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): 00020872

2 Total pages this report: 1/211

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Sylvester | MI

NICKNAME | LAST: Turner | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1100 Louisiana St.,Suite 5000

Houston TX 77002

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Thomas | MI

NICKNAME | LAST: Jones | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

11 Greenway Plaza,Suite 2902

Houston TX 77046

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

( ) -

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: 07/01/2003 THROUGH Month Day Year: 10/03/2003

10 ELECTION

ELECTION DATE Month Day Year: 11/04/2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): State Representative 139

12 OFFICE SOUGHT (if known): Other -- Mayor,City of Houston

13 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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Sylvester Turner

15 ACCOUNT # (Ethics Commission filers)
00020872

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 2690.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 531476.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 488.35
4.	**TOTAL POLITICAL EXPENDITURES**	$ 799803.99

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 of Candidate or Officeholder

CARMEN SETA WILLIAMS
MY COMMISSION EXPIRES
February 5, 2007

Carmen Seta Williams
2-5-2007

(Effective 11/15/1999)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/15/2003	AT&T PAC [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Abraham & Associates [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/03/2003	Ruma Acharya [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Across the Track PAC [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Mark W. Adam [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 4/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/27/2003	Gilbert T. Adams [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/13/2003	Akin,Gump,Strauss,Hauer,& Feld,Texas Civic Action Committee [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Akin,Gump,Strauss,Hauer,& Feld,Texas Civic Action Committee [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Vaughn Aldredge [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Bobby R. Alford [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 5/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/27/2003	Everette D. Alfred [redacted]	200.00	
09/03/2003	All Types of Business [redacted]	500.00	
10/01/2003	Fred Allen [redacted]	100.00	
08/21/2003	Nancy Allen [redacted]	100.00	
08/29/2003	Sandra Allen [redacted]	300.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 6/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/14/2003	Yocel Alonso [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/15/2003	Alpha Tau Chapter [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Rajni Amin [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Christine An [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Sylvester Anderson [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 7/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/25/2003	Glenn Angel [redacted]	5000.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Lee Ann Angelle [redacted]	300.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Gaylord Armstrong [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Arnold & Langrand Communications [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Camp Bailey [redacted]	5000.00	
	Principal occupation (Optional)	Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 8/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/05/2003	F. Kenneth Bailey [redacted]	5000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/26/2003	M. L. Bailey [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Theresa A. Bailey [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/05/2003	Billy J. Baines [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Baker Botts Amicus Fund [redacted]	1500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 9/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/12/2003	Monica S. Baker [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/04/2003	Oussama Barbar [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Frederick M. Baron [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Lisa A. Baron [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Cheryl R. Basye [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 10/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/19/2003	Raymond Basye [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Bates & Coleman [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Kenneth D. Baugh [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/07/2003	Alan C. Baum [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/2003	Dipti Bavishi [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 11/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/27/2003	George Emmerson Bean [redacted]	500.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/09/2003	Samuel L. Bean [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Arthur Beaudet [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Ginger G. Belsha [redacted]	750.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Steve E. Benys [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 12/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/26/2003	Ralph G. Berkeley [redacted]	2000.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	David Bernsen [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/06/2003	Joyce J. Bethany [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Victor Bhatt [redacted]	1000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Neil E. Bishop [redacted]	2500.00	
	Principal occupation (Optional)	Employer (Optional)	

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/20/2003	Albert Black [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Shelley Blevins,Jr. [redacted]	1500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Robert L Boblitt,Jr. [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Kathy J. Bosworth [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Eric Boutte [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/19/2003	Randy A. Bowman [redacted]	300.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	Bracewell & Patterson Committee [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Major W. Bradshaw [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/14/2003	Gerald M. Brady [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/07/2003	Theldon Branch,III [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/07/2003	Theldon Branch,III [redacted]	1000.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Rhonda Branch [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Brent Coon & Associates [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Jeffrey Bricker [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	W. R. Brinkley [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 16/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/28/2003	Geary G. Broadnax [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Candace Brooks [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Harlon Brooks [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Renee Brooks [redacted]	300.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Sylvia K. Brooks [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 17/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/12/2003	Vera F. Broussard [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Darren Brown [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/09/2003	Emma E. Brown [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Henry H. Brown [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Jane S. Brown [redacted]	400.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 18/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/18/2003	Ralph W. Brown [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Willie Brown [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Albert Brunson [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Dorothy A. Budd [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	Russell W. Budd [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 19/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/18/2003	Reginald C. Buford [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Znetta A. Burney [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	J. Burns [redacted]	1250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	V. Burns [redacted]	1250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Ernest Burnside [redacted]	600.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 20/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/30/2003	Ernest Burnside [redacted]	180.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/13/2003	Michael L. Buster [redacted]	750.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Michael Buster [redacted]	750.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Sawyer L. Bynam,III [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	C & C Inspections [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 21/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☒ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/26/2003	CWA - COPE PCC [redacted]	5000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Ruben Calderon [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/12/2003	Gary W. Calfee [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Maureen L. Campo [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Carl Parker CAP PAC [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 22/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
07/30/2003	Avis Carlson [redacted]	5000.00			
08/14/2003	Snapper Carr [redacted]	250.00			
09/30/2003	Tom Carter [redacted]	1800.00			
08/04/2003	Randall Chapman [redacted]	600.00			
08/25/2003	Chasecom Limited Partnership [redacted]	5000.00			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 23/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/22/2003	Jill Chatelain [redacted]	300.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/29/2003	Regina Sue Cherry [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Chevron/Texaco Employees Texas PAC [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Beverly Childress [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Leonard Childress [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 24/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/11/2003	☐ out-of-state PAC(ID#_____) Daniel Maki Chong [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/02/2003	☒ out-of-state PAC(ID#_____) Citigroup,Inc. PAC [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/13/2003	☐ out-of-state PAC(ID#_____) Lora R. Clemmons [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	☐ out-of-state PAC(ID#_____) Lora Clemmons [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	☐ out-of-state PAC(ID#_____) Coats,Rose PAC [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 25/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/23/2003	Coats,Rose PAC [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Christopher Coco [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	David L. Collins [redacted]	3000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/23/2003	Leslie R. Collins [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/06/2003	Willie J. Collins [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 26/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/30/2003	Jimmy L. Cooper [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Rufus Cormier,Jr. [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/29/2003	Reynaldo Coronado [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/01/2003	Omar Corredor [redacted]	3000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Tony L. Council [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 27/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/21/2003	Gregory F. Cox [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/18/2003	Eric F. Craven [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	John N. Cryer [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Rhonda Cummings [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Levy H. Curry [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 28/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / out-of-state PAC(ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	Deavra Daughtry [redacted]	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / out-of-state PAC(ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/19/2003	Gene E. Davis [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / out-of-state PAC(ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Lonnie B. Davis [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / out-of-state PAC(ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/16/2003	Martha Althea Davis [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / out-of-state PAC(ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/09/2003	Sharon A. Davis [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 29/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/21/2003	Donald DeBlanc [redacted]	100.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Loretta Decloutte [redacted]	300.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/16/2003	Shirley A. Delibero [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	James W. E. Dixon,II [redacted]	3000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Don Smith Campaign Fund [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 30/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/19/2003	Estrallita J. Doolin [redacted]	100.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Lawrence J. Dowe [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Rhonda Draper [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	James D. Edgeworth,Jr. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Roy L. Emanuel [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 31/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/28/2003	Marcus Esquivel [redacted]	500.00	
09/06/2003	James C. Etienne [redacted]	150.00	
09/17/2003	James C. Etienne [redacted]	50.00	
09/12/2003	Johnny B. Fain [redacted]	100.00	
08/31/2003	C.L. Feaster [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 32/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/11/2003	Paul F. Ferguson,Jr. [redacted]	1500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Joe J. Fisher,III [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/25/2003	Joe J. Fisher,II [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Guy Fisher [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Raymond L. Fisher [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 33/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
08/23/2003	Joel B. Flowers [redacted]	150.00			
08/27/2003	Ernest B. Flukinger [redacted]	500.00			
08/19/2003	Doris M. Fortune [redacted]	100.00			
08/06/2003	Barbara Foster [redacted]	200.00			
08/12/2003	Michael Friedberg [redacted]	100.00			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 34/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/22/2003	Friends of the University of Houston [redacted]	1500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Arthur Fuller [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Elizabeth Funk [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	G & A Investments [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Joan Gallagher [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 35/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/28/2003	Mike Gallagher [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Robert E. Galloway [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Galt II LP [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Sharyon Gathe [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Harry Gee,Jr. [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 36/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/08/2003	Willie Roy Gentry [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Daniel George [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/2003	Helen George [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/16/2003	L. E. Gibbs [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Machree Gibson [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 37/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/18/2003	Helen Giddings [redacted]	500.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/04/2003	Lance Gilliam [redacted]	5000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Don M.. Glendenning [redacted]	1000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/13/2003	Wanda N. Godloe [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Michael Goldberg [redacted]	200.00	
	Principal occupation (Optional)	Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 38/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/14/2003	Samuel P. Golden [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/13/2003	Satyan Gonuguntla [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Margarita Gonzalez [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Good PAC [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/01/2003	Charles Douglas Gooden [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 39/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/26/2003	John M. Goodly [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/15/2003	Kim L. Goodson [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Richard E. Gordon [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Sonyia M. Graham [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Sandra C. Graves [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 40/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/27/2003	John L. Green [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Heriberto Guerra,Jr. [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Lena Guerrero [redacted]	750.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Sten L. Gustafon [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	HP Retired Offic. Ass. PAC - Fund [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 41/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	D. Kirk Hamilton [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Darryl Hamilton [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/18/2003	Mark J. Hanna [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/11/2003	Joseph P. Harper [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Kelli P. Harrison [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 42/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
08/23/2003	Prentiss Harrison [redacted]	500.00			
08/01/2003	Jim Hart [redacted]	5000.00			
08/16/2003	Elizabeth Hatchett [redacted]	100.00			
08/16/2003	Elizabeth Hatchett [redacted]	100.00			
08/26/2003	Michael A. Havard [redacted]	300.00			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 43/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/26/2003	Fanniece R. Hawkins [redacted]	300.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Deltra Hayes [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Duni Hebron [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Helen Giddings for State Representative [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/29/2003	Eddie Henry [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 44/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/29/2003	William D. Henson [redacted]	1000.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/11/2003	David Hernandez [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Julia P. Higgs [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/15/2003	Eddie C. Hill,Jr. [redacted]	1000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Belinda J. Hill [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 45/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/28/2003	Robert A. Hill [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	James B. Hills [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	K. Daniel Hinkle [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/04/2003	Johnette Hodgin [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/31/2003	Kenneth J. Holden [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 46/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/07/2003	Hopping Eye Associates [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Charlton P. Homsby [redacted]	350.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Houston Federation of Teachers - COPE [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Jesse Howard,Jr. [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/02/2003	Kevin Howard [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 47/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/15/2003	Kevin Howard [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Hughes & Luce,LLP [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Larry Hunt [redacted]	2222.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☒ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/12/2003	IBEW - COPE [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☒ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	IBEW - COPE [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 48/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/15/2003	Deborah C. Ingersoll [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☒ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/18/2003	International Longshoremen's Assoc. on Political Education [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	International Union of Operating Engineers Local Union 450 [redacted]	3000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	Ironworkers State Cope Fund [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Andrea Isaac-Dixon [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 49/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	Willard L. Jackson.Jr. [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Dwight Jackson [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/04/2003	Paul Jacobs [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Joseph D. Jamail [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Cynthia D. James [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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1 Total pages this report: 50/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/12/2003	Shirley H. James [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Gail C. Jenkins [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/13/2003	Helen Jenkins [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Alicia B. Jimmerson-Knox [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Theodore R. Johns [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/18/2003	Robert E. Johnson,Jr. [redacted]	1000.00	
09/03/2003	Avery Johnson [redacted]	5000.00	
09/03/2003	Cassandra Johnson [redacted]	5000.00	
08/20/2003	Herbert Johnson [redacted]	2500.00	
08/15/2003	Jones Properties [redacted]	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)

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1 Total pages this report: 52/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/02/2003	Archie L. Jones [redacted]	250.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Archie L. Jones [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/05/2003	Dennis C. Jones [redacted]	1200.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Gloria Jones [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Thomas Jones [redacted]	2500.00	
	Principal occupation (Optional)	Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 53/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/25/2003	Zona Jones [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
08/28/2003	Albert A. Joseph [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
08/15/2003	Elton J. Kendall [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
08/11/2003	Nathelyne A. Kennedy [redacted]	2500.00	
Principal occupation (Optional)		Employer (Optional)	
10/01/2003	E. Kennison [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 54/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/01/2003	Steven J. Kherkher [redacted]	5000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/01/2003	Susan C. Kherkher [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/14/2003	Carl T. Kidd [redacted]	200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Christopher Kirchmer [redacted]	400.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/17/2003	Harry Klein [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 55/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/29/2003	Thomas W. Kleinworth [redacted]	150.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Koby Medical Supply [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/28/2003	Daniel Krause [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Kroger PAC [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/01/2003	William Karl Kroger [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 56/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	Vicki L. LaRue [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Kent Lamb [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Era Land,Jr. [redacted]	1250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Kase L. Lawal [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/10/2003	Ronald S. Lepow [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 57/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/23/2003	Mora A. Levi [redacted]	75.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Peter C. Lewis [redacted]	200.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/16/2003	Ronald C. Lewis [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Veronica Smith Lewis [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Michael W. Lieberman [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	

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1 Total pages this report: 58/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/29/2003	Kuo-Chiang Lin [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/29/2003	Linebarger Goggan Blair & Sampson,LLP [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Lorenzo S. Littles [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Marcea Bland Lloyd [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Benny Lockett [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/14/2003	Barry O. Loggins [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/17/2003	Edward Lord,Jr. [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Thaddeus S. Lott [redacted]	3000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Marathon Oil Company Employees PAC [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Kenneth R. Martindale [redacted]	75.00	
Principal occupation (Optional)		Employer (Optional)	

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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/29/2003	Cecil Massey [redacted]	500.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/20/2003	Ivan L. Mayers,Jr. [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Alvin C. Mays [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Lee E. McCowan [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/19/2003	Gabrielle K. McDonald [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/22/2003	John McGettigan [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Reginald E. McKamie [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Andrea Beynon McWilliams [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	James R. Meehan [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/04/2003	Clara L. Meek [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 62/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/30/2003	Clara Meek [redacted]	500.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/10/2003	Carlos R. Menendez [redacted]	1000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Charles A. Mgbeike [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	B. L. Middleton [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/13/2003	Borris L. Miles [redacted]	3000.00	
	Principal occupation (Optional)	Employer (Optional)	

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
08/29/2003	Clyde Miller [redacted]	250.00			
09/17/2003	Paul Miller [redacted]	250.00			
08/25/2003	David Minceberg [redacted]	5000.00			
09/03/2003	Shaffin A. Mohamed [redacted]	1000.00			
08/26/2003	Zeineba Mohammed [redacted]	2000.00			

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
08/28/2003	Warren Moody,Jr. [redacted]	100.00			
08/21/2003	J. David Moore [redacted]	500.00			
08/19/2003	James A. Morris,Jr. [redacted]	1000.00			
09/17/2003	Willie M. Mosley [redacted]	100.00			
07/21/2003	Mr. Mac Beauty Supply [redacted]	200.00			

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/15/2003	Eric D. Mullins [redacted]	1000.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mark Mulloy [redacted]	1000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Joseph Lynn Nabers [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Ramone J. Naturell [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Kevin J. Necas [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/04/2003	Bennard Nelson,Jr. [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Richard R. Newman [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Qua Nguyen [redacted]	300.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Clinton E. Noble [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Waverly R. Nolley [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/28/2003	Margaret M. O'Neill [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/05/2003	John M. O'Quinn [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/19/2003	OUTDOOR PAC [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Clement Osimetha [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/16/2003	Olasupo Otulana [redacted]	150.00	

Principal occupation (Optional)	Employer (Optional)

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/15/2003	PSE IP LLC [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Nicholas G. Palmarozzi [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Erma J. Palmer [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/17/2003	Michel Pappillian [redacted]	600.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Hasmukhbai Patel [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/27/2003	Sanjay D. Patel [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/26/2003	Shantilal C. Patidar [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	James W. Patrick [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/11/2003	Barbara Paull [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	James E. Payne [redacted]	1500.00	
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/29/2003	Andrew J. Peerless [redacted]	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	John W. Penko [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/06/2003	Danny R. Perkins [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/10/2003	Brenda Peters [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☒ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Pfizer-PAC [redacted]	2000.00	

Principal occupation (Optional)	Employer (Optional)

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
08/25/2003	James L. Phillips [redacted]	250.00			
09/04/2003	John E. Pickelman [redacted]	200.00			
08/27/2003	J. Coffy Pieternelle [redacted]	200.00			
08/28/2003	Pipe Fitter Local Union #211 COPE Account [redacted]	5000.00			
09/12/2003	Soterios Platis [redacted]	250.00			

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/05/2003	Mary Jo Poindexter [redacted]	100.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Yvette Poindexter [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Rodney M. Porter [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Grady Prestage [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/12/2003	Jewel L. Prestage [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission Filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/31/2003	Valeria W. Price [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Profile Financial Group Inc. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	James E. Punch [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/21/2003	L. David Punch [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Raymond A. Rahaman [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/15/2003	Doyle Raizner [redacted]	250.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	J. Wesley Ramsey [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Michael R. Ramsey [redacted]	1500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Curtis E. Ransom [redacted]	300.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/24/2003	Charles L. Rash,Jr. [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/18/2003	Bonny Rattler [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/26/2003	Raven Interests [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Hamid R. Razavi [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Ray E. Reed [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/20/2003	Ruby M. Reed [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/25/2003	Randall N. Reichle [redacted]	300.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Nathaniel Rido [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Jaromey Roberts,II [redacted]	1500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Barbara L. Roberts [redacted]	1500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Dianne C. Roberts [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	Angela Robinson [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Carl Allen Robinson [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/08/2003	Michael Robinson [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	James E. Rogers [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Ronald Green for Houston City Council [redacted]	1500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/12/2003	Ian Matthew Rosenberg [redacted]	1500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2003	Scott R. Rubenstein [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Rudd & Rudd Attorneys [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	SWBT PAC [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/05/2003	David Hamid Sadeghpour [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/01/2003	Deandre M. Sam / [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Deandre Sam / [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Deandre Sam / [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/14/2003	Demetris A. Sampson / [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/06/2003	Sanford & Kuhl / [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/22/2003	Yancy Saunders [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Hargie F. Savoy [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☒ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Seafarers Political Activty [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Grady Searcy [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Dan Shelley [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
09/19/2003	Vonja Shields-Fleet [redacted]	200.00			
07/31/2003	Tanja Simmons [redacted]	100.00			
08/29/2003	Willie James Skillern [redacted]	250.00			
09/02/2003	Priscilla D. Slade [redacted]	300.00			
08/26/2003	J. Smisek [redacted]	2500.00			

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3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
09/03/2003	James J. Smith,Jr. [redacted]	250.00			
09/19/2003	Alton Smith [redacted]	500.00			
08/26/2003	Harry Leonard Smith [redacted]	1000.00			
09/30/2003	Teddie Smith [redacted]	200.00			
08/15/2003	Marnie Sneed [redacted]	100.00			

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/08/2003	Terry A. Snow [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	South Texas Dental Associates LP [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Shelton Sparks [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Donald R. Spencer [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/14/2003	Sprint PAC [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/15/2003	Willie M. Stanfield [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	State Representative James R. Pitts Campaign Fund [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☒ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Stewart Partners,LLC [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Paul A. Stiner [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/2003	Earl Jeffery Story [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/01/2003	Robert Strauser [redacted]	500.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/10/2003	Gary L. Struzick [redacted]	2500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Donna Swindell - Brown [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/27/2003	Charles B. Swindell [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Janet Swindell [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/18/2003	TEMAC Solutions [redacted]	1034.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	TX SBC Communications & SWB Telephone Co. Employee PAC [redacted]	750.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	TX SBC Communications & SWB Telephone Co. Employee PAC [redacted]	1750.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	TX Working Families PAC [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Gary Tanner [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/17/2003	Taylor Enterprise [redacted]	200.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) Terri Hodge Campaign	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Contributor address; City; State; Zip Code [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) Kefelegne Tesfaye	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Contributor address; City; State; Zip Code [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) Texas Association of Defense Counsel PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) Texas Association of Pawnbrokers PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
09/08/2003	Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
08/26/2003	Texas Automobile Dealers Association PAC [redacted]	1000.00			
09/11/2003	Texas Cancer Political Action Committee [redacted]	1500.00			
09/05/2003	Texas Federation of Teachers COPE - Fund [redacted]	500.00			
08/20/2003	Texas Trial Lawyers Association PAC [redacted]	2500.00			
09/12/2003	Bene V. Thomas [redacted]	100.00			

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/28/2003	Clifton Thomas [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/24/2003	Wretha Thomas [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Greg Thompson [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/24/2003	Gary Townsend [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/11/2003	Transport Worker Stae Political Fund [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☒ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/08/2003	Transport Workers Union PAC [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Ileana V. Trevino [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Robert Turner [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/13/2003	Sylvester Turner [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Kenneth W. Ulmer [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

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08/28/2003	Gretchen M. Umbeck [redacted]	2500.00	
07/29/2003	Sheila Umphrey [redacted]	5000.00	
07/29/2003	Walter Umphrey [redacted]	2000.00	
07/29/2003	Walter Umphrey [redacted]	3000.00	
08/18/2003	Union Fidelity Federal Credit Union [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/22/2003	Michael W. Vietor [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/08/2003	Vinson & Elkins PAC [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Vinson & Elkins PAC [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Vinson & Elkins PAC [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/20/2003	Jeffrey W. Vogler [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

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10/01/2003	D. Walker [redacted]	2000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Thomas Deon Warner [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/2003	Washington & Son's Air Conditioning & Heating Services [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Washington Mutual PAC [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Rev. W. Washington,Jr. [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 94/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/13/2003	Elle M. Washington [redacted]	500.00	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	West Houston Motors [redacted]	250.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Alice Westfall [redacted]	1000.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Charles Wexler [redacted]	100.00	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/2003	Michael Alan White [redacted]	500.00	
	Principal occupation (Optional)	Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 95/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/23/2003	Henry Whittington [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Dezra White [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	Janna Wiener [redacted]	3000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	John E. Williams,Jr. [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Victor G. Williams,Sr. [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 96/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/27/2003	Eugenia F. Williams [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/16/2003	Floyd Williams [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Kristen A. Williams [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Pamela T. Williams [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Sheridian Pine Williams [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 97/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/22/2003	Matthew Willis [redacted]	150.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/29/2003	Toni R. Wilson-Poole [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	David P. Wilson [redacted]	1500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Marsherria Wilson [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Reginald E. Wilson [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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1 Total pages this report: 98/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/12/2003	Reynold R. Wilson [redacted]	300.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Winstead Sechrest & Minick PAC [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/26/2003	H. Peterson Wolf [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Gerald Womack [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Clinton F. Wong [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 99/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission files)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/11/2003	Frankie L. Wong [redacted]	1000.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Melanie R. Wong [redacted]	4000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/2003	Allie Woods [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/23/2003	Derrick L. Woods [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/2003	Michael D. Woodson [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 100/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/22/2003	Cary Yates [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/07/2003	Clyde A. Young,III [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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PLEDGED CONTRIBUTIONS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 101/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC(ID#_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/01/2003	Jack Adcox [redacted]	5000.00	
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/01/2003	E. J. Agbonayinma [redacted]	5000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Mike Ajjour [redacted]	1000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Vaughn Aldredge [redacted]	1000.00	
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)
10/03/2003	Ross Allyn [redacted]	1000.00	
Principal occupation (optional)		Employer (optional)	

PLEDGED CONTRIBUTIONS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 102/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/03/2003	Kim Anderson [redacted]	1000.00	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Lisa Anderson [redacted]	1000.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Mike Bailey [redacted]	1000.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/01/2003	Mike Batterson [redacted]	1000.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/02/2003	Walter Beard [redacted]	2000.00	

Principal occupation (optional) | Employer (optional)

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PLEDGED CONTRIBUTIONS

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

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1 Total pages this report: 103/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/02/2003	Ghulam Bombaywala [redacted]	2000.00	
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Vic Bonner [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/01/2003	Lloyd Broussard [redacted]	5000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	J. E. Brown [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/01/2003	Ronnie Burns,Sr. [redacted]	5000.00	
Principal occupation (optional)	Employer (optional)		

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PLEDGED CONTRIBUTIONS

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

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1 Total pages this report: 104/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC(ID#_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/03/2003	Grover Campbell [redacted]	1250.00	
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Louis Caranza [redacted]	1000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	John Chase [redacted]	2000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/02/2003	Darryl Elliot [redacted]	2500.00	
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)
10/02/2003	Constance Ffain [redacted]	5000.00	
Principal occupation (optional)		Employer (optional)	

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PLEDGED CONTRIBUTIONS

SCHEDULE B 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 105/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/02/2003	Winfred Fields [redacted]	5000.00	
10 Principal occupation (optional)	**11** Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Bill Flemming [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Michael Frazier [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Galt Graydon [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Richard Hardy [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		

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PLEDGED CONTRIBUTIONS

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1 Total pages this report: 106/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC(ID#_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/03/2003	Larry Hawkins [redacted]	1000.00	
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	James Henderson [redacted]	2500.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Peter Jordan [redacted]	2500.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Ray Jordan [redacted]	1000.00	
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)
10/02/2003	Daniel Lawson [redacted]	5000.00	
Principal occupation (optional)		Employer (optional)	

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC(ID#_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/03/2003	Mark Lehman [redacted]	1000.00	
10 Principal occupation (optional)		**11** Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Rayford Marshall [redacted]	2500.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Roman Martinez [redacted]	2000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Kenneth McCowan [redacted]	1000.00	
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)
10/03/2003	Ben McMillan,II [redacted]	2500.00	
Principal occupation (optional)		Employer (optional)	

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2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/03/2003	Bill North [redacted]	1000.00	
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/02/2003	Tienne Ntwyen [redacted]	5000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Roy Olivo [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Bill Pewitt [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/200	Chris Powell [redacted]	1000.00	
Principal occupation (optional)	Employer (optional)		

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PLEDGED CONTRIBUTIONS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 109/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC(ID#_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/03/2003	Vesta Rea-Gaubert [redacted]	1000.00	
10 Principal occupation (optional)		**11** Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Jack Roberts [redacted]	1000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/02/2003	Michael Sinclair [redacted]	2000.00	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC(ID#_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10/03/2003	Harry Smith [redacted]	1000.00	
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)
10/03/2003	Robert Spelling [redacted]	1000.00	
Principal occupation (optional)		Employer (optional)	

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PLEDGED CONTRIBUTIONS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 110/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 TOTAL OF UNITEMIZED PLEDGES: ⇨⇨⇨⇨⇨ $ 0.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC(ID#_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10/02/2003	Melvin Spinks [redacted]	2500.00	

10 Principal occupation (optional) | 11 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)
10/03/2003	Jarvis Stewart [redacted]	1500.00	

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)
10/03/2003	Wretha Thomas [redacted]	1000.00	

Principal occupation (optional) | Employer (optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 111/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/03/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	844.35

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

9 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 ($)
07/08/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	238.09

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	350.00

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

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 ($)
07/14/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	14850.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 112/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/23/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	1493.85	Postage	
07/26/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	4844.19	Posters & Yard Signs	
08/25/2003	1 Stop Graphics & Business Solutions 1716 Blodgett Houston TX 77004	238.09	Posters & Yard Signs	
07/08/2003	Donald Aaron Houston Houston TX 77002	67.72	Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 113/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/14/2003	Donald Aaron Houston Houston TX 77002	1500.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/23/2003	Donald Aaron Houston Houston TX 77002	343.45

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

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 ($)
07/23/2003	Donald Aaron Houston Houston TX 77002	296.62

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

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 ($)
07/30/2003	Donald Aaron Houston Houston TX 77002	658.32

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 114/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/04/2003	Donald Aaron Houston Houston TX 77002	1500.00	Contract Wages	
08/15/2003	Donald Aaron Houston Houston TX 77002	150.00	Contract Wages	
08/15/2003	Donald Aaron Houston Houston TX 77002	1500.00	Contract Wages	
08/15/2003	Donald Aaron Houston Houston TX 77002	411.37	Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 115/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/25/2003	Donald Aaron Houston Houston TX 77002	251.81	Supplies	
08/25/2003	Donald Aaron Houston Houston TX 77002	474.62	Consultant	
08/29/2003	Donald Aaron Houston Houston TX 77002	1500.00	Contract Wages	
09/04/2003	Donald Aaron Houston Houston TX 77002	9500.00	Walk Teams	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 116/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/10/2003	Donald Aaron Houston Houston TX 77002	5000.00

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

9 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 ($)
09/13/2003	Donald Aaron Houston Houston TX 77002	984.07

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

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 ($)
09/15/2003	Donald Aaron Houston Houston TX 77002	1500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/22/2003	Donald Aaron Houston Houston TX 77002	1250.00

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

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: 117/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/26/2003	Donald Aaron Houston Houston TX 77002	686.56	Supplies	
10/01/2003	Donald Aaron Houston Houston TX 77002	1500.00	Contract Wages	
10/03/2003	Donald Aaron Houston Houston TX 77002	2000.00	Field Labor	
10/03/2003	Donald Aaron Houston Houston TX 77002	6710.00	Field Labor	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 118/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/04/2003	Advantage Communication Consultants Houston Houston TX 77002	2648.00

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

9 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 ($)
08/15/2003	Criselda Aldape Houston Houston TX 77002	500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Criselda Aldape Houston Houston TX 77002	500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Criselda Aldape Houston Houston TX 77002	500.00

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: 119/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Criselda Aldape Houston Houston TX 77002	750.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/04/2003	Marcus Alexander Houston Houston TX 77002	1585.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/25/2003	Alpha Kappa Omega Chapter Houston Houston TX 77002	400.00

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

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 ($)
08/08/2003	American Leadership Forum Houston Houston TX 77002	500.00

Purpose of expenditure (See instructions regarding type of information required.)
Dues & Publications

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: 120/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2003	Association for Corporate 602 Wellelsly Houston TX 77024	80.00

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

9 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 ($)
09/21/2003	Baptist Ministers Association Houston Houston TX 77002	10000.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/04/2003	Barnes & Turner Houston Houston TX 77002	300.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Barnes & Turner Houston Houston TX 77002	200.00

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 121/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/22/2003	Big Tex Houston Houston TX 77002	700.00	Postage	
07/30/2003	Herbert Bratcher Houston Houston TX 77002	200.00	Contract Wages	
08/15/2003	Herbert Bratcher Houston Houston TX 77002	450.00	Contract Wages	
08/25/2003	Herbert Bratcher Houston Houston TX 77002	25.00	Consultant	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 122/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/29/2003	Herbert Bratcher Houston Houston TX 77002	450.00	Contract Wages	
09/02/2003	Herbert Bratcher Houston Houston TX 77002	38.75	Supplies	
09/15/2003	Herbert Bratcher Houston Houston TX 77002	450.00	Contract Wages	
10/01/2003	Herbert Bratcher Houston Houston TX 77002	1250.00	Phonebank	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 123/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/08/2003	Bright Star Holy Ghost Church Houston Houston TX 77002	150.00

