

PLEGGED CONTRIBUTIONS

SCHEDULE B 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

35/65

2 FILER NAME

Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)

00020872

4 TOTAL OF UNITEMIZED PLEDGES:

↔↔↔↔↔↔

\$ 20000.00

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
06/30/2003	Harlon Brooks 7 Pledgor address; City; State; Zip Code 6930 Martin Luther King Houston TX 77003	1000.00	

10 Principal occupation (optional)	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2003	Bill Bussey Pledgor address; City; State; Zip Code 5850 San Felipe, Suite 125 Houston TX 77057	1000.00	

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2003	John Green Pledgor address; City; State; Zip Code Houston Houston TX 77046	1000.00	

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2003	Dwayne Harris Pledgor address; City; State; Zip Code 3350 Parkwood Dr. Houston TX 77021	2000.00	

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2003	Marvalette Hunter Pledgor address; City; State; Zip Code 800 S. Wells Chicago IL 60607	500.00	

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

PLEGGED CONTRIBUTIONS

SCHEDULE B 1 (FOR FORMS C/OH & SPAC)

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1 Total pages this report:
36/65

2 FILER NAME

Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)

00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇄⇄⇄⇄⇄⇄

\$ 20000.00

5 Date
06/30/2003

6 Full name of pledgor out-of-state PAC(ID# _____)
Renee Logans
7 Pledgor address; City; State; Zip Code
2425 W. Loop South, Suite 855
Houston TX 77027

8 Amount of pledge (\$)
1000.00

9 In-kind description (if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date
06/30/2003

Full name of pledgor out-of-state PAC(ID# _____)
Chris Powell
Pledgor address; City; State; Zip Code
10405 Town & Country Way
Houston TX 77024

Amount of pledge (\$)
1000.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date
06/30/2003

Full name of pledgor out-of-state PAC(ID# _____)
DeAndre Sam
Pledgor address; City; State; Zip Code
3401 Corden
Houston TX 77021

Amount of pledge (\$)
1000.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date
06/30/2003

Full name of pledgor out-of-state PAC(ID# _____)
James Ward
Pledgor address; City; State; Zip Code
9306 Twin Hills
Houston TX 77031

Amount of pledge (\$)
500.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date
06/30/2003

Full name of pledgor out-of-state PAC(ID# _____)
Mrs. John Williams
Pledgor address; City; State; Zip Code
Houston
Houston TX 77002

Amount of pledge (\$)
5000.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

PLEGGED CONTRIBUTIONS

SCHEDULE B 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
37/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇄⇄⇄⇄⇄

\$ 20000.00

5 Date
06/30/2003

6 Full name of pledgor out-of-state PAC(ID# _____)
Mr. John Williams
7 Pledgor address; City; State; Zip Code
Houston
Houston TX 77002

8 Amount of pledge (\$)
5000.00

9 In-kind description (if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date
06/30/2003

Full name of pledgor out-of-state PAC(ID# _____)
Michael Williams
Pledgor address; City; State; Zip Code
5330 Griggs Rd., Suite 114
Houston TX 77021

Amount of pledge (\$)
1000.00

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

38/65

2 FILER NAME

Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)

00020872

4

TOTAL OF UNITEMIZED LOANS:

⇒⇒⇒⇒⇒⇒

\$ 10000.00

5 Date of loan

06/30/2003

7 Name of lender

Sylvester Turner

out-of-state PAC(ID# _____)

9 Loan Amount (\$)

10000.00

6 Is lender a financial Institution?

N

8 Lender address; City; State; Zip Code

1100 Louisiana Ste. 5000

Houston TX 77002

10 Interest rate

6%

11 Maturity date

06/30/2004

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
39/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
06/11/2003

5 Payee name
1 Stop Graphics & Business Solutions

7 Amount
(\$)
17861.25

6 Payee address; City; State; Zip Code
1716 Blodgett
Houston TX 77004

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

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

Date
06/21/2003

Payee name
1 Stop Graphics & Business Solutions

Amount
(\$)
2273.25

Payee address; City; State; Zip Code
1716 Blodgett
Houston TX 77004

Purpose of expenditure (See instructions regarding type of information required.)
Posters

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

Date
02/01/2003

Payee name
American Express

Amount
(\$)
1588.13

Payee address; City; State; Zip Code
P.O Box 650448
Dallas TX 75265

Purpose of expenditure (See instructions regarding type of information required.)
Travel

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

Date
03/07/2003

Payee name
American Express

Amount
(\$)
1850.00

Payee address; City; State; Zip Code
P.O Box 650448
Dallas TX 75265

Purpose of expenditure (See instructions regarding type of information required.)
Travel

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
40/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872**4** Date
06/03/2003**5** Payee name
American Express**7** Amount
(\$)
1000.00**6** Payee address; City; State; Zip Code
P.O Box 650448
Dallas TX 75265**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/21/2003Payee name
American Leadership ForumAmount
(\$)
2000.00Payee address; City; State; Zip Code
3101 Richmond Ave., Suite 140
Houston TX 77098Purpose of expenditure (See instructions regarding type of information required.)
DuesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/12/2003Payee name
Nina BaileyAmount
(\$)
200.00Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/17/2003Payee name
C. O. BradfordAmount
(\$)
300.00Payee address; City; State; Zip Code
Houston
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contribution - legal defenseComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
41/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
06/26/2003

5 Payee name
Brinks Home Security

7 Amount
(\$)
199.00

6 Payee address; City; State; Zip Code
100 E. Nasa Rd.. #409
Webster TX 78869

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

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

Date
06/23/2003

Payee name
Zelia Brown

Amount
(\$)
1250.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
02/18/2003

Payee name
CWS Corporate Housing

Amount
(\$)
4917.48

Payee address; City; State; Zip Code
Austin
Austin TX 78749

Purpose of expenditure (See instructions regarding type of information required.)
Rent

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

Date
04/15/2003

Payee name
CWS Corporate Housing

Amount
(\$)
4917.48

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Rent

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
42/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
06/19/2003

5 Payee name
CWS Corporate Housing

7 Amount
(\$)
2450.00

6 Payee address; City; State; Zip Code
Austin
Austin TX 78749

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

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

Date
05/29/2003

Payee name
Capital Couriers

Amount
(\$)
74.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Couriers

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

Date
02/13/2003

Payee name
Carreno McClune & Company

Amount
(\$)
5000.00

Payee address; City; State; Zip Code
3730 Kirby Drive,Suite 418
Houston TX 77098

Purpose of expenditure (See instructions regarding type of information required.)
Consulting

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

Date
06/06/2003

Payee name
Carreno McClune & Company

Amount
(\$)
5000.00

Payee address; City; State; Zip Code
3730 Kirby Drive,Suite 418
Houston TX 77098

Purpose of expenditure (See instructions regarding type of information required.)
Consulting

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
43/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
01/18/2003

5 Payee name
Cingular

7 Amount
(\$)
141.95

6 Payee address; City; State; Zip Code
P.O. Box 4460
Houston TX 77097-0082

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

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

Date
01/30/2003

Payee name
Cingular

Amount
(\$)
344.28

Payee address; City; State; Zip Code
P.O. Box 4460
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)
Telephone

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

Date
03/26/2003

Payee name
Cingular

Amount
(\$)
243.33

Payee address; City; State; Zip Code
P.O. Box 4460
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)
Telephone

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

Date
04/16/2003

Payee name
Cingular

Amount
(\$)
436.51

Payee address; City; State; Zip Code
P.O. Box 4460
Houston TX 77097-0082

Purpose of expenditure (See instructions regarding type of information required.)
Telephone

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
44/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
05/15/2003

5 Payee name
City of Houston

7 Amount (\$)
275.00

6 Payee address; City; State; Zip Code
Houston
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Occupancy Deposit

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

Date
05/16/2003

Payee name
City of Houston

Amount (\$)
30.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Deposit

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

Date
06/06/2003

Payee name
Diversified Media International

Amount (\$)
2500.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Consulting

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

Date
06/23/2003

Payee name
Kuna Dora

Amount (\$)
800.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
45/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
03/19/2003

5 Payee name
DoubleTree Hotel

7 Amount
(\$)
1662.72

6 Payee address; City; State; Zip Code
Houston
Houston TX 77002

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

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

Date
06/17/2003

Payee name
Floyd Webb Office Furniture

Amount
(\$)
2371.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Office Furniture

