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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

RECEIVED OCT 6 2003 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: ~~Dear~~ MR.

FIRST: DON

MI:

NICKNAME: "THE EMISSARY"

LAST: SERIBUTRA

SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 7023 DICKSON WAY

APT / SUITE #:

CITY: MISSOURI CITY

STATE: TX

ZIP CODE: 77489

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281)

PHONE NUMBER: 437-4931

EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR:

FIRST: CHRIS

MI: L.

NICKNAME:

LAST: GATLIN

SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3210 GARROW

APT / SUITE #: SUITE B

CITY: HOUSTON

STATE: TX

ZIP CODE: 77003

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713)

PHONE NUMBER: 228-3990

EXTENSION:

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 23 / 03 THROUGH Month Day Year: 10 / 3 / 03

11 ELECTION

ELECTION DATE Month Day Year: 11 / 4 / 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): HOUSTON City Council AT-large pos 1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
DON SERIBUTRA

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

COMMITTEE NAME: N/A

COMMITTEE ADDRESS: N/A

COMMITTEE CAMPAIGN TREASURER NAME: N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 373.74
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 373.74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 AFFIDAVIT

SYLVIA C. CLAYCOMB
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
MARCH 23, 2005

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.

D. Seributra
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DON SERIBUTRA, this the 6TH day of OCT, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Sylvia C Clay	SYLVIA C CLAYCOMB	NOTARY PUBLIC

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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 FILER NAME: DON SERIBUTRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
7/23/03	DON SERIBUTRA 7023 DICKSON WAY Missouri City, TX 77489	Self-Service copies	$7.00	☐
8/1/03	DON SERIBUTRA 7023 DICKSON WAY Missouri City, TX 77489	FAX! Harris County Democrats	$8.66	☐
9/5/03	DON SERIBUTRA 7023 DICKSON WAY Missouri City, TX 77489	FAX - South West Houston Chamber of Commerce	$2.17	☐
9/6/03	DON SERIBUTRA 7023 DICKSON WAY Missouri City, TX 77489	self-service copies	$3.79	☐
9/16/03	DON SERIBUTRA 7023 DICKSON WAY Missouri City, TX 77489	Self Service Copies	$2.40	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 FILER NAME: DON SERIBURA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
9/23/03	DON SERIBURA 7023 DICKSON WAY MISSOURI CITY, TX 77489	self-service B/W copies	$3.79 ☐
9/24/03	DON SERIBURA 7023 DICKSON WAY MISSOURI CITY, TX 77489	self-service B/W copies	$4.33 ☐
9/25/03	DON SERIBURA 7023 DICKSON WAY MISSOURI CITY, TX 77489	prepaid cell phone card	$18.32 ☐
9/25/03	DON SERIBURA 7023 DICKSON WAY MISSOURI CITY, TX 77489	self service copies	$6.50 ☐
9/30/03	DON SERIBURA 7023 DICKSON WAY MISSOURI CITY, TX 77489	FAX - planned parenthood / Greater Houston Part-nership	~~$2.79~~ $7.58 ☐

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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 FILER NAME: DON SCRIBNER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
10/3/03	DON SCRIBNER 7023 DICKSON WAY MISSOURI CITY, TX 77489	Self Service copies / FM: Taxpayers for Accountability	$9.20 ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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