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

9 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 ($)
07/31/2003	Brinks Home Security Houston Houston TX 77002	92.18

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

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 ($)
08/08/2003	Brinks Home Security Houston Houston TX 77002	200.00

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

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 ($)
09/13/2003	Brinks Home Security Houston Houston TX 77002	92.26

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

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: 124/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2003	Zelia E. Brown Houston Houston TX 77002	1250.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Zelia E. Brown Houston Houston TX 77002	1250.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Linda Burns Houston Houston TX 77002	500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	Linda Burns Houston Houston TX 77002	500.00

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

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: 125/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/29/2003	Linda Burns Houston Houston TX 77002	500.00

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

9 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 ($)
07/30/2003	Perry Busby Houston Houston TX 77002	750.00

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

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 ($)
07/14/2003	Marc Campos Houston Houston TX 77002	3750.00

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

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 ($)
07/30/2003	Marc Campos Houston Houston TX 77002	3250.00

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

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: 126/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/15/2003	Marc Campos Houston Houston TX 77002	3250.00	Consultant	
08/29/2003	Marc Campos Houston Houston TX 77002	3250.00	Consultant	
07/26/2003	Capital Courier Houston Houston TX 77002	109.25	Postage	
08/15/2003	Capital Courier Houston Houston TX 77002	9.00	Postage	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 127/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/07/2003	Carreno McCune & Co. 3730 Kirby,Suite 418 Houston TX 77098	1220.00

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

9 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 ($)
07/07/2003	Carreno McCune & Co. 3730 Kirby,Suite 418 Houston TX 77098	7008.64

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

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 ($)
07/31/2003	Carreno McCune & Co. 3730 Kirby,Suite 418 Houston TX 77098	5000.00

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

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 ($)
09/08/2003	Carreno McCune & Co. 3730 Kirby,Suite 418 Houston TX 77098	999.50

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

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: 128/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/16/2003	Cingular P.O Box 650574 Dallas TX 75265	626.93

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 / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Roy Clark Houston Houston TX 77002	72.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Altee Cleo Houston Houston TX 77002	72.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Paul Colbert Houston Houston TX 77002	1500.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 129/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/30/2003	Paul Colbert Houston Houston TX 77002	1500.00

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

9 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 ($)
07/16/2003	Cunningham Harris Cline & Assoc. 201 Grand Central Ave. Ripley WV 24271	8000.00

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

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 ($)
08/14/2003	Cunningham Harris Cline & Assoc. 201 Grand Central Ave. Ripley WV 24271	8000.00

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

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 ($)
08/15/2003	Cunningham Harris Cline & Assoc. 201 Grand Central Ave. Ripley WV 24271	1165.43

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

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: 130/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/19/2003	Cunningham Harris Cline & Assoc. 201 Grand Central Ave. Ripley WV 24271	8000.00

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

9 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 ($)
09/03/2003	Denecia Davis Houston Houston TX 77002	60.00

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

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 ($)
10/01/2003	Anthony Dickson Houston Houston TX 77002	108.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Kunal Dora Houston Houston TX 77002	800.00

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: 131/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/10/2003	Doubletree Hotel Houston Houston TX 77002	1812.11	Event Cost	
07/31/2003	Doubletree Hotel Houston Houston TX 77002	56.45	Travel & Entertainment	
09/04/2003	Drexler's World Famous Barbecue Houston Houston TX 77002	675.00	Event Cost	
08/14/2003	Fiesta Patrias P.O. Box 262871 Houston TX 77207	200.00	Parade	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 132/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/25/2003	Fly Girl Entertainment 8233 Will Clayton Blvd. Houston TX 77002	400.00

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	Payee name / Payee address: City; State; Zip Code	Amount ($)
08/29/2003	Victor Garcia Houston Houston TX 77002	450.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Victor Garcia Houston Houston TX 77002	450.00

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	Payee name / Payee address: City; State; Zip Code	Amount ($)
10/01/2003	Victor Garcia Houston Houston TX 77002	600.00

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: 133/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/15/2003	Duice Garibaldi Houston Houston TX 77002	18.00	Contract Wages	
10/01/2003	Duice Garibaldi Houston Houston TX 77002	36.00	Contract Wages	
09/15/2003	Maria Garza Houston Houston TX 77002	33.00	Contract Wages	
10/01/2003	Maria Garza Houston Houston TX 77002	54.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 134/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission Filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Janet Gomez Houston Houston TX 77002	264.00

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 / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Robert Gomez Houston Houston TX 77002	18.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Robert Gomez Houston Houston TX 77002	109.25

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/26/2003	Renee Gray Houston Houston TX 77002	1000.00

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

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: 135/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/19/2003	Renee Gray Houston Houston TX 77002	1600.00

8 Purpose of expenditure (See instructions regarding type of information required.): Van Rental

9 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 ($)
10/03/2003	Renee Gray Houston Houston TX 77002	1360.00

Purpose of expenditure (See instructions regarding type of information required.): Van Rental

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 ($)
08/25/2003	Greater Houston GLBT Chamber P.O. Box 66125 Houston TX 77266	225.00

Purpose of expenditure (See instructions regarding type of information required.): Event Cost

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 ($)
09/17/2003	Greenworks Flowers Houston Houston TX 77002	315.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 136/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/08/2003	H & H Copy Services Houston Houston TX 77002	480.02

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Crystal Hadnott Houston Houston TX 77002	800.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Crystal Hadnott Houston Houston TX 77002	900.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/30/2003	Crystal Hadnott Houston Houston TX 77002	1000.00

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: 137/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/15/2003	Crystal Hadnott Houston Houston TX 77002	1000.00	Contract Wages	
08/29/2003	Crystal Hadnott Houston Houston TX 77002	1000.00	Contract Wages	
09/15/2003	Crystal Hadnott Houston Houston TX 77002	1000.00	Contract Wages	
10/01/2003	Crystal Hadnott Houston Houston TX 77002	1000.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 138/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2003	Terrance Hall Houston Houston TX 77002	150.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	Clayton Hardman Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Clayton Hardman Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/13/2003	Clayton Hardman Houston Houston TX 77002	19.62

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

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: 139/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/15/2003	Clayton Hardman Houston Houston TX 77002	1000.00	Contract Wages	
10/02/2003	Clayton Hardman Houston Houston TX 77002	85.00	Contract Wages	
10/02/2003	Clayton Hardman Houston Houston TX 77002	1000.00	Contract Wages	
08/15/2003	Harris County Democratic Party 1445 North Loop West Houston TX 77008	1000.00	Event Cost	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 140/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/25/2003	Harris County Democratic Party 1445 North Loop West Houston TX 77008	600.00

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

9 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 ($)
10/01/2003	Janet Harrison Houston Houston TX 77002	115.50

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Janet Harrison Houston Houston TX 77002	162.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Sheila Hays-Mouton Houston Houston TX 77002	400.00

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: 141/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/15/2003	Sheila Hays-Mouton Houston Houston TX 77002	400.00	Contract Wages	
10/01/2003	Sheila Hays-Mouton Houston Houston TX 77002	400.00	Contract Wages	
10/01/2003	Grace Haywood Houston Houston TX 77002	100.00	Contract Wages	
08/15/2003	Enid Henderson Houston Houston TX 77002	500.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 142/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/03/2003	Enid Henderson Houston Houston TX 77002	750.00

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

9 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 ($)
09/15/2003	Enid Henderson Houston Houston TX 77002	750.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Enid Henderson Houston Houston TX 77002	750.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Luis Hernandez Houston Houston TX 77002	106.50

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: 143/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/14/2003	Hispanic Women In Leadership P.O. Box 701065 Houston TX 77270	260.00

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

9 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 ($)
07/25/2003	Kim House Houston Houston TX 77002	200.00

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

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 ($)
07/10/2003	Houston Association of Realtors Houston Houston TX 77002	350.00

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

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 ($)
08/25/2003	Houston Black American Democrats Houston Houston TX 77002	1500.00

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

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: 144/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/26/2003	Houston Chronicle Houston Houston TX 77002	90.00	Subscription	
08/25/2003	Houston Hall Houston Houston TX 77002	228.95	Supplies	
09/11/2003	Mitchell Howie Houston Houston TX 77002	500.00	Contract Wages	
08/15/2003	Doris Hubbard Houston Houston TX 77002	2000.00	Consultant	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 145/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/26/2003	Doris Hubbard Houston Houston TX 77002	714.45

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

9 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 ($)
09/26/2003	Doris Hubbard Houston Houston TX 77002	389.74

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

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 ($)
07/08/2003	Hyatt Regency P.O. Box 840298 Dallas TX 75284	10664.64

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

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 ($)
08/15/2003	Hyatt Regency P.O. Box 840298 Dallas TX 75284	1259.11

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

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: 146/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/08/2003	International Mailing System 815 Live Oak Houston TX 77003	2.95

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 held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/23/2003	International Mailing System 815 Live Oak Houston TX 77003	222.19

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/14/2003	International Mailing System 815 Live Oak Houston TX 77003	1500.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/03/2003	International Mailing System 815 Live Oak Houston TX 77003	4000.00

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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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 147/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2003	Internet Corporation Listing Service Houston Houston TX 77002	75.00

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

9 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 ($)
10/01/2003	Annette Jackson Houston Houston TX 77002	90.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Aaron Johnson Houston Houston TX 77002	180.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Kendra Johnson Houston Houston TX 77002	500.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 148/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/02/2003	Kendra Johnson Houston Houston TX 77002	500.00

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 / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Kyle Johnston Houston Houston TX 77002	1250.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/2003	Kyle Johnston Houston Houston TX 77002	1250.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/25/2003	Jones Memorial Houston Houston TX 77002	75.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 149/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2003	Don Jones Houston Houston TX 77002	6500.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	Don Jones Houston Houston TX 77002	278.00

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

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 ($)
07/14/2003	Don Jones Houston Houston TX 77002	6500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/24/2003	Don Jones Houston Houston TX 77002	1525.69

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 150/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission files)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/26/2003	Don Jones Houston Houston TX 77002	224.65	Supplies	
07/31/2003	Don Jones Houston Houston TX 77002	6500.00	Contract Wages	
08/14/2003	Don Jones Houston Houston TX 77002	800.00	Contract Wages	
08/15/2003	Don Jones Houston Houston TX 77002	6500.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 151/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/25/2003	Don Jones Houston Houston TX 77002	1115.84

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

9 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 ($)
08/29/2003	Don Jones Houston Houston TX 77002	6500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Don Jones Houston Houston TX 77002	423.05

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

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 ($)
09/03/2003	Don Jones Houston Houston TX 77002	2411.39

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

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: 152/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/05/2003	Don Jones Houston Houston TX 77002	9500.00

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

9 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 ($)
09/10/2003	Don Jones Houston Houston TX 77002	2500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/13/2003	Don Jones Houston Houston TX 77002	1000.00

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

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 ($)
09/15/2003	Don Jones Houston Houston TX 77002	6500.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 153/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/19/2003	Don Jones Houston Houston TX 77002	216.39

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

9 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 ($)
09/26/2003	Don Jones Houston Houston TX 77002	3250.00

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

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 ($)
09/26/2003	Don Jones Houston Houston TX 77002	3828.95

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

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 ($)
10/01/2003	Don Jones Houston Houston TX 77002	6250.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 154/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
10/02/2003	Don Jones Houston Houston TX 77002	1167.78	Printing	
07/01/2003	K'Netha Jones Houston Houston TX 77002	1250.00	Contract Wages	
07/14/2003	K'Netha Jones Houston Houston TX 77002	1250.00	Contract Wages	
07/26/2003	K'Netha Jones Houston Houston TX 77002	172.63	Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 155/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/30/2003	K'Netha Jones Houston Houston TX 77002	1250.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	K'Netha Jones Houston Houston TX 77002	1500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/18/2003	K'Netha Jones Houston Houston TX 77002	2500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/26/2003	K'Netha Jones Houston Houston TX 77002	265.14

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 156/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/29/2003	K'Netha Jones Houston Houston TX 77002	1250.00	Contract Wages	
09/15/2003	K'Netha Jones Houston Houston TX 77002	1500.00	Consultant	
10/01/2003	K'Netha Jones Houston Houston TX 77002	1500.00	Contract Wages	
08/15/2003	Justin Jordan Houston Houston TX 77002	60.00	Reimbursement - Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 157/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/02/2003	Justin Jordan Houston Houston TX 77002	150.00	Reimbursement - Supplies	
09/13/2003	KCOH Houston Houston TX 77002	1200.00	Radio Time	
09/19/2003	KLH & Associates Houston Houston TX 77002	1500.00	Consultant	
09/19/2003	KLH & Associates Houston Houston TX 77002	3000.00	Consultant	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 158/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/08/2003	Knights OPF Pythias Houston Houston TX 77002	350.00

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

9 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 ($)
07/01/2003	Nata Koerber Houston Houston TX 77002	500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	Nata Koerber Houston Houston TX 77002	66.02

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Nata Koerber Houston Houston TX 77002	500.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 159/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/30/2003	Nata Koerber Houston Houston TX 77002	800.00	Contract Wages	
08/03/2003	Nata Koerber Houston Houston TX 77002	1000.00	Contract Wages	
08/15/2003	Nata Koerber Houston Houston TX 77002	800.00	Contract Wages	
08/29/2003	Nata Koerber Houston Houston TX 77002	800.00	Contract Wages	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 160/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/15/2003	Nata Koerber Houston Houston TX 77002	800.00	Contract Wages	
10/01/2003	Nata Koerber Houston Houston TX 77002	800.00	Contract Wages	
07/08/2003	Krayon Catering Houston Houston TX 77002	754.59	Event Costs	
07/26/2003	Celeste Lampkin Houston Houston TX 77002	41.30	Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 161/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/30/2003	Celeste Lampkin Houston Houston TX 77002	41.05	Supplies	
08/25/2003	Celeste Lampkin Houston Houston TX 77002	31.36	Supplies	
07/26/2003	Jacob Lipp Houston Houston TX 77002	52.14	Supplies	
10/01/2003	Linda Lockett Houston Houston TX 77002	144.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 162/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
10/01/2003	Carlos Lopez Houston Houston TX 77002	60.00	Contract Wages	
10/01/2003	Alyzabeth Malone Houston Houston TX 77002	126.00	Contract Wages	
07/01/2003	Dwight Malone Houston Houston TX 77002	400.00	Contract Wages	
07/16/2003	Dwight Malone Houston Houston TX 77002	300.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 163/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
10/01/2003	Gladys Malone Houston Houston TX 77002	72.00	Contract Wages	
08/25/2003	Marcie L. Keys Activity Houston Houston7 TX 77002	120.00	Supplies	
08/25/2003	Marcie L. Keys Activity Houston Houston7 TX 77002	500.00	Supplies	
07/26/2003	Ernest McGowen Houston Houston TX 77002	62.72	Supplies	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 164/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2003	Jennifer Medina Houston Houston TX 77002	156.00

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 / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Jennifer Medina Houston Houston TX 77002	54.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Antonia Mejia Houston Houston TX 77002	294.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Antonia Mejia Houston Houston TX 77002	261.00

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: 165/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2003	Sonya Mejia Houston Houston TX 77002	318.00

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 / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Sonya Mejia Houston Houston TX 77002	264.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/25/2003	Mexican Institute of Greater Houston Houston Houston TX 77002	750.00

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

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 ($)
07/10/2003	Miles Insurance Houston Houston TX 77002	2125.22

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

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: 166/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/14/2003	Derrick Muhammed Houston Houston TX 77002	1150.00	Contract Wages	
07/24/2003	Derrick Muhammed Houston Houston TX 77002	1000.00	Contract Wages	
08/02/2003	Derrick Muhammed Houston Houston TX 77002	1000.00	Contract Wages	
08/15/2003	Derrick Muhammed Houston Houston TX 77002	1150.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 167/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/29/2003	Derrick Muhammed Houston Houston TX 77002	1150.00	Contract Wages	
09/15/2003	Derrick Muhammed Houston Houston TX 77002	1150.00	Contract Wages	
10/01/2003	Derrick Muhammed Houston Houston TX 77002	1150.00	Contract Wages	
07/08/2003	Nationwide Communications Houston Houston TX 77002	446.00	Telephone	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 168/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers) 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2003	Nationwide Communications Houston Houston TX 77002	75.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/23/2003	Nationwide Communications Houston Houston TX 77002	2511.28

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

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 ($)
08/25/2003	Nationwide Communications Houston Houston TX 77002	2232.12

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/13/2003	Nationwide Communications Houston Houston TX 77002	409.00

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

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: 169/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/09/2003	New Life in Christ Baptist Church Houston Houston TX 77002	800.00

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

9 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 ($)
09/15/2003	Jose Ortiz Houston Houston TX 77002	138.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Jose Ortiz Houston Houston TX 77002	36.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	Richard Orton Houston Houston TX 77002	180.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 170/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2003	Nef Partida Houston Houston TX 77002	1350.00

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

9 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 ($)
09/08/2003	Penn Schoen & Berland Houston Houston TX 77002	17500.00

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

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 ($)
10/01/2003	Mayra Perez Houston Houston TX 77002	147.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Valeria Perez Houston Houston TX 77002	147.00

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: 171/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/23/2003	Pitney Bowes P.O. Box 390 Louisville KY 40285	263.56	Postage	
08/14/2003	Pitney Bowes P.O. Box 390 Louisville KY 40285	1200.00	Postage	
08/25/2003	Pitney Bowes P.O. Box 390 Louisville KY 40285	72.46	Postage	
09/02/2003	Pitney Bowes P.O. Box 390 Louisville KY 40285	279.00	Postage	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 172/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020672

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/25/2003	Prarie View A&M University P.O. Box 2448 Prarie View TX 77402	180.00

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

9 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 ($)
08/03/2003	Dana Price Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/23/2003	Provost & Associates 3821 N. MacGregor Way Houston TX 77004	420.00

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

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 ($)
08/02/2003	QC TV Corp Houston Houston TX 77002	579.68

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

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: 173/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/17/2003	Quick Copy Houston Houston TX 77002	350.73

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	RJ's Rib Joint Houston Houston TX 77002	1054.00

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

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 ($)
09/15/2003	Veronica Ramirez Houston Houston TX 77002	18.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Veronica Ramirez Houston Houston TX 77002	246.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 174/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Linda Reece Houston Houston TX 77002	500.00

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

9 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 ($)
07/30/2003	Linda Reese Houston Houston TX 77002	500.00

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

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 ($)
09/15/2003	Linda Reese Houston Houston TX 77002	500.00

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

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 ($)
07/15/2003	Reliant Energy Houston Houston TX 77002	1120.00

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

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: 175/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/26/2003	Reliant Energy Houston Houston TX 77002	496.63	Electricity	
07/26/2003	Reliant Energy Houston Houston TX 77002	454.35	Electricity	
08/14/2003	Reliant Energy Houston Houston TX 77002	188.50	Electricity	
08/25/2003	Reliant Energy Houston Houston TX 77002	1854.62	Electricity	

Revised 11/12/1999

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 176/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/26/2003	Reliant Energy Houston Houston TX 77002	514.79

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

9 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 ($)
09/15/2003	Renee Gray Services Houston Houston TX 77002	16200.00

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

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 ($)
07/07/2003	Delwin Rettig Houston Houston TX 77002	2950.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/30/2003	Delwin Rettig Houston Houston TX 77002	5000.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 177/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/03/2003	Delwin Rettig Houston Houston TX 77002	5000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/2003	Delwin Rettig Houston Houston TX 77002	5000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	Rho Omicron Omega Houston Houston TX 77002	75.00

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

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 ($)
09/26/2003	Rindy Miller Media 501 North Interregional Austin TX 78711	200000.00

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

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: 178/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/03/2003	Rindy Miller Media 501 Interregional Houston TX 77002	15000.00

8 Purpose of expenditure (See instructions regarding type of information required.): Radio Time

9 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 ($)
08/15/2003	Road Women P.O. Box 22678 Houston TX 77227	100.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/11/2003	Rev. JJ Roberson Houston Houston TX 77002	250.00

Purpose of expenditure (See instructions regarding type of information required.): Campaign Related Event

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 ($)
07/30/2003	Cheryl Ropolo Houston Houston TX 77002	1000.00

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

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: 179/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2003	Cheryl Ropolo Houston Houston TX 77002	1500.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Cheryl Ropolo Houston Houston TX 77002	1500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Cheryl Ropolo Houston Houston TX 77002	1500.00

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

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 ($)
10/01/2003	Cheryl Ropolo Houston Houston TX 77002	1500.00

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

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: 180/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/14/2003	Francisco Sanchez Houston Houston TX 77002	1250.00

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

9 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 ($)
07/30/2003	Francisco Sanchez Houston Houston TX 77002	1250.00

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

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 ($)
08/15/2003	Francisco Sanchez Houston Houston TX 77002	1250.00

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

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 ($)
08/29/2003	Francisco Sanchez Houston Houston TX 77002	1250.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 181/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2003	Francisco Sanchez Houston Houston TX 77002	1250.00

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

9 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 ($)
10/01/2003	Francisco Sanchez Houston Houston TX 77002	1250.00

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

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 ($)
10/01/2003	Stanley Scott Houston Houston TX 77002	270.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Sheinkopf,Ltd 15 East 84th Street,6th Floor New York NY 10028	15776.00

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

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: 182/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/08/2003	Sierra Springs 4849 Cranswick Houston TX 77041	75.16	Supplies	
07/23/2003	Sierra Springs 4849 Cranswick Houston TX 77041	36.00	Supplies	
07/31/2003	Sierra Springs 4849 Cranswick Houston TX 77041	140.75	Supplies	
08/16/2003	Sierra Springs 4849 Cranswick Houston TX 77041	200.71	Supplies	

Revised 11/12/1999

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 183/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/25/2003	Sierra Springs 4849 Cranswick Houston TX 77041	133.30	Supplies	
10/01/2003	Lloyd Smith Houston Houston TX 77002	90.00	Contract Wages	
10/01/2003	Lloyd Smith Houston Houston TX 77002	114.00	Contract Wages	
10/01/2003	Loretta Smith Houston Houston TX 77002	72.00	Contract Wages	

Revised 11/12/1999

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 184/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/23/2003	Rudy Smith Houston Houston TX 77002	64.47	Office Furniture	
08/14/2003	Rudy Smith Houston Houston TX 77002	448.00	Office Equipment	
09/26/2003	Southeast Precint Judges Council 9211 Dulcimer Houston TX 77002	200.00	Event Cost	
07/23/2003	Southwestern Bell P.O. Box 3025 Houston TX 77097	946.96	Telephone	

Revised 11/12/1999

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 185/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/30/2003	Southwestern Bell P.O. Box 3025 Houston TX 77097	1780.91	Telephone	
08/18/2003	Southwestern Bell P.O. Box 3025 Houston TX 77097	3375.25	Telephone	
09/02/2003	Southwestern Bell P.O. Box 3025 Houston TX 77097	1757.05	Telephone	
09/13/2003	Southwestern Bell P.O. Box 3025 Houston TX 77097	1309.12	Telephone	

Revised 11/12/1999

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 186/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/26/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	385.00	Printing	
07/26/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	3431.53	Printing	
07/31/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	3133.84	Printing	
08/02/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	2874.81	Printing	

Revised 11/12/1999

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 187/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/14/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	897.00

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

9 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 ($)
08/25/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	101.07

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

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 ($)
08/25/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	460.00

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

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 ($)
09/02/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	4330.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 188/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/02/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	10392.00

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

9 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 ($)
09/19/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	4790.06

