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: 4

OFFICE USE ONLY

Date Received

RECEIVED OCT 15 2003 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	FIRST: ANASTASSIOS	MI		
	NICKNAME: TASSO	LAST: TRIANTAPHYLLIS	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: P.O. BOX 27629	APT / SUITE #:	CITY: HOUSTON	STATE: TX	ZIP CODE: 77227
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (713)	PHONE NUMBER: 520-8551	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST: JILL	MI		
	NICKNAME	LAST: TRIANTAPHYLLIS	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2901 BAMMEL LN	APT / SUITE #: #32	CITY: HOUSTON	STATE: TX	ZIP CODE: 77098
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713)	PHONE NUMBER: 520-8551	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		Month	Day	Year
07	01	03	THROUGH	09	30	03

11 ELECTION

ELECTION DATE: Month 11 / Day 04 / Year 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): HOUSTON CITY COUNCIL, DISTRICT C

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: ANASTASSIOS ("TASSO") TRIANTAPHYLLIS

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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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	$ -0-
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 80.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 1342.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 87.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 550.00

19 AFFIDAVIT

ERIKA M. ABRAMOWITZ
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 4-2-2005

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 15 day of OCTOBER, 2002, 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
	ERIKA ABRAMOWITZ	NOTARY

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: ANASTASSIOS ("TASSO") TRIANTAPHYLLIS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	HARRIS COUNTY DEMOCRATIC PARTY 1445 NORTH LOOP WEST STE 110 HOUSTON, TX, 77008	200.00

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
CONTRIBUTION	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/3/03	TASSO TRIANTAPHYLLIS 2901 BRAMEL LN HOUSTON TX 77098 #3L	562.54

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
PAYMENT TOWARDS LOAN	

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

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: 1

2 FILER NAME: ANASTASSIOS ("TASSO") TRIANTAPHYLLU

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 ($)	Reimbursement from political contributions intended
9/19/03	CITY OF HOUSTON 400 BAGBY HOUSTON, TX 77002	FILING FEE	500.00	☑
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address: City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED