

# 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

TITLE **MR** FIRST **JOHN** MI  
NICKNAME **JR** LAST **SHIKE** SUFFIX

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6523 BRIAR GLADE  
HOUSTON, TX 77072**

Change of Address

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE **MRS** FIRST **ZUBAIDA** MI  
NICKNAME **ZUBI** LAST **SHIKE** SUFFIX

6 CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**6523 BRIAR GLADE  
HOUSTON, TX 77072**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(281) 879-8066**

8 REPORT TYPE

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

9 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
**03 / 14 / 03    07 / 14 / 03**

10 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
**11 / 04 / 03**

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

**HOUSTON CITY COUNCIL DISTRICT F**

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

**N/A**

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

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission filers)
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**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,800.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 276.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,493.91
<b>OUTSTANDING LOAN TOTALS</b>	5. 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 JOHN SMIKE, this the 15 day of July, 2003, to certify which, witness my hand and seal of office.

Earlean Linton-Dotson      Earlean Linton-Dotson  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:  
**1-9**

2 FILER NAME  
**JOHN SHIKE**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**7/11/03**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**VERGINIA BETA**

7 Amount of contribution (\$)  
**500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code



9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**7-11-03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**REV. NATHAN BLOCKER**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

Date  
**7/11/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**MARIAM ISSA**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**KENNETH MC WILLIAMS MD.**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**MOHAMMAD ASLAM**

Amount of contribution (\$)  
**1000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

29

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date  
7/18/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
SYED AMIR MASOOD

6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$) 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
7/11/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JAVID KHAN

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
7/11/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ZA FAR AHMED

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
7/11/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
HATTI DASHNEKA

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) 300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
7/11/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MAGNOLIA HENRY

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$) 1005.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3-9

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/30/03

5 Full name of contributor  out-of-state PAC (ID#:

WALLAC R. GARDNER

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#:

MOHAMMAD NAZIR MIAN

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#:

M. MUMTAZ KHAN

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#:

GULPRAZ KHAN

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#:

MOHAMMAD ASLAM

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4-9

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/28/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SYED AMIR MASOOD

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DR. M. YAQOUB SHAIKH M.D

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

3/15/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GULAM BOMBAWALA

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SYED A. WARSY

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MAGNOLIA HENRY

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

5/9

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/13/03

5 Full name of contributor  out-of-state PAC (ID#:

ZAMIR (TIKE) QURESHI

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/12/03

Full name of contributor  out-of-state PAC (ID#:

SAJJAD BURKI

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

6/25/03

Full name of contributor  out-of-state PAC (ID#:

WILLIAM CONRANO

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Date

6/26/03

Full name of contributor  out-of-state PAC (ID#:

M. RANA

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

6/15/03

Full name of contributor  out-of-state PAC (ID#:

M. SALEM

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

6-9

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/12/03

5 Full name of contributor  out-of-state PAC (ID#:

SHAFIQ AHMAD SYED

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/12/03

Full name of contributor  out-of-state PAC (ID#:

IRFAN SHEKH

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

5/12/03

Full name of contributor  out-of-state PAC (ID#:

MR. WANAB, ABDUL

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

5/12/03

Full name of contributor  out-of-state PAC (ID#:

RIAZ KHOKAR

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

5/14/03

Full name of contributor  out-of-state PAC (ID#:

ARVINDER SETHI

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

1580

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:  
**7-9**

2 FILER NAME **JOHN SHIKE**

3 ACCOUNT # (Ethics Commission filers)

4 Date **5/13/03** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**M. RANA**

7 Amount of contribution (\$) **100.00** 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]

9 Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date **5/18/03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**AFTI KHAN**

Amount of contribution (\$) **200.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date **5/15/03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MUMTAZ ZAFAR**

Amount of contribution (\$) **200.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date **5/14/03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**SAVITRY TRIVEDI**

Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date **5/14/03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FAZAL SAADATI**

