributor R. Gary Montgomery | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 14 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Larry Barfield | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] H [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Wayne Klotz | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code 1 [REDACTED] [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Gerald Brady | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] H [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Jeanette Rash | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Robert Hux | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] H [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 15 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Max C. Butler, MD | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Ranney McDonough | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Jim Dannenbaum | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Outdoor PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-16-2003 | Full name of contributor Vidal Martinez | Amount of contribution (\$) \$214.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 16 of 20 |
| filer NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|--------------------|--|---|---|
| Date 10-17-2003 | Full name of contributor Lynne Nguyen | Amount of contribution (\$) \$200.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |

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|---|-----------------------------|
| Principal occupation Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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|--------------------|--|--|---|
| Date 10-17-2003 | Full name of contributor Mary Hoekel | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |

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|---|-----------------------------|
| Principal occupation Job title (See Instructions) | Employer (See Instructions) |
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|--------------------|--|--|---|
| Date 10-17-2003 | Full name of contributor Jo Ann Ward | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |

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|---|-----------------------------|
| Principal occupation Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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|--------------------|--|--|---|
| Date 10-17-2003 | Full name of contributor Rosario Perez | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |

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|---|-----------------------------|
| Principal occupation Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | | |
|--------------------|--|--|---|
| Date 10-17-2003 | Full name of contributor Oscar Vallero | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |

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|---|-----------------------------|
| Principal occupation Job title (See Instructions) | Employer (See Instructions) |
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 17 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-17-2003 | Full name of contributor Chi-Mei Hau Lin | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-17-2003 | Full name of contributor George Gee | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-17-2003 | Full name of contributor BAC-PAC | Amount of contribution (\$) \$150.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-17-2003 | Full name of contributor Tony Mandola | Amount of contribution (\$) \$200.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-17-2003 | Full name of contributor Scott Lillibrige | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 18 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|--|---|
| Date 10-18-2003 | Full name of contributor Marilyn Hartmann | Amount of contribution (\$) \$20.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-20-2003 | Full name of contributor Henry J.N. Taub | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-20-2003 | Full name of contributor Continental Airlines Inc. Employee Fund for a Better America PAC | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-20-2003 | Full name of contributor Jean D. Dols | Amount of contribution (\$) \$30.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-20-2003 | Full name of contributor Polly Lewis | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 19 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|---|---|
| Date 10-20-2003 | Full name of contributor Christine Tankersley | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 10-20-2003 | Full name of contributor Eula Guidry | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-22-2003 | Full name of contributor Ron Nielsen | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-22-2003 | Full name of contributor Jeffrey Bricker | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-23-2003 | Full name of contributor Brian S. Parsley, MD | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 20 of 20 |
| FILER NAME: Shelley Sekula-Gibbs | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|--|--|---|
| Date 10-24-2003 | Full name of contributor Frank Brooks | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|--|---|
| Date 10-24-2003 | Full name of contributor Bobby Singh | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|--|---|
| Date 10-24-2003 | Full name of contributor Associated Builders & Contractors of Greater Houston PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|--|---|
| Date 10-25-2003 | Full name of contributor Clear Lake Republican's PAC | Amount of contribution (\$) \$534.70 | In-kind contribution description (if available) Automated phone calls |
| | Contributor address; City; State; Zip Code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
12

2 FILER NAME
Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission file)

| | | |
|---------------------------|--|----------------------------------|
| 4 Date 09.26.03 | 5 Payee name Paychex 6 Payee address; City; State; Zip Code 11777 Katy Fwy, Ste 200; Houston TX 77079 | 7 Amount (\$) \$755.40 |
|---------------------------|--|----------------------------------|

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| 8 Purpose of payment (See instructions regarding type of information required.) Payroll Processing | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

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|------------------|---|---------------------------|
| Date 09.29.03 | Payee name SK Strategies Payee address; City; State; Zip Code 55 Waugh Dr, Ste 610; Houston TX 77007 | Amount (\$) \$2,780.37 |
|------------------|---|---------------------------|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) Consulting \$2,500; Invitations \$280.37 | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

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|------------------|--|---------------------------|
| Date 09.29.03 | Payee name Kight Printing Payee address; City; State; Zip Code 5750 Bintliff, Ste 202; Houston TX 77036 | Amount (\$) \$3,573.33 |
|------------------|--|---------------------------|

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| Purpose of payment (See instructions regarding type of information required.) Printing | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|------------------|--|-------------------------|
| Date 09.29.03 | Payee name Ralph Garcia Payee address; City; State; Zip Code 2810 Leeland; Houston TX 77003 | Amount (\$) \$290.33 |
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| Purpose of payment (See instructions regarding type of information required.) Contract Labor | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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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: <div style="text-align: right;">12</div> |
| 2 FILER NAME <div style="text-align: center;">Shelley Sekula-Gibbs, M.D.</div> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <div style="text-align: center;">09.29.03</div> | 5 Payee name <div style="text-align: center;">Cakes to Remember</div> <small>6 Payee address; City; State; Zip Code</small> <div style="text-align: center;">2003 West 14th Street; Houston TX 77008</div> | 7 Amount (\$) <div style="text-align: center;">\$63.01</div> |
| 8 Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Gift for Constituent</div> | | 9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| Date <div style="text-align: center;">09.30.03</div> | Payee name <div style="text-align: center;">Prosperity Bank</div> <small>Payee address; City; State; Zip Code</small> <div style="text-align: center;">100 W Medical Ctr Blvd; Webster TX 77598</div> | Amount (\$) <div style="text-align: center;">\$11.00</div> |
| Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Bank Service Charge</div> | | <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| Date <div style="text-align: center;">10.01.03</div> | Payee name <div style="text-align: center;">Robert Gibbs</div> <small>Payee address; City; State; Zip Code</small> <div style="text-align: center;">14222 Golf View Trail; Houston TX 77059</div> | Amount (\$) <div style="text-align: center;">\$160.83</div> |
| Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Reimbursement for Campaign Expense</div> | | <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| Date <div style="text-align: center;">10.01.03</div> | Payee name <div style="text-align: center;">Office Depot</div> <small>Payee address; City; State; Zip Code</small> <div style="text-align: center;">1020 West NASA Rd 1, Ste 228; Webster TX 77598</div> | Amount (\$) <div style="text-align: center;">\$49.73</div> |
| Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center;">Office Supplies</div> | | <small>** Complete if direct expenditures to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 12 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10.01.03 | 5 Payee name United States Postal Service 6 Payee address; City; State; Zip Code 14917 El Camino Real; Houston TX 77062 | 7 Amount (\$) \$20.41 |
| 8 Purpose of payment (See instructions regarding type of information required.) Postage | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.01.03 | Payee name Shell Payee address; City; State; Zip Code 7001 Gulf Freeway; Houston TX 77087 | Amount (\$) \$7.51 |
| Purpose of payment (See instructions regarding type of information required.) Transportation | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.01.03 | Payee name Merida Mexican Restaurant Payee address; City; State; Zip Code 2509 Navigation; Houston TX 77003 | Amount (\$) \$150.00 |
| Purpose of payment (See instructions regarding type of information required.) Event Catering | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.01.03 | Payee name Czech Cultural Center Payee address; City; State; Zip Code 562 Northwest Mall; Houston TX 77092 | Amount (\$) \$200.00 |
| Purpose of payment (See instructions regarding type of information required.) Event Tickets | | 9 ** 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:
12

2 FILER NAME
Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------------------|--|--------------------------|
| 4 Date 10.01.03 | 5 Payee name Regency Parking Garage 6 Payee address; City; State; Zip Code 611 Clay; Houston TX 77002 | 7 Amount (\$) \$28.50 |
|--------------------|--|--------------------------|

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|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Parking for Political Event | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------------------|--|-------------------------|
| Date 10.01.03 | Payee name United States Postal Service Payee address; City; State; Zip Code 14917 El Camino Real; Houston TX 77062 | Amount (\$) \$740.00 |
|------------------|--|-------------------------|

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| Purpose of payment (See instructions regarding type of information required.) Postage | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

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|------------------|--|------------------------|
| Date 10.01.03 | Payee name Kroger Payee address; City; State; Zip Code 2409 Bay Area Blvd; Houston TX 77058 | Amount (\$) \$20.41 |
|------------------|--|------------------------|

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| 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 |
|--|---|

