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 of the 30th day before election.

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

Sincerely,

Thomas Jones /AM

Thomas Jones

THE LAKES ON POST OAK · 3040 POST OAK BLVD., SUITE 1600 · HOUSTON, TEXAS 77056 · TEL. 713.968.1600 FAX. 713.968.1601

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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00020872

2 Total pages filed: 89

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: Sylvester | MI | NICKNAME | LAST: Turner | SUFFIX

4 ORIGINAL REPORT TYPE
- [ ] January 15
- [ ] July 15
- [X] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED
Month / Day / Year: 07 / 01 / 2003 THROUGH 10 / 03 / 2003

6 EXPLANATION OF CORRECTION
See attached documents.

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
RECEIVED DEC 30 2004 CITY SECRETARY
Receipt #
Check/Money Order #
Totals
Date Processed
Date Imaged

7 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 this corrected report is true and correct.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Sylvester Turner this the 29 day of December, 2004.

to certify which, witness my hand and seal of office.

Signature of officer administering oath | Helen Domio | Printed name of officer administering oath | Office Manager | Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed on recycled paper

Revised 02/04/2004

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.

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 filed: 89

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: | FIRST: Sylvester | MI:
NICKNAME: | LAST: Turner | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
440 Louisiana Street, Suite 1880
Houston, TX 77002

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE | PHONE NUMBER | EXTENSION
(713) 650-3688

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: | FIRST: Thomas | MI:
NICKNAME: | LAST: Jones | SUFFIX:

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 - FR)

10 PERIOD COVERED
Month Day Year: 07 / 01 / 2003 THROUGH Month Day Year: 10 / 03 / 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): 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

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

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

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	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 526622.00
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

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 29th day of December 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Helen Domio — Printed name of officer administering oath — Notary Public — Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 1/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/21/2003	Jason Burns [redacted] New Orleans LA 70128	1,250.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/21/2003	Ronald V Burns Jr [redacted] New Orleans LA 70128	1,250.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/28/2003	Marcus Equivel [redacted] Hockley TX 77447	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/23/2003	Joel B. Flowers [redacted] Houston TX 77071	150.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/2/2003	Margarita Gonzalez [redacted] Houston TX 77004	2,000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 2/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/29/2003	William D. Henson [redacted] Houston TX 77056	1,000.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/2/2003	Larry Hunt [redacted] Houston TX 77088	2,222.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/1/2003	E. Kennison [redacted] Houston TX 77009	2,000.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/28/2003	Marathon Oil Company Employee PAC [redacted] Houston TX 77056-2723	1,000.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/19/2003	Gabrielle K. McDonald [redacted] Houston TX 77030	1,000.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/18/2003	Bonnie Rattler [redacted] Houston TX 77021	100.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22/2003	Jaromey Roberts, II [redacted] Pearland TX 77584	1,500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/3/2003	Angela Richardson [redacted] Houston TX 77002	5,000.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/2/2003	Dan Shelley [redacted] Houston TX 77042	100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/1/2003	D. Walker [redacted] Houston TX 77050-3717	100.00	

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: 4/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/9/2003	ChevronTexaco Employees PAC C00035006	[redacted] San Ramon CA 94583-2324	500.00	

9 Principal occupation / Job title (See Instructions): | 10 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/2/2003	Citigroup Inc PAC C00039305	[redacted] New York City NY 10043	1,000.00	

Principal occupation / Job title (See Instructions): | Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/26/2003	CWA - COPE C00002089	[redacted] Washington DC 20001	5,000.00	

Principal occupation / Job title (See Instructions): | Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/21/2003	FPL PAC C00064774	[redacted] Juno Beach FL 33408	500.00	

Principal occupation / Job title (See Instructions): | Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/12/2003	IBEW C00027342	[redacted] Washington DC 20005	5,000.00	