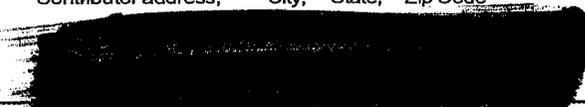
Amount of contribution (\$) **100.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>8-9</b>	
2 FILER NAME <b>JOHN SHIKE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/10/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MASOOD SHADID</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>5/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NASREER ZAFAR</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>M-Y. KHAN</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHAKIL SYED</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5/14/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KAVEL TAYLOR</b> <i>400 West 4th St 062607</i>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

9-9

2 FILER NAME

JOHN SHIRK

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-15-03

5 Full name of contributor  out-of-state PAC (ID#:

KHAKIO KHAN

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/15/03

Full name of contributor  out-of-state PAC (ID#:

SYED SHAKIL

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

3-15-03

Full name of contributor  out-of-state PAC (ID#:

MOHAMMAD ASLAM

Amount of contribution (\$)

450.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

3-15-03

Full name of contributor  out-of-state PAC (ID#:

HANIDA SHEIKH

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

3-15-03

Full name of contributor  out-of-state PAC (ID#:

ZUBAIDA SHIRK

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B1**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1-1

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6/27/03

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT STEWART III

7 Pledgor address; City; State; Zip Code

442 E CAYWOOD DR  
HOUSTON, TX 77079

8 Amount of pledge (\$)

250.00

9 In-kind description (if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date

6/30/03

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

FILIZ SHAIKH

Pledgor address; City; State; Zip Code

6960 BELLAIR BLVD 1201  
HOUSTON, TX 77084

Amount of pledge (\$)

2500.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

7/10/03

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

GULAM BOMBAYWALA

Pledgor address; City; State; Zip Code

410 PARCH  
9644 KIRKWOOD  
HOUSTON, TX 77089

Amount of pledge (\$)

200.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# LOANS

# SCHEDULE E

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y        N	<b>8</b> Lender address;    City;    State;    Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Description of Collateral <input type="checkbox"/> none		
<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;    City;    State;    Zip Code	<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation		<b>18</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y        N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1-09

2 FILER NAME

JOHN SHARF

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/03

5 Payee name

SHARP PRINTING

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

9631 BISSONNET HOUSTON TX 77036

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

Banner.

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

Candidate / Officeholder name Office sought Office held

Date

6/30/03

Payee name

MUNIR MUSICAL GROUP

Amount (\$)

1300.00

Payee address; City; State; Zip Code

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

MUSICAL GROUP

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

Candidate / Officeholder name Office sought Office held

Date

7/16/03

Payee name

SHARPS PRINTING

Amount (\$)

100.00

Payee address; City; State; Zip Code

9631 BISSONNET HOUSTON, TX 77036

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

6/10/03

Payee name

LEE SCREEN

Amount (\$)

863.56

Payee address; City; State; Zip Code

W. MR PORT HOUSTON, TX

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

Small Signs

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

238

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2-09

2 FILER NAME

JUAN SWIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/09/03

5 Payee name

BRYS VILLEGE EAST

7 Amount (\$)

120.00

6 Payee address; City; State; Zip Code

16303 CABLE SPRING CT SUGAR LAND HOUSTON, TX

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

BRYS VILLEGE  
TO PRINT Small Signs and IN NEWS LETTER

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

SPARKS PRINTING

Amount (\$)

30.00

Payee address; City; State; Zip Code

963 BISSONNET HOUSTON, TX 77036

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

Printing tickets

\*\* 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

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

23

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9-09

2 FILER NAME

JOHN SHINE

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/14/03

5 Payee name

SHARPS PRINTING

7 Amount (\$)

108.25

6 Payee address; City; State; Zip Code

9631 BISSONNET  
HOUSTON, TX 77036

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

Printing INVITATION  
FOR KIK OFF

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

Candidate / Officeholder name Office sought Office held

Date

3/15/03

Payee name

ALI BABA RESTAURANT

Amount (\$)