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|------------------|--|------------------------|
| Date 10.01.03 | Payee name Domino's Pizza Payee address; City; State; Zip Code 1845 El Dorado; Houston TX 77062 | Amount (\$) \$23.00 |
|------------------|--|------------------------|

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|---|---|
| Purpose of payment (See instructions regarding type of information required.) Campaign Expense | -- 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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|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: <p style="text-align: center;">12</p> |
| 2 FILER NAME <p style="text-align: center;">Shelley Sekula-Gibbs, M.D.</p> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <p style="text-align: center;">10.01.03</p> | 5 Payee name <p style="text-align: center;">Rice University</p> <hr/> 6 Payee address; City; State; Zip-Code <p style="text-align: center;">PO Box 77252-2932; Houston TX 77005</p> | 7 Amount (\$) <p style="text-align: center;">\$85.00</p> |
| 8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Event Tickets</p> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <p style="text-align: center;">10.01.03</p> | Payee name <p style="text-align: center;">Tony's</p> <hr/> Payee address; City; State; Zip Code <p style="text-align: center;">1801 Post Oak Blvd; Houston TX 77056</p> | Amount (\$) <p style="text-align: center;">\$50.00</p> |
| Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Campaign Expense</p> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <p style="text-align: center;">10.01.03</p> | Payee name <p style="text-align: center;">United States Postal Service</p> <hr/> Payee address; City; State; Zip Code <p style="text-align: center;">17077 Texas Ave; Webster TX 77598</p> | Amount (\$) <p style="text-align: center;">\$370.00</p> |
| Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Postage</p> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <p style="text-align: center;">10.01.03</p> | Payee name <p style="text-align: center;">Bangkok Place</p> <hr/> Payee address; City; State; Zip Code <p style="text-align: center;">917 NASA Rd 1; Houston TX 77058</p> | Amount (\$) <p style="text-align: center;">\$28.85</p> |
| Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Campaign Expense</p> | | ** 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:

12

2 FILER NAME

Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date
10.01.03

5 Payee name

Subway

7 Amount (\$)

6 Payee address; City; State; Zip Code

963 East NASA Rd 1; Houston TX 77058

\$27.05

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

Campaign Expense

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

Candidate / Officeholder name Office sought Office held

Date
10.01.03

Payee name

Clear Lake Flowers

Amount (\$)

Payee address; City; State; Zip Code

907 El Dorado Blvd; Houston TX 77062

\$85.46

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

Gift for Constituent

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

Candidate / Officeholder name Office sought Office held

Date
10.02.03

Payee name

SBC

Amount (\$)

Payee address; City; State; Zip Code

PO Box 1550; Houston TX 77097

\$65.74

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

Telephone

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

Candidate / Officeholder name Office sought Office held

Date
10.02.03

Payee name

Tourette Syndrome Association of Greater Houston

Amount (\$)

