

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Tim T NICKNAME LAST SUFFIX Shen	OFFICE USE ONLY Date Received:  Date Hand-delivered or Date Postmarked: _____ Receipt # Amount	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14125 Memorial, Suite 106, Houston TX 77079		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 679-0219		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Donna N NICKNAME LAST SUFFIX Shen	Date Processed _____ Date Imaged _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14125 Memorial, Suite 106, Houston TX 77079		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 589-1253		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 26 / 03 THROUGH 12 / 31 / 03		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 03	ELECTION TYPE <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) Houston City Council, District G		
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 expenditure. .. 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 Tim Shen **16 ACCOUNT # (Ethics Commission files)**

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. **

<input type="checkbox"/> additional pages	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,475
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,456
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Tim Shen, this the 13th day of January, 2004, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Randall Klein
Printed name of officer administering oath

Notary Public
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 this Schedule A:	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission files)	
4 Date 10-27-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roger McCleary	7 Amount of contribution (\$) 1000.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-27-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brit Brown	Amount of contribution (\$) 1000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-27-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Timothy Hogan	Amount of contribution (\$) 1000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-27-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa Turano	Amount of contribution (\$) 1,500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-28-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Greene	Amount of contribution (\$) 100.-	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 this Schedule A:	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission files)	
4 Date 10-28-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Wilson 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Partridge Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lawrence Kelly Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dot Cunningham Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 25.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-31-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ronald Bernell Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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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 this Schedule A:	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-31-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Jacobs	7 Amount of contribution (\$) 500.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-31-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Turboff	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-31-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Warden	Amount of contribution (\$) 1100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10-31-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Yetter	Amount of contribution (\$) 1100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Kaplan	Amount of contribution (\$) 400.-	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 this Schedule A:	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-30-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Sadberry	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-29-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Shen	Amount of contribution (\$) 4,600	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-27-03	5 Payee name United States Postal Service	7 Amount (\$) 37.00
6 Payee address; City; State; Zip Code Memorial Park Station Houston TX 77024		

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
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Date 10-27-03	Payee name Printpack 2000, Inc.	Amount (\$) 1059.76
Payee address; City; State; Zip Code 6114 Aletha Houston TX 77081		

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 10-27-03	Payee name Printpack 2000, Inc.	Amount (\$) 3486.19
Payee address; City; State; Zip Code 6114 Aletha Houston TX 77081		

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 10-28-03	Payee name Jason's Deli	Amount (\$) 91.60
Payee address; City; State; Zip Code 14604 Memorial Houston, TX 77079		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME Tim Shen 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10-28-03	<u>Printpack 2000, Inc.</u> 6 Payee address; City; State; Zip Code <u>6114 Aletha</u> <u>Houston TX 77081</u>	3523.54

8 Purpose of payment (See instructions regarding type of information required.) <u>printing</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11-4-03	<u>Veronica Munoz</u> Payee address; City; State; Zip Code <u>13234 Avonshire Dr., Houston TX 77083</u>	75.00

Purpose of payment (See instructions regarding type of information required.) <u>Contract labor - event</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
11-05-03	<u>Amy Ng</u> Payee address; City; State; Zip Code <u>13710 Canaan Bridge</u> <u>Houston TX 77041</u>	307.33

Purpose of payment (See instructions regarding type of information required.) <u>reimbursement -- supplies for events + refreshments</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11-14-03	<u>Thuong Mai Viet Nam</u> Payee address; City; State; Zip Code <u>9898 Bissonnet, Ste. 28, Houston, TX 77036</u>	84.-

Purpose of payment (See instructions regarding type of information required.) <u>advertising</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Tim Shen

3 ACCOUNT # (Ethics Commission files)

4 Date
11-04-03

5 Payee name
Chinese Community News
6 Payee address; City; State; Zip Code
6515 Corporate Dr., # D-1, Houston TX 77036

7 Amount (\$)
200.-

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
11-04-03

Payee name
The Newcomer News
Payee address; City; State; Zip Code
10515 Bellaire Blvd., Ste. A-1, Houston TX 77012

Amount (\$)
70.-

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
12-15-03

Payee name
Southern Chinese Daily News
Payee address; City; State; Zip Code
11122 Bellaire Blvd., Houston TX 77072

Amount (\$)
100.-

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
12-15-03

Payee name
Houston Chinese Press
Payee address; City; State; Zip Code
5925 Sovereign, Houston TX 77036

Amount (\$)
100.-

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

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

Tim Shen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12-15-03

International Daily News

6 Payee address; City; State; Zip Code

9107 Bellaire Blvd., # 110, Houston TX 77036

200.-

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

Payee name

Amount (\$)

12-5-03

World Journal of Texas

Payee address; City; State; Zip Code

9104A Bellaire Blvd., Houston TX 77036

110.88

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

Payee name

Amount (\$)

12-29-03

MJS Group

Payee address; City; State; Zip Code

3502 Bellefontaine, Houston TX 77025

11,800.47

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

consulting fees + expenses

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

Candidate / Officeholder 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 / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Tim Shen

3 ACCOUNT # (Ethics Commission files)

4 Date <u>10-28-03</u>	5 Payee name <u>Aaron Reese</u>	8 Amount (\$) <u>45.00</u>
	6 Payee address; City; State; Zip Code <u>1050 N. Post Oak Rd., Ste 240 Houston TX 77055</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Overtime pay at campaign facility</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11-02-03</u>	Payee name <u>Cake Affairs</u>	Amount (\$) <u>120.00</u>
	Payee address; City; State; Zip Code <u>8743 Katy Frwy Houston TX 77024</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>event refreshments</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11-03-03</u>	Payee name <u>Aaron Reese</u>	Amount (\$) <u>45.00</u>
	Payee address; City; State; Zip Code <u>1050 N. Post Oak Rd., Ste 240 Houston TX 77055</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Overtime pay at Campaign facility</u>		<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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

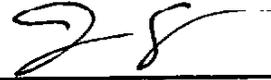
1 C/OH NAME

Tim Shen

2 ACCOUNT # (Ethics Commission file)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder