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: 1/65

OFFICE USE ONLY

Date Received: RECEIVED OCT 27 2003 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Sylvester | MI

NICKNAME | LAST: Turner | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1100 Louisiana St.,Suite 5000 | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE: 77002

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): 11 Greenway Plaza,Suite 2902 | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE: 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: 10/04/2003 THROUGH Month Day Year: 10/25/2003

10 ELECTION

ELECTION DATE Month Day Year: 11/04/2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): State Representative

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
Sylvester Turner	00020872

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

[ ] additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 3684.50
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 135689.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 141.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 352858.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 134716.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

HELEN J. DOMIO
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
MAY 5, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SYLVESTER TURNER, this the 27th day of October, 2003, to certify which, witness my hand and seal of office.

Helen Domio — Signature of officer administering oath
Helen Domio — Printed name of officer administering oath
Office Amministrator — Title of officer administering oath

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: 3/65

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 ($)	8 In-kind contribution description (if applicable)
10/17/2003	Donald Aaron [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Sherra L. Aguirre [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 ($)	In-kind contribution description (if applicable)
10/04/2003	Sherra L. Aguirre [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Madelyn T. Alexander [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)
10/14/2003	Raymond E. Anderson [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: 4/65

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 ($)	8 In-kind contribution description (if applicable)
10/22/2003	Tophas Anderson [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Joseph F. Archer [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 ($)	In-kind contribution description (if applicable)
10/17/2003	Lena Armstrong [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	James B. Ashford,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)
10/11/2003	Astrodome Chiropractic and Sports Clinic [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: 5/65

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)
10/20/2003	Felicia Auzenne [redacted]	255.00	

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)
10/15/2003	Byron T. Baltzell [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)
10/23/2003	James Banks [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)
10/08/2003	Harriet V. Bass [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)
10/13/2003	Bates & Coleman [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 ($)	8 In-kind contribution description (if applicable)
10/14/2003	Donna Maria Blackshear [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Joan Bookman-Weathersby [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 ($)	In-kind contribution description (if applicable)
10/23/2003	Gerald M. Brady [redacted]	300.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2003	Barbara m. Brigance [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)
10/21/2003	Tamara A. Brock [redacted]	1000.00	
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: 7/65

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 ($)	8 In-kind contribution description (if applicable)
10/25/2003	Darryl Broussard [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25/2003	Deborah Broussard [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 ($)	In-kind contribution description (if applicable)
10/16/2003	Delores T. Broussard [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/11/2003	C. 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)
10/17/2003	Verna M. Brunson [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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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 ($)	8 In-kind contribution description (if applicable)
10/16/2003	Herman L. Burroughs,Jr. [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Vangie Byers [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 ($)	In-kind contribution description (if applicable)
10/23/2003	C. W. Livingston & Associates [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Charles A. Cave [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)
10/04/2003	Dione Chaney [redacted]	100.00	
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: 9/65

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)
10/23/2003	Leslie R. Collins [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)
10/17/2003	Willie J. Collins [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)
10/20/2003	Community of Faith Church [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)
10/23/2003	Concerned Citizens for Good Government [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)
10/25/2003	LaDeindre Conerly [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: 10/65

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)
10/10/2003	James L. Conyers [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)
10/04/2003	Jesse Covarrubias [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)
10/10/2003	Charles G. Coyle [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)
10/06/2003	Moritz V. Craven [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)
10/04/2003	Bobbie J. Curtis [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)

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1 Total pages this report: 11/65

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)
10/12/2003	D.L. Hatchett & Associates [redacted] H[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)
10/04/2003	William A. Dal [redacted] [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)
10/14/2003	Deavra Daughtry [redacted] [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)
10/19/2003	Stephen David [redacted] [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)
10/23/2003	Gene E. Davis [redacted] [redacted]	100.00	