500.00

Payee address; City; State; Zip Code

5920 HALL CROFT  
HOUSTON, TX 77036

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

KIK OFF LUNCH/DINNER

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

Candidate / Officeholder name Office sought Office held

Date

6/10/03

Payee name

FAR EAST PRINTING

Amount (\$)

1357.12

Payee address; City; State; Zip Code

7617 BOON ROAD  
HOUSTON, TX 77072

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

Printing Business - 1ST  
TIMES

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

Candidate / Officeholder name Office sought Office held

Date

6/24/03

Payee name

FAR EAST PRINTING

Amount (\$)

324.75

Payee address; City; State; Zip Code

7617 BOON ROAD  
HOUSTON, TX 77072

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

BUMPER STICKERS

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

Candidate / Officeholder name Office sought Office held

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228

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4-09

2 FILER NAME

JOHN SHAKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/17/03

5 Payee name

PRIDE PRINTING

7 Amount (\$)

1297.73

6 Payee address; City; State; Zip Code

6030 BRITTMORE  
HOUSTON, TX 77041

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

1ST → SIGNS

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

Candidate / Officeholder name Office sought Office held

Date

6/24/03

Payee name

DATA PULL

Amount (\$)

2002.62

Payee address; City; State; Zip Code

800 TULLY ST 2400  
HOUSTON, TX 77099

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

WEB SITE

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

Candidate / Officeholder name Office sought Office held

Date

6/30/03

Payee name

PRIDE PRINTING

Amount (\$)

187.69

Payee address; City; State; Zip Code

6030 BRITTMORE  
HOUSTON, TX 77041

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

ONE MAGNETIC SIGN  
EACH SIDE TOTAL 2

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

Candidate / Officeholder name Office sought Office held

Date

6/28

Payee name

FAR EAST PRINTING

Amount (\$)

825.95

Payee address; City; State; Zip Code

7617 BOON RD  
HOUSTON TX 77072

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

4313-99

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
**6-09**

2 FILER NAME **JOHN SHARPE**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/25/03</b>	5 Payee name <b>ALI BABA RESTAURANT</b>	7 Amount (\$) <b>1,000.00</b>
6 Payee address; City; State; Zip Code <b>5920 HILL CROFT HOUSTON, TX 77072</b>		

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

Date <b>7/2/03</b>	Payee name <b>LASANI RESTAURANT</b>	Amount (\$) <b>216.23</b>
Payee address; City; State; Zip Code <b>BISSONNET HOUSTON, TX 77036</b>		

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

Date <b>7/10/03</b>	Payee name <b>PRIDE PRINTING</b>	Amount (\$) <b>1297.73</b>
Payee address; City; State; Zip Code <b>6030 BRITT MOORE HOUSTON, TX 77041</b>		

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

Date <b>9/11/03</b>	Payee name <b>SHAHNAI RESTAURANT</b>	Amount (\$) <b>703.63</b>
Payee address; City; State; Zip Code <b>5920 HILL CROFT HOUSTON, TX 77036</b>		

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**3217-59**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6-09

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/5/03

5 Payee name

SAMS

7 Amount (\$)

144.00

6 Payee address; City; State; Zip Code

WESTHEIMERS  
HOUSTON, TX 77063

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

SUBDIVISION PARTY

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

Candidate / Officeholder name Office sought Office held

Date

7/5/03

Payee name

ATTIN GLOBERS

Amount (\$)

57.00

Payee address; City; State; Zip Code

12450 BISSONNET HOUSTON TX 77099

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

Meat for the party

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

Candidate / Officeholder name Office sought Office held

Date

7/5/03

Payee name

AWAMI MURKIZ

Amount (\$)