Principal occupation / Job title (See Instructions): | 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: 5/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/26/2003	IBEW C00027342 [redacted] Washington DC 20005	5,000.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/18/2003	International Longshoremen's Association - AFL CIO C000158576 [redacted] New York City NY 10004	5,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/2003	Pfizer Inc. PAC C00016683 [redacted] New York City NY 10017	2,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/2003	Seafarer's Political Action Donation C00004325 [redacted] Camp Springs MD 20746	1,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/8/2003	Transport Workers Union - PCC C00008268 [redacted] New York City NY 10023	1,000.00	
Principal occupation / Job title (See Instructions)		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: 6/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/24/2003	Washington Mutual Inc PAC C00129833	[redacted] Seattle WA 98161	1,000.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B 1

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 7/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020872

4 TOTAL OF UNITEMIZED PLEDGES: 2,000.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of contribution ($)	9 In-kind contribution description (if applicable)
10/2/2003	Michael Sinclair [redacted] Houston TX 77088	2,000.00	

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

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 this report: 8/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/8/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	67.72

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/23/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	343.45

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/23/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	296.62

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

Complete if direct expenditure to benefit C/OH:

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 this report: 9/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/30/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	658.32

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/4/2004	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	150.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,500.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 10/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	411.37

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	251.81

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	474.62

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,500.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 11/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instruction regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH
9/4/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	9,500.00	Walk Teams	
9/10/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	5,000.00	Walk Teams	
9/13/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	984.07	Reimbursement for Supplies	
9/15/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,500.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 12/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

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
9/15/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,250.00	Walk Teams	
9/22/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	686.56	Supplies	
10/1/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	1,500.00	Contract Wages	
10/3/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	2,000.00	Field Labor	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 13/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/3/2003	Donald Aaron 2250 Holly Hall St., Apt 189 Houston TX 77054	6,710.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/4/2003	Advantage Communication Consultants PO Box 282 Watertown MA 02471-0282	2,648.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/2003	Criselda Aldape 2810 Leeland St Houston TX 77003	500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/2003	Criselda Aldape 2810 Leeland St Houston TX 77003	500.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 14/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

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
9/15/2003	Criselda Aldape 2810 Leeland St Houston TX 77003	500.00	Contract Wages	
10/1/2003	Criselda Aldape 2810 Leeland St Houston TX 77003	750.00	Contract Wages	
8/4/2003	Marcus Alexander 4164 Barberry Dr Houston, TX 77051	1,585.00	Office Furniture	
8/25/2003	Alpha Kappa Omega Chapter 7710 Candlegreen Dr Houston, TX 77071	400.00	Travel & Entertainment	

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 this report: 15/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instruction regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH
8/8/2003	American Leadership Forum 3101 Richmond Ave, Suite 140 Houston TX 77098	500.00	Dues & Publications	
9/21/2004	Baptist Ministers Association 5902 Beall St Houston TX 77091	10,000.00	Contribution	
8/4/2004	Barnes & Turner 440 Louisiana, Suite 1880 Houston TX 77002	300.00	Postage	
9/2/2003	Barnes & Turner 440 Louisiana, Suite 1880 Houston TX 77002	200.00	Postage	

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 this report: 16/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/22/2003	Big Tex 402 W. 16th Street Houston TX 77008	700.00

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

9 Complete if direct expenditure to benefit C/OH

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/2003	Herbert Bratcher 1905 Ellington St. Houston TX 77088	200.00

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

Complete if direct expenditure to benefit C/OH

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/2003	Herbert Bratcher 1905 Ellington St. Houston TX 77088	450.00

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

Complete if direct expenditure to benefit C/OH

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/2003	Herbert Bratcher 1905 Ellington St Houston TX 77088	25.00

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

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: 17/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name	6 Payee address; City; State; Zip Code	7 Amount ($)
8/28/03	Herbert Brachter	1905 Ellington St. Houston TX 77088	450.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name	Payee address; City; State; Zip Code	Amount ($)
9/2/03	Herbert Brachter	1905 Ellington St. Houston TX 77001	38.75

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name	Payee address; City; State; Zip Code	Amount ($)
9/15/03	Herbert Brachter	1905 Ellington St. Houston TX 77001	450.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name	Payee address; City; State; Zip Code	Amount ($)
10/1/03	Herbert Brachter	1905 Ellington St. Houston TX 77001	1250.00