Payee address; City; State; Zip Code

557 Rancho Bauer; Houston TX 77079

\$100.00

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

Event Sponsorship

-- 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: 12 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission files) |
| 4 Date 10.02.03 | 5 Payee name Crawford-Zbanek Scholarship 6 Payee address; City; State; Zip Code PO Box 58355; Webster TX 77598 | 7 Amount (\$) \$50.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Advertising in Event Program | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 10.10.03 | Payee name Paychex Payee address; City; State; Zip Code 11777 Katy Fwy, Ste 200; Houston TX 77079-1703 | Amount (\$) \$109.83 |
| Purpose of payment (See instructions regarding type of information required.) Payroll Processing | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 10.10.03 | Payee name Paychex Payee address; City; State; Zip Code 11777 Katy Fwy, Ste 200; Houston TX 77079-1703 | Amount (\$) \$821.88 |
| Purpose of payment (See instructions regarding type of information required.) Payroll Taxes—U.S. Treasury | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 10.10.03 | Payee name Cristina L. Gonzalez Payee address; City; State; Zip Code 9900 Broadway, APT 2041; Pearland TX 77584 | Amount (\$) \$424.60 |
| Purpose of payment (See instructions regarding type of information required.) Employee Wages | | -- 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: 12 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10.10.03 | 5 Payee name Catalina M. Mena <small>6 Payee address; City; State; Zip Code</small> 10302 Sagecanyon; Houston TX 77089 | 7 Amount (\$) \$666.49 |
| 8 Purpose of payment (See instructions regarding type of information required.) Employee Wages | | 9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| Date 10.10.03 | Payee name Andrea L. Ramirez <small>Payee address; City; State; Zip Code</small> 16014 Greenwood Pines; Houston TX 77062 | Amount (\$) \$1,401.55 |
| Purpose of payment (See instructions regarding type of information required.) Employee Wages | | <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| Date 10.16.03 | Payee name Sprint Digital Print <small>Payee address; City; State; Zip Code</small> 10100 Clay Rd, Ste C; Houston TX 77080 | Amount (\$) \$2,080.43 |
| Purpose of payment (See instructions regarding type of information required.) Printing | | <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held |
| Date 10.17.03 | Payee name IGI Outdoor Advertising <small>Payee address; City; State; Zip Code</small> PMB 248-925 S Mason Rd; Katy TX 77450 | Amount (\$) \$2,296.00 |
| Purpose of payment (See instructions regarding type of information required.) Advertising | | <small>** Complete if direct expenditure to benefit C/OH **</small> 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: <p style="text-align: center;">12</p> |
| 2 FILER NAME <p style="text-align: center;">Shelley Sekula-Gibbs, M.D.</p> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <p style="text-align: center;">10.17.03</p> | 5 Payee name <p style="text-align: center;">KPRC</p> <hr style="border-top: 1px dotted black;"/> <p style="text-align: center;">6 Payee address; City; State; Zip Code 8181 SW Fwy; Houston TX 77074</p> | 7 Amount (\$) <p style="text-align: center;">\$10,540.00</p> |
| 8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Advertising</p> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <p style="text-align: center;">10.17.03</p> | Payee name <p style="text-align: center;">KTRK</p> <hr style="border-top: 1px dotted black;"/> <p style="text-align: center;">Payee address; City; State; Zip Code 3310 Bissonnet; Houston TX 77005</p> | Amount (\$) <p style="text-align: center;">\$3,888.75</p> |
| Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Advertising</p> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <p style="text-align: center;">10.17.03</p> | Payee name <p style="text-align: center;">Seabridge Connections</p> <hr style="border-top: 1px dotted black;"/> <p style="text-align: center;">Payee address; City; State; Zip Code 4103 W Lake Houston Pkwy; Kingwood TX 77339</p> | Amount (\$) <p style="text-align: center;">\$850.00</p> |
| Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Advertising</p> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <p style="text-align: center;">10.17.03</p> | Payee name <p style="text-align: center;">Time Warner Cable</p> <hr style="border-top: 1px dotted black;"/> <p style="text-align: center;">Payee address; City; State; Zip Code 20 Greenway Plaza, Ste 380A; Houston TX 77046</p> | Amount (\$) <p style="text-align: center;">\$7,220.75</p> |
| Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Advertising</p> | | ** 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: 12 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission file) |
| 4 Date 10.17.03 | 5 Payee name KRIV 6 Payee address; City; State; Zip Code 4261 SW Fwy; Houston TX 77027 | 7 Amount (\$) \$4,590.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Advertising | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.17.03 | Payee name KHOU Payee address; City; State; Zip Code 1945 Allen Pkwy; Houston TX 77019 | Amount (\$) \$8,500.00 |
| Purpose of payment (See instructions regarding type of information required.) Advertising | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.17.03 | Payee name Texas Video & Post Payee address; City; State; Zip Code 8964 Kirby Dr; Houston TX 77054 | Amount (\$) \$6,753.63 |
| Purpose of payment (See instructions regarding type of information required.) Video Production | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.21.03 | Payee name Sprint Digital Payee address; City; State; Zip Code 10100 Clay Rd, Ste C; Houston TX 77080 | Amount (\$) \$2,120.43 |
| Purpose of payment (See instructions regarding type of information required.) Printing | | ** 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: 12 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission files) |
| 4 Date 10.22.03 | 5 Payee name Tony's 6 Payee address; City; State; Zip Code 1801 Post Oak Blvd; Houston TX 77056 | 7 Amount (\$) \$25.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Campaign Expense | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.24.03 | Payee name Cristina L. Gonzalez Payee address; City; State; Zip Code 9900 Broadway, APT 2041; Pearland TX 77584 | Amount (\$) \$447.79 |
| Purpose of payment (See instructions regarding type of information required.) Employee Wages | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.24.03 | Payee name Catalina M. Mena Payee address; City; State; Zip Code 10302 Sagecanyon; Houston TX 77089 | Amount (\$) \$839.57 |
| Purpose of payment (See instructions regarding type of information required.) Employee Wages | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10.24.03 | Payee name Andrea L. Ramirez Payee address; City; State; Zip Code 16014 Greenwood Pines Dr; Houston TX 77062 | Amount (\$) \$1,481.10 |
| Purpose of payment (See instructions regarding type of information required.) Employee Wages | | ** 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: 12 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10.24.03 | 5 Payee name Paychex 6 Payee address; City; State; Zip Code 11777 Katy Fwy, Ste 200; Houston TX 77079 | 7 Amount (\$) \$949.34 |
| 8 Purpose of payment (See instructions regarding type of information required.) Payroll Taxes—U.S. Treasury | | 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 (\$) |
| 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 |