67.00

Payee address; City; State; Zip Code

12365 BISSONNET  
HOUSTON, TX 77099

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

7/12/03

Payee name

ALI BABA RESTAURANT

Amount (\$)

400.00

Payee address; City; State; Zip Code

5920 BISSONNET  
HOUSTON, TX 77072

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

PARTY for PCT chairs  
Workshop

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

Candidate / Officeholder name Office sought Office held

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668

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: ~~9-09~~ 7-09

2 FILER NAME *JOHN SHIKE*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/3/03</i>	5 Payee name <i>URDU TIME</i>	7 Amount (\$) <i>250.00</i>
6 Payee address; City; State; Zip Code <i>407 ORKNEY DR MISSOURI COTT, TX 77459</i>		

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

Date <i>5/3/03</i>	Payee name <i>PAKISTAN NEWS</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code <i>168-05 HILLSIDE AVE JAMAICA, NY 101432</i>		

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

Date	Payee name <i>Home Depo</i>	Amount (\$) <i>244.65</i>
Payee address; City; State; Zip Code <i>Bellaire HOUSTON, TX 77072</i>		

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	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
---	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *8-9*

2 FILER NAME

*JOHN SHRKE*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*3/12/03*

5 Payee name

*PAKISTAN TIMES*

7 Amount (\$)

*250.00*

6 Payee address; City; State; Zip Code

*12375 BISSONNET  
HOUSTON, TX 77099*

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

*Political Advertisement*

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

Candidate / Officeholder name Office sought Office held

Date

*3/24/03*

Payee name

*PAKISTAN NEWS*

Amount (\$)

*250.00*

Payee address; City; State; Zip Code

*168-05 HILLSIDE AVE  
JAMAICA, NY 11432*

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

*Political Advertisement*

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

Candidate / Officeholder name Office sought Office held

Date

*3/24/03*

Payee name

*URDU TIME*

Amount (\$)

*250.00*

Payee address; City; State; Zip Code

*407 ORKNEY DR  
MISSOURI CITY TX 77459*

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

*Political Advertisement*

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

Candidate / Officeholder name Office sought Office held

Date

*4/21/03*

Payee name

*PAKISTAN TIME*

Amount (\$)

*250.00*

Payee address; City; State; Zip Code

*12375 BISSONNET  
HOUSTON, TX 77099*

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

*Political Advertisement*

\*\* 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: **9-09**

2 FILER NAME

**JOHN SHIKE**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4/24/03**

5 Payee name

**PAKISTAN NEWS**

7 Amount (\$)

**250.<sup>00</sup>**

6 Payee address; City; State; Zip Code

**168-05 HALLSIDE AVE  
JAMAICA, NY 101432**

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

**Political Advertising**

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

Candidate / Officeholder name Office sought Office held

Date

**5/12/03**

Payee name

**PAKISTAN TIME**

Amount (\$)

**250.<sup>00</sup>**

Payee address; City; State; Zip Code

**12375 BISSONNET  
HOUSTON, TX 77099**

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

**Political Advertising**

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

Candidate / Officeholder name Office sought Office held

Date

**7/14/03**

Payee name

**URDU TIMES**

Amount (\$)

**250.<sup>00</sup>**

Payee address; City; State; Zip Code

**407 ORKNEY DR  
MISSOURI CITY, TX 77459**

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

**Political Advertising**

\*\* 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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages this Schedule A1:	
<b>2</b> FILER NAME <i>JOHN SHIKE</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code			
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	

N/A

None

**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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

*JOHN SHIRE*

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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

*JOHN STAKE*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

*NONE*

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

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name      Office sought      Office held

Date

Business name

Amount (\$)

Business 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

Date

Business name

Amount (\$)

Business 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

Date

Business name

Amount (\$)

Business 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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME *JOHN SHAKE*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)		

*NONE*

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*JOHN SHIKE*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	<i>W O N E</i>	
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor address; City; State; Zip Code	
	Reason for credit	

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