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

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 ($)
09/26/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	3112.19

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

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 ($)
10/02/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	3112.19

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 189/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/15/2003	Craig Stewart Houston Houston TX 77002	600.00	Contract Wages	
08/29/2003	Craig Stewart Houston Houston TX 77002	600.00	Contract Wages	
09/15/2003	Craig Stewart Houston Houston TX 77002	600.00	Contract Wages	
10/01/2003	Craig Stewart Houston Houston TX 77002	600.00	Contract Wages	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 190/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Brian Stokes Houston Houston TX 77002	216.00

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 / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Swank Audio Visuals Houston Houston TX 77002	545.20

Purpose of expenditure (See instructions regarding type of information required.)
Audio/Visual

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 ($)
08/15/2003	TEMAC Solutions 2100 West Loop South,Suite 904 Houston TX 77027	3050.00

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

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 ($)
09/02/2003	TEMAC Solutions 2100 West Loop South,Suite 904 Houston TX 77027	3050.00

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

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: 191/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/02/2003	TEMAC Solutions 2100 West Loop South,Suite 904 Houston TX 77027	1500.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Tejano On the Loop Houston Houston TX 77002	700.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/03/2003	Texas Direct Calls Houston Houston TX 77002	9000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/25/2003	Texas State Association Houston Houston TX 77002	750.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 192/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/24/2003	Titan Communications Houston Houston TX 77002	1150.00	Consultant	
07/30/2003	Titan Communications Houston Houston TX 77002	1350.00	Consultant	
08/15/2003	Titan Communications Houston Houston TX 77002	1350.00	Consultant	
08/29/2003	Titan Communications Houston Houston TX 77002	1500.00	Consultant	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 193/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/03/2003	Titan Communications Houston Houston TX 77002	700.00	Consultant	
09/06/2003	Titan Communications Houston Houston TX 77002	6000.00	Walk Teams	
09/15/2003	Titan Communications Houston Houston TX 77002	1500.00	Consultant	
09/19/2003	Titan Communications Houston Houston TX 77002	11230.00	Walk Teams	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 194/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/26/2003	Titan Communications Houston Houston TX 77002	3500.00

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

9 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 ($)
10/01/2003	Titan Communications Houston Houston TX 77002	1500.00

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

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 ($)
08/08/2003	U. S. Postmaster Houston Houston TX 77002	1202.50

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/25/2003	U. S. Postmaster Houston Houston TX 77002	300.00

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 195/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/04/2003	Volume Houston Houston TX 77002	2400.00

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

9 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 ($)
07/01/2003	Mary Waites Houston Houston TX 77002	3250.00

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

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 ($)
07/14/2003	Mary Waites Houston Houston TX 77002	3250.00

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

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 ($)
07/30/2003	Mary Waites Houston Houston TX 77002	3250.00

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

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: 196/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/15/2003	Mary Waites Houston Houston TX 77002	3250.00	Consultant	
08/29/2003	Mary Waites Houston Houston TX 77002	3250.00	Contract Wages	
09/13/2003	Mary Waites Houston Houston TX 77002	251.36	Reimbursement - Supplies	
09/15/2003	Mary Waites Houston Houston TX 77002	3250.00	Consultant	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 197/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Mary Waites Houston Houston TX 77002	3250.00

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

9 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 ($)
10/01/2003	Lisa Walker Houston Houston TX 77002	130.50

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Harvey Walter Houston Houston TX 77002	54.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	Washington Terrace Civic Association Houston Houston TX 77002	80.00

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 198/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2003	Chris Watson Houston Houston TX 77002	1000.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Chris Watson Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/30/2003	Chris Watson Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	Chris Watson Houston Houston TX 77002	1000.00

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: 199/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/29/2003	Chris Watson Houston Houston TX 77002	1000.00

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 / Payee address; City; State; Zip Code	Amount ($)
09/13/2003	Chris Watson Houston Houston TX 77002	581.87

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

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 ($)
09/15/2003	Chris Watson Houston Houston TX 77002	1100.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Chris Watson Houston Houston TX 77002	1100.00

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: 200/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission files) 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/08/2003	Kim Watson Houston Houston TX 77002	753.00

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

9 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 ($)
07/23/2003	Kim Watson Houston Houston TX 77002	46.00

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

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 ($)
08/25/2003	Kim Watson Houston Houston TX 77002	871.00

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

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 ($)
09/13/2003	Kim Watson Houston Houston TX 77002	1500.00

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: 201/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Virgil Watson Houston Houston TX 77002	144.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/14/2003	Janice Weaver Houston Houston TX 77002	78.24

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	Janice Weaver Houston Houston TX 77002	750.00

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

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 ($)
08/29/2003	Janice Weaver Houston Houston TX 77002	1250.00

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

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: 202/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
09/02/2003	Janice Weaver Houston Houston TX 77002	247.20	Phonebank	
09/13/2003	Janice Weaver Houston Houston TX 77002	269.54	Phonebank	
09/15/2003	Janice Weaver Houston Houston TX 77002	1250.00	Phonebank	
09/15/2003	Roderick White Houston Houston TX 77002	18.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 203/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Roderick White Houston Houston TX 77002	115.50

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 / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Roderick White Houston Houston TX 77002	108.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Carmen Williams Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	Carmen Williams Houston Houston TX 77002	314.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 204/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/14/2003	Carmen Williams Houston Houston TX 77002	1000.00

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 / Payee address; City; State; Zip Code	Amount ($)
07/26/2003	Carmen Williams Houston Houston TX 77002	79.52

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/30/2003	Carmen Williams Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/31/2003	Carmen Williams Houston Houston TX 77002	163.66

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 205/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
08/14/2003	Carmen Williams Houston Houston TX 77002	151.10	Postage	
08/15/2003	Carmen Williams Houston Houston TX 77002	1000.00	Contract Wages	
08/25/2003	Carmen Williams Houston Houston TX 77002	403.39	Contract Wages	
08/29/2003	Carmen Williams Houston Houston TX 77002	1000.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 206/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission files) 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/02/2003	Carmen Williams Houston Houston TX 77002	59.46

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/13/2003	Carmen Williams Houston Houston TX 77002	804.64

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

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 ($)
09/15/2003	Carmen Williams Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/19/2003	Carmen Williams Houston Houston TX 77002	109.85

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 207/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/26/2003	Carmen Williams Houston Houston TX 77002	168.52

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2003	Carmen Williams Houston Houston TX 77002	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/2003	Carmen Williams Houston Houston TX 77002	387.71

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/30/2003	Willowridge Baptist Church Houston Houston TX 77002	160.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 208/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
07/01/2003	John Wilson Houston Houston TX 77002	800.00	Contract Wages	
07/08/2003	John Wilson Houston Houston TX 77002	144.65	Supplies	
07/14/2003	John Wilson Houston Houston TX 77002	900.00	Contract Wages	
07/30/2003	John Wilson Houston Houston TX 77002	900.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 209/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2003	John Witson Houston Houston TX 77002	900.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	John Witson Houston Houston TX 77002	900.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/13/2003	John Witson Houston Houston TX 77002	25.00

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

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 ($)
09/15/2003	John Witson Houston Houston TX 77002	900.00

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: 210/211

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	John Wilson Houston Houston TX 77002	900.00

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 / Payee address; City; State; Zip Code	Amount ($)
08/02/2003	James Wright Houston Houston TX 77002	120.00

Purpose of expenditure (See instructions regarding type of information required.): Event Cost

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 ($)
07/26/2003	Yes Printing 4711 Main St. Houston TX 77002	676.56

Purpose of expenditure (See instructions regarding type of information required.): Posters & Yard Signs

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 ($)
08/25/2003	Yes Printing 4711 Main St. Houston TX 77002	5886.64

Purpose of expenditure (See instructions regarding type of information required.): Posters & Yard Signs

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 211/211

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/02/2003	Yes Printing 4711 Main St. Houston TX 77002	3680.50

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

9 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 ($)
09/04/2003	Yes Printing 4711 Main St. Houston TX 77002	700.00

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