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: 2 |
| 2 FILER NAME Shelley Sekula-Gibbs, M.D. | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 09.26.03 | 5 Payee name American General Center 6 Payee address; City; State; Zip Code 2777 Allen Pkwy; Houston TX 77019 | 8 Amount (\$) \$0.75 |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 09.29.03 | Payee name Metropolitan Racquet Club Payee address; City; State; Zip Code One Allen Center; Houston TX 77002 | Amount (\$) \$4.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 09.29.03 | Payee name Damian's Cucina Italiana Payee address; City; State; Zip Code 3011 Smith Stree; Houston TX 77006 | Amount (\$) \$48.97 |
| Purpose of expenditure (See instructions regarding type of information required.) Campaign Meeting Expense | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10.01.03 | Payee name City of Houston Payee address; City; State; Zip Code 900 Bagby; Houston TX 77002 | Amount (\$) \$10.63 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies—Copies | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10.09.03 | Payee name Mogul Indian Restaurant Payee address; City; State; Zip Code 2416 A Bay Area Blvd; Houston TX 77058 | Amount (\$) \$55.58 |
| Purpose of expenditure (See instructions regarding type of information required.) Campaign Meeting Expense | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission file#)

| | | |
|--|---|---|
| 4 Date 10.15.03 | 5 Payee name Allright Parking Texas, Inc. | 8 Amount (\$) \$5.00 |
| | 6 Payee address; City; State; Zip Code 1313 Main; Houston TX 77002 | |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date 10.23.03 | Payee name Ampco System Parking | Amount (\$) \$7.00 |
| | Payee address; City; State; Zip Code 909 Texas; Houston TX 77002 | |
| Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--|---|
| Date 10.25.03 | Payee name Willie Baker | Amount (\$) \$500.00 |
| | Payee address; City; State; Zip Code 805 1/2 Maxroy; Houston TX 77088 | |
| Purpose of expenditure (See instructions regarding type of information required.) Consulting | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--------------------------------------|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--------------------------------------|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**Re-elect Council Member Shelley Sekula-Gibbs, Houston City Council, At Large,
Position 3**

From: Re-elect Council Member Shelley Sekula-Gibbs, Houston City Council, At Large, Position 3
[andreamirez@earthlink.net]
Sent: Monday, October 27, 2003 12:35 PM
To: 'Ella SK'
Subject: For Contributions Report

In-Kind (other than fundraisers and meet & greets):

Beth Claude

10323 Briar Drive
Houston TX 77042

Description: Videos of the Houston Chronicle At Large 3 Candidates' Interviews

Date: 10.07.03

Amount: \$150.00

Clear Lake Republican's PAC

15226 St. Cloud Drive
Houston TX 77062

Description: Auto Dialer 5,347 calls at 10 cents / call

Date: 10.25.03

Amount: \$534.70

Online:

Christie Tankersley

14711 Evergreen Ridge Way
Houston TX 77062

Date: 10.20.03

Amount: \$50.00

Eula Guidry

14711 Evergreen Ridge Way
Houston TX 77062

Date: 10.20.03

Amount: \$50.00

Mark Netoskie

4614 Shetland Lane
Houston TX 77027

Date: 10.08.03

Amount: \$100.00

*Thanks,
Andrea*

10/27/2003