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

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: 18/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/8/03	Bright Star Holy Ghost Church 2402 Calvin Houston TX 77088	150.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/31/03	Brinks Home Security 11210 Wilcrest Green Dr. Houston TX 77042	92.18

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/8/03	Brinks Home Security 11210 Wilcrest Green Dr. Houston TX 77042	200.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/13/03	Brinks Home Security 11210 Wilcrest Green Dr. Houston TX 77042	92.26

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

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: 19/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/03	Zelia Brown 9550 Meyer Forest Dr #326 Houston TX 77096	1250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Zelia Brown 9550 Meyer Forest Dr #326 Houston TX 77096	1250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Linda Burns 4444 Victory Dr #1113 Houston TX 77088	500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Linda Burns 4444 Victory Dr #1113 Houston TX 77088	500.00

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

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: 20/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/29/03	Linda Burns 4444 Victory Dr #1113 Houston TX 77088	500.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Perry Busby 2826 Francis St Houston TX 77004	750.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Marc Campos 816 Ralfallen St Houston TX 77008	3250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Marc Campos 816 Ralfallen St Houston TX 77008	3250.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 21/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/03	Marc Campos 816 Ralfallen St Houston TX 77008	3250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Marc Campos 816 Ralfallen St Houston TX 77008	3250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/28/03	Capital Courier 10878 Westheimer Rd Houston TX 77049	109.25

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/16/03	Capital Courier 10878 Westheimer Rd Houston TX 77049	9.00

Purpose of expenditure (See instructions regarding type of information required.): 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: 22/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Roy Clark 15311 Plaza Libre Dr Houston TX 77083	72.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Altee Cleo 5134 Wilmington Houston TX 77033	72.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Paul Colbert 5006 Kinglet St Houston TX 77035	1500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Paul Colbert 5006 Kinglet St Houston TX 77035	1500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 23/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/3/03	Denecia Davis 2265 Braeswood Park #226 Houston TX 77030	60.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Anthony Dickson 2505 Fannin Houston TX 77002	108.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	Kunal Dora 11730 Riverview Dr Houston TX 77077	800.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/10/03	Double Tree Hotel 400 Dallas St Houston TX 77002	1812.11

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 24/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/31/03	Double Tree Hotel 400 Dallas St Houston TX 77002	56.45

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/4/03	Drexler's World Famous Barbecue 2300 Pierce Houston TX 77003	675.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Victor Garcia 2810 Leland Dr Houston TX 77003	450.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Victor Garcia 2810 Leland St Houston TX 77003	450.00

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

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: 25/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020572

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Victor Garcia 2810 Leland St Houston TX 77003	600.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Duice Garibaldi 2505 Fannin Houston TX 77002	18.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Duice Garibaldi 2505 Fannin Houston TX 77002	36.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Maria Garza 1603 McGowen Houston TX 77004	33.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 26/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Maria Garza 1603 McGowen Houston TX 77004	54.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Janet Gomez 210 N. Estelle St Houston TX 77003	264.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Robert Gomez 219 N. Estelle St Houston TX 77003	18.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Robert Gomez 219 N. Estelle St Houston TX 77003	109.25

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 27/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020572

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/26/03	Renee Gray 12502 Taylorwood Lane Houston TX 77070	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/19/03	Renee Gray 12502 Taylorwood Lane Houston TX 77070	1600.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/3/03	Renee Gray 12502 Taylorwood Lane Houston TX 77070	1360.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/17/03	Greenworks Flowers 1100 Louisiana Houston TX 77002	315.00

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: 28/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

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
7/8/03	H&H Copy Services 1025 Victory Dr Houston TX 77088	480.02	Postage	
7/1/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	800.00	Contract Wages	
7/14/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	900.00	Contract Wages	
7/30/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	1000.00	Contract Wages	

POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 29/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	1000.00
8 Purpose of expenditure (See instructions regarding type of information required.)	Contract Wages	9 Complete if direct expenditure to benefit C/OH
8/29/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	1000.00
Purpose of expenditure (See instructions regarding type of information required.)	Contract Wages	Complete if direct expenditure to benefit C/OH
9/15/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	1000.00
Purpose of expenditure (See instructions regarding type of information required.)	Contract Wages	Complete if direct expenditure to benefit C/OH
10/1/03	Crystal Hadnott 5500 Sampson St, Apt 4301 Houston TX 77004	1000.00
Purpose of expenditure (See instructions regarding type of information required.)	Contract Wages	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: 30/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/03	Terrance Hall 12000 MLK Blvd Houston TX 77048	150.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Clayton Hardman 2814 Stallings Dr Houston TX 77088	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Clayton Hardman 2814 Stallings Dr Houston TX 77088	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/13/03	Clayton Hardman 2814 Stallings Dr Houston TX 77088	19.62

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

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: 31/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/15/03	Clayton Hardman 2814 Stallings Dr Houston TX 77088	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/2/03	Clayton Hardman 2814 Stallings Dr Houston TX 77088	85.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/2/03	Clayton Hardman 2814 Stallings Dr Houston TX 77088	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Janet Harrison 11941 Bob White Dr., #868 Houston TX 77035	115.50

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 32/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Janet Harrison 11941 Bob White Dr, #868 Houston TX 77035	162.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Sheila Hays-Mouton 12207 State Hwy 6 Suite H Fresno TX 77545	400.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Sheila Hays-Mouton 12207 State Hwy 6 Suite H Fresno TX 77545	400.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Sheila Hays-Mouton 12207 State Hwy 6 Suite H Fresno TX 77545	400.00

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

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: 33/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Grace Haywood 7501 Weyburn St Houston TX 77028	106.00

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

9 Complete if direct expenditure to benefit COH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Enid Henderson 2220 St. James Pl. Pearland TX 77581	500.00

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

Complete if direct expenditure to benefit COH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/3/03	Enid Henderson 2220 St. James Pl. Pearland TX 77581	750.00

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

Complete if direct expenditure to benefit COH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Enid Henderson 2220 St. James Pl. Pearland TX 77581	750.00

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

Complete if direct expenditure to benefit COH:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 34/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Enid Henderson 2220 St. James Pl. Pearland TX 77581	750.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Luis Hernandez 2407 N. Main Houston TX 77006	106.50

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/25/03	Kim House 5408 Pine Street Bellaire TX 77401	200.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/10/03	Houston Association of Realtors 3693 Southwest Freeway Houston TX 77027	350.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 35/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
8/25/03	Houston Black American Democrats	5737 Cullen Houston TX 77021	1000.00	Consultant	
7/26/03	Houston Chronicle	801 Texas Ave Houston TX 77002	90.00	Subscription	
8/26/03	Houston Hall	302 Park Dr La Porte TX 77571	226.95	Supplies	
9/11/03	Mitchell Howie	1906 Lake Village Dr Humble TX 77339	500.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 36/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

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
8/15/03	Dorris Hubbard 1925 Dewalt Houston TX 77088	2000.00	Consultant	
9/26/03	Dorris Hubbard 1925 Dewalt Houston TX 77088	714.45	Printing	
9/26/03	Dorris Hubbard 1925 Dewalt Houston TX 77088	389.74	Supplies	
7/23/03	Internet Corporation Listing Service 14455 North Hayden Road, #219 Scottsdale AZ 85260	75.00	Internet Service	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 37/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020572

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Annette Jackson 850 Conklin St Houston TX 77088	90.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Aaron Johnson 2407 N. Main Houston TX 77006	180.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Kendra Johnson 11810 Algonquin Dr #148 Houston TX 77089	500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/2/03	Kendra Johnson 11810 Algonquin Dr #148 Houston TX 77089	500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 38/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/15/03	Kyle Johnston 311 Ballantrae Houston TX 77015	1250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/2/03	Kyle Johnston 311 Ballantrae Houston TX 77015	1250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/03	Jones Memorial 4310 Holloway Dr Houston TX 77047	75.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	Don Jones 3227 Main St Houston TX 77002	6500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 39/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/8/03	Don Jones 3227 Main St Houston TX 77002	278.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Don Jones 3227 Main St Houston TX 77002	6500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/24/03	Don Jones 3227 Main St Houston TX 77002	1525.69

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/26/03	Don Jones 3227 Main St Houston TX 77002	224.65

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 40/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/31/03	Don Jones 3227 Main St Houston TX 77002	6500.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/14/03	Don Jones 3227 Main St 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:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Don Jones 3227 Main St Houston TX 77002	6500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/03	Don Jones 3227 Main St Houston TX 77002	1115.84

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 41/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/29/03	Don Jones 3227 Main St Houston TX 77002	6500.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/2/03	Don Jones 3227 Main St Houston TX 77002	423.05

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/3/03	Don Jones 3227 Main St Houston TX 77002	2411.39

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/5/03	Don Jones 3227 Main St Houston TX 77002	9500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 42/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/10/03	Don Jones 3227 Main St Houston TX 77002	2500.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/13/03	Don Jones 3227 Main St 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:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Don Jones 3227 Main St Houston TX 77002	6500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/19/03	Don Jones 3227 Main St Houston TX 77002	216.39

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 43/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
9/26/03	Don Jones 3227 Main St Houston TX 77002	3250.00	Contract Wages	
9/26/03	Don Jones 3227 Main St Houston TX 77002	3828.95	Contract Wages	
10/1/03	Don Jones 3227 Main St Houston TX 77002	6250.00	Contract Wages	
10/2/03	Don Jones 3227 Main St Houston TX 77002	1167.78	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 44/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	K'Netha Jones 4011 Charleston St Houston TX 77021	172.63

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/26/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 45/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
8/15/03	K'Netha Jones 4011 Charleston St Houston TX 77021	2500.00	Contract Wages	
8/18/03	K'Netha Jones 4011 Charleston St Houston TX 77021	265.14	Contract Wages	
8/26/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1250.00	Contract Wages	
8/29/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1250.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 46/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/15/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1500.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	K'Netha Jones 4011 Charleston St Houston TX 77021	1500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Justin Jordan 8415 Garden Parks Houston TX 77075	60.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/2/03	Justin Jordan 8415 Garden Parks Houston TX 77075	150.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 47/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/13/03	KCOH 5011 Almeda Rd Houston TX 77004	1200.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/19/03	KLH & Associates 2005 DeWalt St Houston TX 77088	1500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/19/03	KLH & Associates 2005 DeWalt St Houston TX 77088	3000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	Knights OPF Pythias 2505 Fannin Houston TX 77002	350.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 48/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

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
7/1/03	Nata Koerber 704 E 11 1/2 Houston TX 77008	500.00	Contract Wages	
7/8/03	Nata Koerber 704 E 11 1/2 Houston TX 77008	66.02	Supplies	
7/14/03	Nata Koerber 704 E 11 1/2 Houston TX 77008	500.00	Contract Wages	
7/30/03	Nata Koerber 704 E 11 1/2 Houston TX 77008	800.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 49/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name	6 Payee address; City; State; Zip Code	7 Amount ($)
8/3/03	Nata Koerber	704 E 11 1/2 Houston TX 77008	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name	Payee address; City; State; Zip Code	Amount ($)
8/15/03	Nata Koerber	704 E 11 1/2 Houston TX 77008	800.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name	Payee address; City; State; Zip Code	Amount ($)
8/29/03	Nata Koerber	704 E 11 1/2 Houston TX 77008	800.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name	Payee address; City; State; Zip Code	Amount ($)
9/15/03	Nata Koerber	704 E 11 1/2 Houston TX 77008	800.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 50/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Nata Koerber 704 E 11 1/2 Houston TX 77008	800.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	Krayon Catering 3227 Main Houston TX 77002	754.59

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/26/03	Jacob Lipp 1324 Allston Houston TX 77008	52.14

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Linda Lockett 11710 Algonquin Dr, Apt 270 Houston TX 77089	144.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 51/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Carlos Lopez 2407 N. Main Houston TX 77006	60.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Alyzabeth Malone 8400 Broadway St, Apt 70 Houston TX 77061	126.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	Dwight Malone 8400 Broadway St, Apt 70 Houston TX 77061	400.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/16/03	Dwight Malone 8400 Broadway St, Apt 70 Houston TX 77061	300.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 52/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Gladys Malone 12810 Southbridge Houston TX 77047	72.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/03	Marcie L. Keys Activity 8302 Colonial Ln Houston TX 77051	120.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/03	Marcie L. Keys Activity 8302 Colonial Ln Houston TX 77051	120.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/26/03	Ernest MGowen 4836 Milwee St Houston TX 77092	62.72

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 53/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

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
9/15/03	Jennifer Medina 2110 Baldwin Houston TX 77002	156.00	Contract Wages	
10/1/03	Jennifer Medina 2110 Baldwin Houston TX 77002	54.00	Contract Wages	
9/15/03	Antonia Mejia 8215 Norvic St Houston TX 77029	294.00	Contract Wages	
10/1/03	Antonia Mejia 8215 Norvic St Houston TX 77029	261.00	Contract Wages	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 54/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
9/15/03	Sonya Mejia 8215 Norvic St Houston TX 77029	316.00	Contract Wages	
10/12/03	Sonya Mejia 8215 Norvic St Houston TX 77029	264.00	Contract Wages	
8/25/03	Mexican Institute of Greater Houston 9896 Bissonnet St, Suite 301 Houston TX 77036	750.00	Travel & Entertainment	
7/10/03	Miles Insurance 5302 Almeda Rd Houston TX 77004	2125.22.00	Insurance	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 55/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / Payee address; City; State; Zip Code	7 Amount ($)
7/14/03	Derrick Muhammed 4443 Old Spanish Trail Houston TX 77021	1150.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/24/03	Derrick Muhammed 4443 Old Spanish Trail Houston TX 77021	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/2/03	Derrick Muhammed 4443 Old Spanish Trail Houston TX 77021	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Derrick Muhammed 4443 Old Spanish Trail Houston TX 77021	1150.00

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

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: 56/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020672

4 Date	5 Payee Name	6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH
8/29/03	Derrick Muhammed	4443 Old Spanish Trail Houston TX 77021	1150.00	Contract Wages	
9/15/03	Derrick Muhammed	4443 Old Spanish Trail Houston TX 77021	1150.00	Contract Wages	
10/1/03	Derrick Muhammed	4443 Old Spanish Trail Houston TX 77021	1150.00	Contract Wages	
7/8/03	Nationwide Communications	11600 Jones Rd, Suite 108 Houston TX 77070	446.00	Telephone	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 57/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
7/23/03	Nationwide Communications 11600 Jones Rd, Suite 108 Houston TX 77070	75.00	Telephone	
7/23/03	Nationwide Communications 11600 Jones Rd, Suite 108 Houston TX 77070	2511.28	Telephone	
8/25/03	Nationwide Communications 11600 Jones Rd, Suite 108 Houston TX 77070	2232.12	Telephone	
9/13/03	Nationwide Communications 11600 Jones Rd, Suite 108 Houston TX 77070	409.00	Telephone	

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 this report: 58/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/8/03	New Life in Christ Baptist Church 8121 W. Montgomery Rd Houston TX 77088	800.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Jose Ortiz 2505 Fannin Houston TX 77002	138.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Jose Ortiz 2505 Fannin Houston TX 77002	36.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	Richard Orton 3327 Main Houston TX 77002	180.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 59/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/15/03	Titan Communications 2310 Gardenia Rd Houston TX 77018	1350.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/8/03	Penn Schoen & Berland 110 16th Street Denver CO 80201	17500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Mayra Perez 2407 N. Main Houston TX 77009	147.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Valeria Perez 10522 Oswego St Houston TX 77029	147.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 60/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/3/03	Dana Price 6602 Harbor Town Dr Houston TX 77036	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/2/03	QC TV Corp. 7083 Belgold St Houston TX 77066	579.68

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/17/03	Quick Copy 2811 Dallas St, Suite 628 Houston TX 77002	350.73

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	RJ's Rib Joint 2515 Riverside Dr Houston TX 77004	1054.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 61/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 00020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Veronica Ramirez 2505 Fannin Houston TX 77002	246.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Linda Reece 4444 Victory Dr #1113 Houston TX 77088	500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Linda Reece 4444 Victory Dr #1113 Houston TX 77088	500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Linda Reece 4444 Victory Dr #1113 Houston TX 77088	500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 62/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
7/15/03	Reliant Energy PO Box 4932 Houston TX 77210	1120.00	Electricity	
7/26/03	Reliant Energy PO Box 4932 Houston TX 77210	496.63	Electricity	
7/26/03	Reliant Energy PO Box 4932 Houston TX 77210	454.35	Electricity	
8/14/03	Reliant Energy PO Box 4932 Houston TX 77210	118.50	Electricity	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 63/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / Payee address; City; State; Zip Code	7 Amount ($)
8/25/03	Reliant Energy PO Box 4932 Houston TX 77210	1854.62

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/26/03	Reliant Energy PO Box 4932 Houston TX 77210	514.79

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Renee Gray 12502 Taylorwood Lane Houston TX 77070	16200.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/7/03	Delwin Rettig 3227 Main St Houston TX 77002	2950.00

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: 64/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/30/03	Delwin Rettig 3227 Main St Houston TX 77002	5000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/3/03	Delwin Rettig 3227 Main St Houston TX 77002	5000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/2/03	Delwin Rettig 3227 Main St Houston TX 77002	5000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Rho Omicron Omega 2505 Fannin St Houston TX 77002	75.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 65/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/11/03	Rev. JJ Roberson 7817 Calhoun Houston TX 77033	250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Sheryl Roppolo 910 Pemberton Channelview TX 77530	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Sheryl Roppolo 910 Pemberton Channelview TX 77530	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Sheryl Roppolo 910 Pemberton Channelview TX 77530	1000.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 66/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission files): 0020672

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
9/15/03	Sheryl Roppolo 910 Pemberton Channelview TX 77530	1000.00	Consultant	
10/1/03	Sheryl Roppolo 910 Pemberton Channelview TX 77530	1000.00	Consultant	
7/14/03	Francisco Sanchez 4514 Ella Blvd Houston TX 77018	1250.00	Consultant	
7/30/03	Francisco Sanchez 4514 Ella Blvd Houston TX 77018	1250.00	Consultant	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 67/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/03	Francisco Sanchez 4514 Ella Blvd Houston TX 77018	1250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Francisco Sanchez 4514 Ella Blvd Houston TX 77018	1250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Francisco Sanchez 4514 Ella Blvd Houston TX 77018	1250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Francisco Sanchez 4514 Ella Blvd Houston TX 77018	1250.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 68/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Stanley Scott 5926 Imogene St Houston TX 77074	270.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Sheinkopf, Ltd 379 West Broadway, Suite 305 New York NY 10012	15776.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Lloyd Smith 2505 Fannin 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:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Lloyd Smith 2505 Fannin Houston TX 77002	114.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 69/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Loretta Smith 2505 Fannin 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:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/23/03	Rudy Smith 310 Kotar Spring TX 77388	64.47

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/14/03	Rudy Smith 310 Kotar Spring TX 77388	448.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Craig Stewart 10706 Kirkside Houston TX 77096	600.00

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

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: 70/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / Payee address; City; State; Zip Code	7 Amount ($)
8/29/03	Craig Stewart 10706 Kirkside Houston TX 77096	600.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Craig Stewart 10706 Kirkside Houston TX 77096	600.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Craig Stewart 10706 Kirkside Houston TX 77096	600.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Brian Stokes 510 Rittenhouse Houston TX 77076	216.00

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

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: 71/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/2/03	Swank Audio Visuals 1300 Lamar Houston TX 77010	545.20