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)
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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)
10/23/2003	Pamela Joubert Davis [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)
10/08/2003	Destiny Investments [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)
10/14/2003	W. L. Eanes [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)
10/22/2003	David L. Edwards [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)
10/15/2003	Victor T. Edwards [redacted]	100.00	
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 ($)	8 In-kind contribution description (if applicable)
10/15/2003	Victor T. Edwards [redacted]	75.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25/2003	Terry J. Egans [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 ($)	In-kind contribution description (if applicable)
10/10/2003	Darryl Elliott [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Ellis Business Enterprise,Inc. [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)
10/13/2003	Elaine L. Elsbury [redacted]	2000.00	
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: 14/65

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)
10/24/2003	Era Bogany Properties [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)
10/21/2003	William H. Fleming,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)
10/21/2003	Preston Fontenot,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)
10/11/2003	Khalfani O. Fullerton [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)
10/18/2003	Donya Gardner [redacted]	75.00	
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: 15/65

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 ($)	8 In-kind contribution description (if applicable)
10/13/2003	Helen George [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Gibson Pegram,Inc. dba Billo's [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 ($)	In-kind contribution description (if applicable)
10/10/2003	Audrey J. Gilbreath [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Barbara L. Govan [redacted]	25.00	
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)
10/18/2003	Barbara L. Govan [redacted]	100.00	
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: 16/65

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)
10/20/2003	Wilfred J. Green [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)
10/14/2003	Sabrina Guillory [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)
10/13/2003	J. C. Hamon [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)
10/05/2003	Michelle C. Hardy [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)
10/15/2003	Learline Harrison [redacted]	75.00	

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: 17/65

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)
10/17/2003	Sheila M. Hayes [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)
10/14/2003	Priscilla Hill-Ardoin [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)
10/23/2003	Kim House [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)
10/04/2003	Houston Police Patrolmen's Union 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)
10/18/2003	Joe P. Hubbard,Sr. [redacted]	200.00	

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
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 18/65

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)
10/13/2003	Katherine N. Hutto [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)
10/09/2003	I. L. A #24 Political Action 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)
10/16/2003	Charlene 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)
10/20/2003	Craig L. Jackson [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)
10/18/2003	Anna Glenn James [redacted]	100.00	

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)
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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)
10/23/2003	Johnnie A. Jenkins [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)
10/13/2003	Lannis K. 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)
10/20/2003	John Whitmire Campaign Fund [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)
10/09/2003	Irene Oakley Johnson [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)
10/18/2003	Irene Oakley Johnson [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)
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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)
10/04/2003	Delores Y. Keaton [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)
10/23/2003	Carl T. Kidd [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)
10/10/2003	Paul A. Kubosh [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)
10/23/2003	Paul A. Kubosh [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)
10/13/2003	Lucean Kuykendall [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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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 ($)	8 In-kind contribution description (if applicable)
10/23/2003	Era Land,Jr. [redacted]	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Joyce Langenegger [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 ($)	In-kind contribution description (if applicable)
10/20/2003	Tammy Lanier [redacted]	125.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	D. Sean Lebari [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)
10/11/2003	Polly S. Ledvina [redacted]	100.00	
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)
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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)
10/06/2003	Alice Cheng Lee [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)
10/18/2003	Alice Cheng Lee [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)
10/06/2003	Si B. Lee [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)
10/09/2003	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)
10/06/2003	Kenneth Chi Li [redacted]	250.00	

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)
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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 ($)	8 In-kind contribution description (if applicable)
10/11/2003	Cassandra Mallett [redacted]	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Cassandra Mallett [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 ($)	In-kind contribution description (if applicable)
10/04/2003	Glenda R. Marlin [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Karen D. Marshall [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)
10/23/2003	Karen D. Marshall [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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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)
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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)
10/10/2003	Dwayne L. Mason [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)
10/15/2003	Jennie P. May [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)
10/15/2003	Paul B. May [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)
10/17/2003	Jewell L. McGowen [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)
10/17/2003	Stephanie T. Meads [redacted]	100.00	
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: 25/65

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)
10/04/2003	Clara L. Meek [redacted] Ho[redacted]	225.00	

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)
10/14/2003	Clara L. Meek [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)
10/18/2003	Barbara Meloncon [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)
10/23/2003	Melanie Wilcox Miles [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)
10/17/2003	Dan M. Moody,III [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: 26/65

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)
10/17/2003	Joanie Hare Morris [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)
10/23/2003	Joanie Hare Morris [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)
10/14/2003	Rosemarie Morse [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)
10/19/2003	Mt. Pleasant Baptist Church [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)
10/18/2003	Sharon E. Murphy [redacted]	100.00	

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: 27/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission Use) 00020872

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/17/2003	Nelson Memorial Pentecostal Church [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Richard R. Newman [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 ($)	In-kind contribution description (if applicable)
10/21/2003	Alice Oliver-Parrott [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Alan W. Perry [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)
10/07/2003	Jack W. Perry [redacted]	5000.00	
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)
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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)
10/07/2003	Stefani M. Perry [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)
10/15/2003	Joe B. Phillips [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)
10/06/2003	Sharon Jones Phillips [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)
10/16/2003	Joe C. Pickett [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)
10/22/2003	Pipe Fitter Local Union #211 COPE Account [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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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)
10/14/2003	Piro & Lilly LLP [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)
10/21/2003	James C. Plummer [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)
10/15/2003	Provost & Associates [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)
10/11/2003	Cheryl R. Pyles [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)
10/21/2003	Gwen E. Richard [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: 30/65

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 ($)	8 In-kind contribution description (if applicable)
10/06/2003	Brian L. Richardson [redacted] H[redacted]	175.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Wendell A. Robbins [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 ($)	In-kind contribution description (if applicable)
10/04/2003	Launey F. Roberts [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Sheryl Roppolo [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)
10/15/2003	Sheryl Roppolo [redacted]	800.00	
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: 31/65

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 ($)	8 In-kind contribution description (if applicable)
10/17/2003	Sheryl Roppolo [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Kenneth R. Ross [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 ($)	In-kind contribution description (if applicable)
10/15/2003	Deandre M. Sam [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Sue Schechter [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)
10/10/2003	M. Algenita Scott Davis [redacted]	100.00	
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)
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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)
10/04/2003	Senator Buster Brown Comm [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)
10/04/2003	Nicky Sheats [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)
10/18/2003	Betty V. Smith [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)
10/10/2003	Cedrick Smith [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)
10/18/2003	Elizabeth Stewart Smith [redacted]	75.00	

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)
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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)
10/20/2003	Elizabeth Stewart Smith [redacted]	25.00	

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)
10/07/2003	Jimmie Lee Solomon [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)
10/22/2003	Melvin G. Spinks [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)
10/24/2003	Jon N. Strange [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)
10/04/2003	Eva O. Taylor [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 34/65

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)
10/18/2003	The New Life Tabernacle Church of God in Christ [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)
10/04/2003	Richard T. Thomas [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)
10/16/2003	Peter Byron Thornton [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)
10/20/2003	Jacqueline Turner [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)
10/09/2003	United Food and Commercial Workers International Union,AFL-CIO/C - LC [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
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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)
10/23/2003	Vinson & Elkins PAC [redacted]	2500.00	

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)
10/10/2003	Von Younger Landscaping [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)
10/10/2003	Frank S. Walker [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)
10/08/2003	Angela Landry Walkes [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)
10/04/2003	Frederic C. Warner,Jr. [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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)
10/23/2003	Washington & Son's Air Conditioning & Heating Services [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)
10/10/2003	Richard J. Washington,Jr. [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)
10/10/2003	Wendy V. Watriss [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)
10/04/2003	Janice Weaver [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)
10/17/2003	Paulette D. Wellington [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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)
10/20/2003	John Whitmire [redacted] Houston [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)
10/23/2003	Victor G. Williams,Sr. [redacted] H[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)
10/17/2003	Carmen Williams [redacted] [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)
10/16/2003	Michael A. Williams [redacted] Ho[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)
10/16/2003	Myrtle Williams [redacted] Mi[redacted]	100.00	
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: 38/65

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 ($)	8 In-kind contribution description (if applicable)
10/11/2003	Tunde Harry Williams [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2003	Livy T. Wilson,II [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 ($)	In-kind contribution description (if applicable)
10/13/2003	Eloise Wilson [redacted]	175.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2003	Marsherria Wilson [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)
10/14/2003	Madeleine Wright [redacted]	100.00	
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: 39/65

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)
10/20/2003	Pearl Wright [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)
10/17/2003	Floyd W. Young [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)
10/09/2003	Yoram Zwick [redacted]	500.00	

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: 40/65

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 ($)
10/10/2003	Donald Aaron Houston Houston TX 77002	217.21

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 ($)
10/13/2003	Donald Aaron Houston Houston TX 77002	15000.00

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

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 ($)
10/15/2003	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 ($)
10/15/2003	Wakill Abdul-Fattah 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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 41/65

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

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Academy Awards Houston Houston TX 77002	5401.68

8 Purpose of expenditure (See instructions regarding type of information required.)
T-Shirts

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 ($)
10/15/2003	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 ($)
10/15/2003	Herbert Bratcher 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 ($)
10/10/2003	Brinks Home Security Houston Houston TX 77002	75.76

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

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1 Total pages report: 42/65

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

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Michael Casingal Houston Houston TX 77002	78.00

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 ($)
10/15/2003	Israel Cavazos 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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/2003	Roy Clark Houston Houston TX 77002	198.00

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 ($)
10/15/2003	Altee Cleo 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 43/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	Cunningham Harris Cline & Assoc. 201 Grand Central Ave. Ripley WV 24271	3000.00

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 ($)
10/15/2003	Anthony Dickson Houston Houston TX 77002	168.00

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 ($)
10/15/2003	Josh Elliot Houston Houston TX 77002	102.00

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 ($)
10/15/2003	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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 44/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Janet Gomez Houston Houston TX 77002	193.50

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 ($)
10/15/2003	Elidia Gonzalez Houston Houston TX 77002	105.00

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 ($)
10/09/2003	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 ($)
10/15/2003	Renee Gray Houston Houston TX 77002	10800.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 45/65

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

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16/2003	HABJ Houston Houston TX 77002	300.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16/2003	HCCO PAC Houston Houston TX 77002	500.00

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 ($)
10/15/2003	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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/2003	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

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: 46/65

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
10/15/2003	Sheila Hays-Mouton Houston Houston TX 77002	400.00	Contract Wages	
10/16/2003	Grace Haywood Houston Houston TX 77002	198.00	Contract Wages	
10/15/2003	Enid Henderson Houston Houston TX 77002	750.00	Contract Wages	
10/16/2003	Luis Hernandez Houston Houston TX 77002	162.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 47/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2003	Houston Black American Democrats Houston Houston TX 77002	700.00

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

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 ($)
10/23/2003	Doris Hubbard Houston Houston TX 77002	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 ($)
10/14/2003	Hyatt Regency 1200 Louisiana St. Houston TX 77002	3294.99

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

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 ($)
10/16/2003	Hyatt Regency 1200 Louisiana St. Houston TX 77002	1470.63

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 48/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	International Mailing System 815 Live Oak Houston TX 77003	324.75

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 ($)
10/15/2003	Annette Jackson Houston Houston TX 77002	126.00

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 ($)
10/15/2003	Aaron Johnson 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 ($)
10/16/2003	Aaron Johnson Houston Houston TX 77002	72.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 49/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Kendra Johnson Houston Houston TX 77002	400.00

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 ($)
10/16/2003	Tristan Johnson 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 ($)
10/15/2003	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 ($)
10/06/2003	Don Jones Houston Houston TX 77002	5789.92

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

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: 50/65

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 ($)
10/10/2003	Don Jones Houston Houston TX 77002	1700.00

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

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

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

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 ($)
10/10/2003	Don Jones Houston Houston TX 77002	7000.00

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

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 ($)
10/15/2003	Don Jones Houston Houston TX 77002	2000.00

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

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: 51/65

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 ($)
10/15/2003	Don Jones Houston Houston TX 77002	6250.00

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 ($)
10/17/2003	Don Jones Houston Houston TX 77002	2500.00

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 ($)
10/17/2003	Don Jones Houston Houston TX 77002	2500.00

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 ($)
10/20/2003	Don Jones Houston Houston TX 77002	15000.00

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

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: 52/65

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 ($)
10/22/2003	Don Jones Houston Houston TX 77002	4670.00

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 ($)
10/23/2003	Don Jones Houston Houston TX 77002	6000.00

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

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 ($)
10/23/2003	Don Jones Houston Houston TX 77002	12175.00

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

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 ($)
10/15/2003	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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 53/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	KCOH Houston Houston TX 77002	1200.00

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 ($)
10/15/2003	Nata Koerber 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 ($)
10/16/2003	Linda Lockett Houston Houston TX 77002	144.00

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 ($)
10/16/2003	Alyzabeth Malone Houston Houston TX 77002	102.00

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: 54/65

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 ($)
10/16/2003	Gladys Malone Houston Houston TX 77002	90.00

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 ($)
10/16/2003	Mayra Martinez 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 ($)
10/14/2003	Phyllis Mays 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 ($)
10/15/2003	Phyllis Mays 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 55/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16/2003	Antonia Mejia Houston Houston TX 77002	141.00

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 ($)
10/16/2003	Sonya Mejia Houston Houston TX 77002	234.00

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 ($)
10/22/2003	Monarch Printing Houston Houston TX 77002	5384.87

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23/2003	Monarch Printing Houston Houston TX 77002	15000.00

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

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: 56/65

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 ($)
10/15/2003	Derrick Muhammed Houston Houston TX 77002	1150.00

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 ($)
10/16/2003	Mayra Perez Houston Houston TX 77002	120.00

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 ($)
10/16/2003	Valeria Perez Houston Houston TX 77002	87.00

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 ($)
10/16/2003	Veronica Ramirez Houston Houston TX 77002	174.00

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: 57/65

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 ($)
10/16/2003	Samaniha Ramos Houston Houston TX 77002	72.00

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 ($)
10/15/2003	Linda Reece 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 ($)
10/10/2003	Reliant Energy Houston Houston TX 77002	901.48

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14/2003	Reliant Energy Houston Houston TX 77002	730.68

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 58/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/06/2003	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 ($)
10/10/2003	Rindy Miller Media 501 Interregional Houston TX 77002	100000.00

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

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 ($)
10/16/2003	Rindy Miller Media 501 Interregional Houston TX 77002	15000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/2003	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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 59/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Francisco Sanchez 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 ($)
10/16/2003	Stanley Scott Houston Houston TX 77002	240.00

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 ($)
10/16/2003	Lloyd Smith Houston Houston TX 77002	123.00

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 ($)
10/16/2003	Loretta Smith 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 60/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Southwestern Bell P.O. Box 3025 Houston TX 77097	5777.49

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 ($)
10/10/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	6000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	5000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	6000.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 61/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	10000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Posters & 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 ($)
10/16/2003	Brian Stokes Houston Houston TX 77002	216.00

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 ($)
10/13/2003	Sue Davis Communications Houston Houston TX 77002	3000.00

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

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 ($)
10/23/2003	TEMAC Solutions 2100 West Loop South,Suite 904 Houston TX 77027	5000.00

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

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: 62/65

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 ($)
10/15/2003	Titan Communications 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 ($)
10/18/2003	Titan Communications Houston Houston TX 77002	10000.00

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

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 ($)
10/13/2003	U. S. Postmaster Houston Houston TX 77002	481.00

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 ($)
10/15/2003	U. S. Postmaster Houston Houston TX 77002	2222.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 63/65

2 FILER NAME
Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)
00020872

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Mary Waites Houston Houston TX 77002	3250.00

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 ($)
10/16/2003	Lisa Walker Houston Houston TX 77002	216.00

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 ($)
10/15/2003	Harvey Walter Houston Houston TX 77002	198.00

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 ($)
10/15/2003	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: 64/65

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 ($)
10/16/2003	Virgil Watson Houston Houston TX 77002	105.00

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 ($)
10/15/2003	Janice Weaver 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 ($)
10/15/2003	Roderick White Houston Houston TX 77002	222.00

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 ($)
10/10/2003	Carmen Williams Houston Houston TX 77002	86.21

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

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: 65/65

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 ($)
10/15/2003	Carmen Williams Houston Houston TX 77002	197.30

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/2003	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 ($)
10/15/2003	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