



McCONNELL & JONES LLP
CERTIFIED PUBLIC ACCOUNTANTS

December 30, 2004

Anna Russell
Secretary, City of Houston
City Hall Annex
900 Bagby Street
Houston, 77002

Re: Corrected Campaign Finance Reports for State Representative Sylvester
Turner; TEC Account # 00020872

Dear Ms. Russell;

Enclosed please find the corrected reports and supporting documents for the filing period
July 15th, 2003.

Should you have any questions, please do not hesitate to contact me at (713) 968-1600.

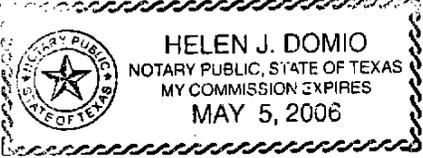
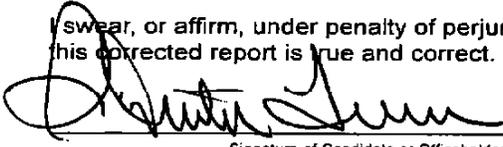
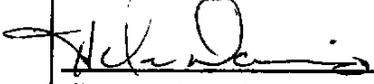
Sincerely,

Thomas Jones



CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00020872	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sylvester NICKNAME LAST SUFFIX Turner	OFFICE USE ONLY Date Received Date Hand Delivered Receipt Amount Legal Totals Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2003 THROUGH 06 / 30 / 2003	
6 EXPLANATION OF CORRECTION	See attached documents.	
7 AFFIDAVIT		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  <p>HELEN J. DOMIO NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES MAY 5, 2006</p> </div> <div style="text-align: center;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p>  <p>Signature of Candidate or Officeholder</p> </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Helen Domio</u> this the <u>29</u> day of <u>December</u>, 20<u>04</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  <p>Signature of officer administering oath</p> </div> <div style="text-align: center;"> <p>Helen Domio</p> <p>Printed name of officer administering oath</p> </div> <div style="text-align: center;"> <p>Office Manager</p> <p>Title of officer administering oath</p> </div> </div>		
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections		

EXPLANATION OF CORRECTION

It has come to my attention that:

1. Inadvertently, my Candidate/Officeholder Report for the above-referenced period did not contain complete addresses for a small number of contributions, pledges, and expenditures. Complete addresses are set forth for each and every one of those contributors, pledgors, and vendors in schedules attached to and filed with this Correction Affidavit.
2. Inadvertently, my Candidate/Officeholder Report for the above-referenced period did not include FEC statements of organization for certain out-of-state political committees from whom I received contributions during that period. It is my understanding that my Campaign Treasurer had each out-of-state political committee's statement of organization at the time of receipt of that political committee's contribution, but I am now told that he did not know whether or not he was required to attach them to the Candidate/Officeholder Report and that he did not attach them to the Candidate/Officeholder Report. Attached to and filed with this Correction Affidavit are FEC statements of organization for the out-of-state political committees from whom I received contributions during the above-referenced period.
3. My campaign received certain contribution checks from corporations, I have now discovered. Inadvertently, we deposited those checks. I know that my Campaign Treasurer, throughout our working relationship, which dated back to 1988, had a system in place in which his office would review contribution checks and return, with a cover letter, all contribution checks submitted by corporations. I relied on my Campaign Treasurer to continue this practice throughout my 2003 mayoral campaign, and I believed that my Campaign Treasurer was indeed following that practice throughout my 2003 mayoral campaign. I had no knowledge that any corporate contributions had been received. All contributions received from corporations have been returned, and copies of checks returning those corporate contributions are attached to and filed with this Correction Affidavit.

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 filed:
14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Sylvester

NICKNAME

LAST

SUFFIX

Turner

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

440 Louisiana Street, Suite 1880
Houston, TX 77002
 Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 650-3688

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Thomas

NICKNAME

LAST

SUFFIX

Jones

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

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

3040 Post Oak Blvd, Suite 1600
Houston, TX 77056

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 968-1600

9 REPORT TYPE

 January 15

 30th day before election

 Runoff

 15th day after campaign treasurer appointment (officeholder only)

 July 15

 8th day before election

 Exceeded \$500 limit

 Final report (Attach C/OH - FRI)

10 PERIOD
COVERED

 Month Day Year
01 / 01 / 2003

THROUGH

 Month Day Year
06 / 30 / 2003

11 ELECTION

 ELECTION DATE
Month Day Year
11 / 04 / 2003

ELECTION TYPE

 Primary

 Runoff

 General

 Special

12 OFFICE

OFFICE HELD (if any)

State Representative 139

13 OFFICE SOUGHT (if known)

Other -- Mayor, City of Houston

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

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

Name

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

 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Sylvester Turner

16 ACCOUNT # (Ethics Commission filers)
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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 799377.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

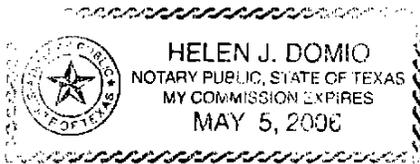
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



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.