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

Date
02/25/2003

Payee name
Forward Times

Amount
(\$)
581.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

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

Date
02/22/2003

Payee name
Golden Corral

Amount
(\$)
664.43

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Meeting

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
46/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872**4** Date
02/21/2003**5** Payee name
Greater Inwood Partnership**7** Amount
(\$)
25.00**6** Payee address; City; State; Zip Code
P.O. Box 38553, Suite 255
Houston TX 77238-8553**8** Purpose of expenditure (See instructions regarding type of information required.)
Dues**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/23/2003Payee name
Crystal HadnottAmount
(\$)
800.00Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/20/2003Payee name
Hendrix-CoughlinAmount
(\$)
20000.00Payee address; City; State; Zip Code
Austin
Austin TX 78701Purpose of expenditure (See instructions regarding type of information required.)
RadioComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/27/2003Payee name
Hiram Clarke Civic ClubAmount
(\$)
150.00Payee address; City; State; Zip Code
Houston
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
ContributionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
47/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
03/21/2003

5 Payee name
Mark Hoskins

7 Amount
(\$)
120.00

6 Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date

Payee name
Houston Junior Chamber Foundation

Amount
(\$)
250.00

05/16/2003

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contribution

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

Date

Payee name
Hyatt Regency Hotel

Amount
(\$)
200.00

02/19/2003

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Meeting

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

Date

Payee name
Hyatt Regency Hotel

Amount
(\$)
452.75

02/26/2003

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Meeting

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
48/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date 02/28/2003	5 Payee name Hyatt Regency Hotel 6 Payee address; City; State; Zip Code Houston Houston TX 77002	7 Amount (\$) 500.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Meeting	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 02/07/2003	Payee name Integrity II Payee address; City; State; Zip Code Houston Houston TX 77002	Amount (\$) 5000.00
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Purpose of expenditure (See instructions regarding type of information required.) Consulting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/12/2003	Payee name International Mailing System Payee address; City; State; Zip Code 815 Live Oak Houston TX 77003	Amount (\$) 625.00
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Purpose of expenditure (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 06/26/2003	Payee name International Mailing System Payee address; City; State; Zip Code Houston Houston TX 77002	Amount (\$) 675.00
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Purpose of expenditure (See instructions regarding type of information required.) Contract Wages	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 report:
49/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
06/17/2003

5 Payee name
J Harding & Associates

7 Amount
(\$)
7555.85

6 Payee address; City; State; Zip Code
424 W. 19th Street
Houston TX 77006

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

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

Date
02/28/2003

Payee name
Don Jones

Amount
(\$)
1436.62

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Travel

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

Date
06/20/2003

Payee name
Don Jones

Amount
(\$)
10000.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
06/23/2003

Payee name
K'Netha Jones

Amount
(\$)
1250.00

Payee address; City; State; Zip Code
11 Greenway Plaza, Suite 2902
Houston TX 77046

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
50/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date 01/28/2003	5 Payee name Thomas Jones 6 Payee address; City; State; Zip Code 11 Greenway Plaza,Ste. 2902 Houston TX 77046	7 Amount (\$) 500.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Supplies reimbursement	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/12/2003	Payee name Thomas Jones Payee address; City; State; Zip Code Houston Houston TX 77002	Amount (\$) 120.00
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Purpose of expenditure (See instructions regarding type of information required.) Supplies/Postage	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/18/2003	Payee name Nata Koerber Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002	Amount (\$) 1000.00
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Purpose of expenditure (See instructions regarding type of information required.) Contract Wages	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/06/2003	Payee name Nata Koerber Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002	Amount (\$) 1000.00
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Purpose of expenditure (See instructions regarding type of information required.) Contract Wages	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 report:
51/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
06/23/2003

5 Payee name
Nata Koerber

7 Amount
(\$)
500.00

6 Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
04/01/2003

Payee name
LCLAA Houston Gulf Coast

Amount
(\$)
150.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contribution

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

Date
05/29/2003

Payee name
Ladies Auxillary

Amount
(\$)
60.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contribution

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

Date
03/26/2003

Payee name
Lambda Zeta Chapter

Amount
(\$)
450.00

Payee address; City; State; Zip Code
Houston Texas
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contribution

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
52/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
01/10/2003

5 Payee name
Lawyers Aid Service

7 Amount
(\$)
117.00

6 Payee address; City; State; Zip Code
Houston
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Data

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

Date
06/27/2003

Payee name
Janet Little

Amount
(\$)
15000.00

Payee address; City; State; Zip Code
15119 Coral Oaks Ct.
Houston TX 77059

Purpose of expenditure (See instructions regarding type of information required.)
Fundraising Expenses

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

Date
01/30/2003

Payee name
McConnell & Jones

Amount
(\$)
517.06

Payee address; City; State; Zip Code
11 Greenway Plaza, Suite 2902
Houston TX 77046

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for postage, delivery charges, etc.

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

Date
05/13/2003

Payee name
McConnell & Jones

Amount
(\$)
3475.62

Payee address; City; State; Zip Code
11 Greenway Plaza, Suite 2902
Houston TX 77046

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Meeting

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
53/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name	7 Amount (\$)
06/12/2003	Nationwide Communications	2232.12
	6 Payee address; City; State; Zip Code Houston Houston TX 77002	

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

Date	Payee name	Amount (\$)
05/29/2003	One Stop Print Shop	650.97
	Payee address; City; State; Zip Code 3033 FM 1960 West Houston TX 77068	

Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
06/17/2003	Prime Time Office Furniture	422.18
	Payee address; City; State; Zip Code Houston Houston TX 77002	

Purpose of expenditure (See instructions regarding type of information required.)
Office FurnitureComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
06/17/2003	Printing XPress	627.85
	Payee address; City; State; Zip Code 9000 Southwest Frwy.,#320 Houston TX 77074	

Purpose of expenditure (See instructions regarding type of information required.)
Print PublishingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
54/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date 05/16/2003	5 Payee name Reliant Energy 6 Payee address; City; State; Zip Code Houston Houston TX 77002	7 Amount (\$) 200.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Electricity Deposit	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/16/2003	Payee name Reliant Energy Payee address; City; State; Zip Code Houston Houston TX 77002	Amount (\$) 1120.00
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Purpose of expenditure (See instructions regarding type of information required.) Electricity Deposit	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/15/2003	Payee name Delwin Rettig Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002	Amount (\$) 4750.00
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Purpose of expenditure (See instructions regarding type of information required.) Rent	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/15/2003	Payee name Delwin Rettig Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002	Amount (\$) 4750.00
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Purpose of expenditure (See instructions regarding type of information required.) Rent	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 report:
55/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872**4** Date
06/30/2003**5** Payee name
Robert Orton**7** Amount
(\$)
180.00**6** Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002**8** Purpose of expenditure (See instructions regarding type of information required.)
Photography**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/30/2003Payee name
Ron's Kwik Copy No. 2Amount
(\$)
640.84Payee address; City; State; Zip Code
2811 Dallas,Suite 628
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/01/2003Payee name
Ron's Kwik Copy No. 2Amount
(\$)
531.51Payee address; City; State; Zip Code
2811 Dallas,Suite 628
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/12/2003Payee name
Jose SevranoAmount
(\$)
450.00Payee address; City; State; Zip Code
Houston
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
56/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name	7 Amount (\$)
03/26/2003	Sheinkopf, Ltd.	1684.05
6 Payee address; City; State; Zip Code		
15 East 84th St., 6th Floor		
New York NY 10028		

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

Date	Payee name	Amount (\$)
06/26/2003	Sheinkopf, Ltd.	1120.00
Payee address; City; State; Zip Code		
15 East 84th St., 6th Floor		
New York NY 10028		

Purpose of expenditure (See instructions regarding type of information required.)
ConsultantComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
01/30/2003	Sierra Springs	106.38
Payee address; City; State; Zip Code		
P.O. Box 40424		
Houston TX 77240-0424		

Purpose of expenditure (See instructions regarding type of information required.)
WaterComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
05/21/2003	Sierra Springs	189.41
Payee address; City; State; Zip Code		
P.O. Box 40424		
Houston TX 77240-0424		

Purpose of expenditure (See instructions regarding type of information required.)
WaterComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
57/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name	7 Amount (\$)
05/29/2003	Sierra Springs	117.92
6 Payee address; City; State; Zip Code P.O. Box 40424 Houston TX 77240-0424		

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

Date	Payee name	Amount (\$)
05/29/2003	Sprint Digital Print	54.13
Payee address; City; State; Zip Code 10100 Clay Rd., Suite C Houston TX 77080		

Purpose of expenditure (See instructions regarding type of information required.)
SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
06/17/2003	Sprint Digital Print	3035.00
Payee address; City; State; Zip Code 10100 Clay Rd., Suite C Houston TX 77080		

Purpose of expenditure (See instructions regarding type of information required.)
Print PublishingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
06/26/2003	Sprint Digital Print	250.39
Payee address; City; State; Zip Code 10100 Clay Rd., Suite C Houston TX 77080		

Purpose of expenditure (See instructions regarding type of information required.)
Print PublishingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
58/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
06/26/2003

5 Payee name
Sprint Digital Print

7 Amount (\$)
834.14

6 Payee address; City; State; Zip Code
10100 Clay Rd., Suite C
Houston TX 77080

8 Purpose of expenditure (See instructions regarding type of information required.)
Print Publishing

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

Date
05/21/2003

Payee name
State Representative Bob Hunter

Amount (\$)
200.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Gift

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

Date
02/26/2003

Payee name
State of Texas

Amount (\$)
200.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

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

Date
04/01/2003

Payee name
State of Texas

Amount (\$)
300.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Supplies - telephone

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
59/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
05/12/2003

5 Payee name
State of Texas

7 Amount
(\$)
300.00

6 Payee address; City; State; Zip Code
Houston
Houston TX 77002

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

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

Date
06/06/2003

Payee name
TMAC Solutions

Amount
(\$)
5000.00

Payee address; City; State; Zip Code
Smith St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Website

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

Date
05/29/2003

Payee name
Texas Church Ushers

Amount
(\$)
80.00

Payee address; City; State; Zip Code
Houston
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contribution

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

Date
02/01/2003

Payee name
Sylvester Turner

Amount
(\$)
1200.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Travel Reimbursement

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
60/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872**4** Date
03/26/2003**5** Payee name
U.S. Postmaster**7** Amount
(\$)
370.00**6** Payee address; City; State; Zip Code
Houston
Houston TX 77002**8** Purpose of expenditure (See instructions regarding type of information required.)
Postage**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/02/2003Payee name
Video News ClipsAmount
(\$)
78.86Payee address; City; State; Zip Code
Houston
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
News ClipsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/03/2003Payee name
Chris WatsonAmount
(\$)
3000.00Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/05/2003Payee name
Chris WatsonAmount
(\$)
3000.00Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
61/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
04/01/2003

5 Payee name
Chris Watson

7 Amount
(\$)
1200.00

6 Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
06/23/2003

Payee name
Chris Watson

Amount
(\$)
1000.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
02/26/2003

Payee name
Pam Watson

Amount
(\$)
300.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
04/01/2003

Payee name
Pam Watson

Amount
(\$)
250.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
62/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date
01/16/2003

5 Payee name
Carmen Williams

7 Amount
(\$)
500.00

6 Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
01/31/2003

Payee name
Carmen Williams

Amount
(\$)
500.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
02/28/2003

Payee name
Carmen Williams

Amount
(\$)
500.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

Date
03/12/2003

Payee name
Carmen Williams

Amount
(\$)
500.00

Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
63/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872

4 Date 03/26/2003	5 Payee name Carmen Williams	7 Amount (\$) 500.00
6 Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002		

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

Date 04/15/2003	Payee name Carmen Williams	Amount (\$) 500.00
Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002		

Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 05/15/2003	Payee name Carmen Williams	Amount (\$) 500.00
Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002		

Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 05/29/2003	Payee name Carmen Williams	Amount (\$) 500.00
Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002		

Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:
64/65**2** FILER NAME
Sylvester Turner**3** ACCOUNT # (Ethics Commission filers)
00020872**4** Date
06/12/2003**5** Payee name
Carmen Williams**7** Amount
(\$)
500.00**6** Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002**8** Purpose of expenditure (See instructions regarding type of information required.)
Contract Wages**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/23/2003Payee name
Carmen WilliamsAmount
(\$)
1000.00Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/26/2003Payee name
Carmen WilliamsAmount
(\$)
466.42Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/01/2003Payee name
John WitsonAmount
(\$)
1023.00Payee address; City; State; Zip Code
3227 Main St.
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Contract WagesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
65/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date 05/15/2003	5 Payee name John Witson 6 Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002	7 Amount (\$) 1000.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Contract Wages	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 06/23/2003	Payee name John Woodson Payee address; City; State; Zip Code 3227 Main St. Houston TX 77002	Amount (\$) 800.00
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Purpose of expenditure (See instructions regarding type of information required.) Contract Wages	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/19/2003	Payee name YMCA Payee address; City; State; Zip Code Houston Houston TX 77002	Amount (\$) 250.00
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Purpose of expenditure (See instructions regarding type of information required.) Contribution	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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