Sylvester Turner
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sylvester Turner, this the 29th day of December, 2004, 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 Manager
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 1/14	
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 00020872	
4 Date 6/19/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonya Coleman 6 Contributor address; City; State; Zip Code Baton Rouge LA 70816	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaQuinta Donatto Contributor address; City; State; Zip Code Houston TX 77004	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Melontres Contributor address; City; State; Zip Code Houston TX 77054-2726	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Sowell Contributor address; City; State; Zip Code Houston TX 77095	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamee West Contributor address; City; State; Zip Code Houston TX 77095	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2/14	
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 00020872	
4 Date 9/24/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde Young 6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77227	7 Amount of contribution (\$) 45.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A:

3/14

2 FILER NAME

Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)

00020872

4 Date

6/3/2003

5 Full name of contributor

United Parcel Service Inc. - PAC

6 Contributor address; City; State; Zip Code

Atlanta

GA 30328

out-of-state PAC (ID#:
C00064766

7 Amount of
contribution (\$)

2,000.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

PLEGGED CONTRIBUTIONS**SCHEDULE B 1**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/14	
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 00020872	
4 TOTAL OF UNITEMIZED PLEDGES:			\$11,000
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of contribution (\$)	9 In-kind contribution description (if applicable)
6/30/2003	John Green 7 Pledgor address; City; State; Zip Code Houston TX 77081	1,000.00	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/2003	Mrs. John Williams Pledgor address; City; State; Zip Code Houston TX 77017	5,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/2003	Mr. John Williams Pledgor address; City; State; Zip Code Houston TX 77017	5,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

5/14

2 FILER NAME

Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)

0020872

4 Date

1/17/2003

5 Payee Name

C.O. Bradford

7 Amount (\$)

300.00

6 Payee address; City; State; Zip Code

8834 Fondren Village Drive

Houston

TX 77071

8 Purpose of expenditure (See instruction regarding type of information required.)
Contribution - legal defense

9 Complete if direct expenditure to benefit C/OH

Date

2/18/2003

Payee Name

CWS Corporate Housing

Amount (\$)

4,917.48

Payee address; City; State; Zip Code

9606 North Mopac Expressway, Suite 500

Austin

TX 78759

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

Complete if direct expenditure to benefit C/OH

Date

4/15/2003

Payee Name

CWS Corporate Housing

Amount (\$)

4,917.48

Payee address; City; State; Zip Code

9606 North Mopac Expressway, Suite 500

Austin

TX 78759

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

Complete if direct expenditure to benefit C/OH

Date

6/19/2003

Payee Name

CWS Corporate Housing

Amount (\$)

2,450.00

Payee address; City; State; Zip Code

9606 North Mopac Expressway, Suite 500

Austin

TX 78759

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

Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/14
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872
4 Date 5/29/2003	5 Payee Name Capital Couriers 6 Payee address; City; State; Zip Code 10878 Westheimer Road Houston TX 77049	7 Amount (\$) 74.00
8 Purpose of expenditure (See instruction regarding type of information required.) Couriers		9 Complete if direct expenditure to benefit C/OH
Date 5/15/2003	Payee Name City of Houston 6 Payee address; City; State; Zip Code PO Box 1562 Houston TX 77251	Amount (\$) 275.00
8 Purpose of expenditure (See instructions regarding type of information required.) Occupancy Deposit		9 Complete if direct expenditure to benefit C/OH
Date 5/16/2003	Payee Name City of Houston 6 Payee address; City; State; Zip Code PO Box 1562 Houston TX 77521	Amount (\$) 30.00
8 Purpose of expenditure (See instructions regarding type of information required.) Deposit		9 Complete if direct expenditure to benefit C/OH
Date 3/19/2003	Payee Name DoubleTree Hotel 6 Payee address; City; State; Zip Code 400 Dallas Street Houston TX 77002	Amount (\$) 1,662.72
8 Purpose of expenditure (See instructions regarding type of information required.) Hotel		9 Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/14	
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872	
4 Date 6/17/2003	5 Payee Name Floyd Webb Office Furniture	7 Amount (\$) 2,371.00	
6 Payee address; City; State; Zip Code 5250 Pinemont Houston TX 77092			
8 Purpose of expenditure (See instruction regarding type of information required.) Office Furniture		9 Complete if direct expenditure to benefit C/OH	
Date 2/25/2003	Payee Name Forward Times	Amount (\$) 581.00	
Payee address; City; State; Zip Code PO Box 8346 Houston TX 77252-8346			
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH	
Date 2/22/2003	Payee Name Golden Corral	Amount (\$) 664.43	
Payee address; City; State; Zip Code 3033 South Loop West Houston TX 77054			
Purpose of expenditure (See instructions regarding type of information required.) Meeting		Complete if direct expenditure to benefit C/OH	
Date 6/20/2003	Payee Name Hendrix-Coughlin	Amount (\$) 20,000.00	
Payee address; City; State; Zip Code 208 West 4th St., Suite 3A Austin TX 78701			
Purpose of expenditure (See instructions regarding type of information required.) Radio		Complete if direct expenditure to benefit C/OH	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/14
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872
4 Date 2/27/2003	5 Payee Name Hiram Clarke Civic Club 6 Payee address; City; State; Zip Code 4363 W Fugqua St. Houston TX 77045	7 Amount (\$) 150.00
8 Purpose of expenditure (See instruction regarding type of information required.) Contribution		9 Complete if direct expenditure to benefit C/OH
Date 5/16/2003	Payee Name Houston Junior Chamber Foundation Payee address; City; State; Zip Code PO Box 61568 Houston TX 77208	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH
Date 2/19/2003	Payee Name Hyatt Regency Hotel Payee address; City; State; Zip Code 1200 Louisiana Street Houston TX 77002	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting		Complete if direct expenditure to benefit C/OH
Date 2/26/2003	Payee Name Hyatt Regency Hotel Payee address; City; State; Zip Code 1200 Louisiana Street Houston TX 77002	Amount (\$) 452.75
Purpose of expenditure (See instructions regarding type of information required.) Meeting		Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/14
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872
4 Date 2/28/2003	5 Payee Name Hyatt Regency Hotel ----- 6 Payee address; City; State; Zip Code 1200 Louisiana Street Houston TX 77002	7 Amount (\$) 500.00
8 Purpose of expenditure (See instruction regarding type of information required.) Meeting		9 Complete if direct expenditure to benefit C/OH
Date 2/7/2003	Payee Name Integrity II ----- Payee address; City; State; Zip Code 2005 Dewall St Houston TX 77088	Amount (\$) 5,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		Complete if direct expenditure to benefit C/OH
Date 6/26/2003	Payee Name International Mailing System ----- Payee address; City; State; Zip Code 815 Live Oak Street Houston TX 77003	Amount (\$) 675.00
Purpose of expenditure (See instructions regarding type of information required.) Contract Wages		Complete if direct expenditure to benefit C/OH
Date 4/12/2003	Payee Name Thomas Jones ----- Payee address; City; State; Zip Code 3040 Post Oak Blvd, Suite 1600 Houston TX 77056	Amount (\$) 120.00
Purpose of expenditure (See instructions regarding type of information required.) Supplies/Postage		Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/14
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872
4 Date 4/1/2003	5 Payee Name LCLAA Houston Gulf Coast 6 Payee address; City; State; Zip Code 725 Coolidge Street Channelview TX 77530	7 Amount (\$) 150.00
8 Purpose of expenditure (See instruction regarding type of information required.) Contribution		9 Complete if direct expenditure to benefit C/OH
Date 5/29/2003	Payee Name Ladies Auxillary Payee address; City; State; Zip Code 27 Farrell Street Houston TX 77022	Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH
Date 3/26/2003	Payee Name Lamda Zeta Chapter Payee address; City; State; Zip Code PO Box 14730 Houston TX 77221	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH
Date 1/10/2003	Payee Name Lawyers Aid Service Payee address; City; State; Zip Code 408 West 17th Street Austin TX 78701	Amount (\$) 117.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Data		Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 11/14	
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872	
4 Date 6/12/2003	5 Payee Name Nationwide Communications 6 Payee address; City; State; Zip Code 11600 Jones Road, Suite 108 Houston TX 77070	7 Amount (\$) 2,232.12	
8 Purpose of expenditure (See instruction regarding type of information required.) Telephone		9 Complete if direct expenditure to benefit C/OH	
Date 6/17/2003	Payee Name Prime Time Office Furniture Payee address; City; State; Zip Code 6003 North Shepherd Drive Houston TX 77091	Amount (\$) 422.18	
Purpose of expenditure (See instructions regarding type of information required.) Office Furniture		Complete if direct expenditure to benefit C/OH	
Date 5/16/2003	Payee Name Reliant Energy Payee address; City; State; Zip Code PO Box 4932 Houston TX 77210	Amount (\$) 200.00	
Purpose of expenditure (See instructions regarding type of information required.) Electricity Deposit		Complete if direct expenditure to benefit C/OH	
Date 5/16/2003	Payee Name Reliant Energy Payee address; City; State; Zip Code PO Box 4932 Houston TX 77210	Amount (\$) 1,120.00	
Purpose of expenditure (See instructions regarding type of information required.) Electricity Deposit		Complete if direct expenditure to benefit C/OH	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 12/14
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872
4 Date 6/12/2003	5 Payee Name Jose Sevrano 6 Payee address; City; State; Zip Code 9650 Beechnut Houston TX 77036	7 Amount (\$) 450.00
8 Purpose of expenditure (See instruction regarding type of information required.) Contract Wages		9 Complete if direct expenditure to benefit C/OH
Date 2/26/2003	Payee Name State of Texas Payee address; City; State; Zip Code 808 Travis St Houston TX 77002	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH
Date 4/1/2003	Payee Name State of Texas Payee address; City; State; Zip Code 808 Travis St Houston TX 77002	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) Supplies - telephone		Complete if direct expenditure to benefit C/OH
Date 5/12/2003	Payee Name State of Texas Payee address; City; State; Zip Code 808 Travis Street Houston TX 77002	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 13/14
2 FILER NAME Sylvester Turner		3 ACCOUNT # (Ethics Commission filers) 0020872
4 Date 6/6/2003	5 Payee Name TMAC Solutions 6 Payee address; City; State; Zip Code PO Box 2883 Houston TX 77277	7 Amount (\$) 5,000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Website		9 Complete if direct expenditure to benefit C/OH
Date 5/29/2003	Payee Name Texas Church Ushers Payee address; City; State; Zip Code 7336 Calhoun Road Houston TX 77033	Amount (\$) 80.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH
Date 3/26/2003	Payee Name U.S. Postmaster Payee address; City; State; Zip Code 401 Franklin St Houston TX 77201	Amount (\$) 370.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH
Date 1/2/2003	Payee Name Video News Clips Payee address; City; State; Zip Code 1901 Colquitt Street Houston TX 77098	Amount (\$) 78.86
Purpose of expenditure (See instructions regarding type of information required.) News Clips		Complete if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

14/14

2 FILER NAME

Sylvester Turner

3 ACCOUNT # (Ethics Commission filers)

0020872

4 Date

3/18/2003

5 Payee Name

YMCA

7 Amount (\$)

250.00

6 Payee address; City; State; Zip Code

2000 Louisiana Street

Houston

TX 77002

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

Contribution

9 Complete if direct expenditure to benefit CJOH

[Empty table area for additional expenditure entries]



FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-29054

1. United Parcel Service Inc. Political Action Committee

55 Glenlake Parkway N.E.
Atlanta, GA 30328

2. Date: 02/24/2002

3. FEC Committee ID #: C00064766

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

United Parcel Service Inc.
55 Glenlake Parkway NE
Atlanta, Georgia 30328
Relationship: Connected
Organization Type: Corporation

Custodian of Records:

Clifford L. Hinds
c/o PASS
1020 North Fairfax St.
Alexandria, Virginia 22314
Title: Treasurer
Phone # (404) 828-6872

Treasurer:

Clifford L. Hinds
55 Glenlake Parkway N.E.
Atlanta, Georgia 30328
Title: Treasurer
Phone # (404) 828-6872

Designated Agent(s) :

Timothy H. Love
55 Glenlake Parkway NE
Atlanta, Georgia 30328
Title: Assistant Treasurer
Phone # (404) 828-7246

Cathy A. Harper
55 Glenlake Parkway NE
Atlanta, Georgia 30328
Title: Assistant Treasurer
Phone # (404) 828-6503

Banks or Depositories

Wachovia Bank of Georgia
191 Peachtree St. NE
Atlanta, Georgia 30303

Signed: Clifford L. Hinds
Date Signed: 03/05/2002
Official Committee URL: N/A

(End FEC FORM 1)



Generated Fri Nov 19 16:27:28 2004

SYLVESTER TURNER CAMPAIGN FUND
3040 POST OAK BLVD., SUITE 1600
HOUSTON, TX 77056

THE CHASE MANHATTAN BANK
HOUSTON, TX 77002
32-115/1110

2816

11/18/2004

PAY TO THE ORDER OF La Quinta

\$ **1,000.00

One Thousand and 00/100***** DOLLARS

La Quinta

THOMAS JONES, JR., TREASURER

MEMO

⑈002816⑈ ⑆111001150⑆ ⑈00101752963⑈

SYLVESTER TURNER CAMPAIGN FUND

La Quinta

11/18/2004

1,000.00

2816

Business Checking

1,000.00

SYLVESTER TURNER CAMPAIGN FUND

La Quinta

11/18/2004

1,000.00

2816

Business Checking

1,000.00