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/2/03	Tejano on the Loop 5515 ½ S. Loop East Houston TX 77033	700.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/3/03	Texas Direct Calls 2310 Gardenia Rd Houston TX 77018	9000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/25/03	Texas State Association 3227 Main Houston TX 77009	750.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 72/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/24/03	Titan Communications 2310 Gardenia Houston TX 77018	1150.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Titan Communications 2310 Gardenia Houston TX 77018	1350.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Titan Communications 2310 Gardenia Houston TX 77018	1350.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/26/03	Titan Communications 2310 Gardenia Houston TX 77018	1500.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 73/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/3/03	Titan Communications 2310 Gardenia Houston TX 77018	700.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/3/03	Titan Communications 2310 Gardenia Houston TX 77018	6000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Titan Communications 2310 Gardenia Houston TX 77018	1500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/19/03	Titan Communications 2310 Gardenia Houston TX 77018	11230.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 74/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/26/03	Titan Communications 2310 Gardenia Houston TX 77018	3500.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Titan Communications 2310 Gardenia Houston TX 77018	1500.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/8/03	US Postmaster 401 Franklin Houston TX 77201	1202.50

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/03	US Postmaster 401 Franklin Houston TX 77201	300.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 75/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/4/03	Volume 21160 Imperial Valley Dr Houston TX 77073	2400.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 76/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/29/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/13/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

Complete if direct expenditure to benefit C/OH:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 77/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Mary Waites 6802 Maczali Missouri City TX 77489	3250.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Lisa Walker 2505 Fannin Houston TX 77002	130.50

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Harvey Walker 2313 W. Shannon St Deer Park TX 77536	54.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	Washington Terrace Civic Association 3227 N. Main Houston TX 77009	80.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 78/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/03	Chris Watson 1617 Fannin #1616 Houston TX 77002	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Chris Watson 1617 Fannin #1616 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:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Chris Watson 1617 Fannin #1616 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:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Chris Watson 1617 Fannin #1616 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:

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 this report: 79/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
8/29/03	Chris Watson 1617 Fannin #1616 Houston TX 77002	1000.00	Contract Wages	
9/13/03	Chris Watson 1617 Fannin #1616 Houston TX 77002	581.87	Contract Wages	
9/15/03	Chris Watson 1617 Fannin #1616 Houston TX 77002	1100.00	Contract Wages	
10/1/03	Chris Watson 1617 Fannin #1616 Houston TX 77002	1100.00	Contract Wages	

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 this report: 80/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/8/03	Kim Watson 15810 Calderlont Court Houston TX 77084	753.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/23/03	Kim Watson 15810 Calderlont Court Houston TX 77084	46.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/25/03	Kim Watson 15810 Calderlont Court Houston TX 77084	871.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/13/03	Kim Watson 15810 Calderlont Court Houston TX 77084	1500.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 81/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/1/03	Virgil Watson 7402 Calhoun Rd, Apt 232 Houston TX 77033	144.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/14/03	Janice Weaver 3414 Cheaney Dr Houston TX 77066	78.24

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Janice Weaver 3414 Cheaney Dr Houston TX 77066	750.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/2/03	Janice Weaver 3414 Cheaney Dr Houston TX 77066	1250.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 82/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 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
9/13/03	Janice Weaver 3414 Cheaney Dr Houston TX 77066	247.20	Phonebank	
9/15/03	Janice Weaver 3414 Cheaney Dr Houston TX 77066	269.54	Phonebank	
10/1/03	Roderick White 6767 Bennington Houston TX 77028	119.50	Contract Wages	
10/1/03	Roderick White 6767 Bennington Houston TX 77028	108.00	Contract Wages	

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 this report: 83/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/14/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/26/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	79.52

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

Complete if direct expenditure to benefit C/OH:

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.

4 Total pages this report: 84/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/30/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/31/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	163.66

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/14/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	151.10

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/15/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

Complete if direct expenditure to benefit C/OH:

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 this report: 85/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
8/25/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	403.39	Contract Wages	
8/28/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00	Contract Wages	
9/2/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	59.46	Supplies	
9/13/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	804.64	Supplies	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 86/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/15/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/19/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	109.85

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/26/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	168.52

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	1000.00

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

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: 87/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020872

4 Date	5 Payee Name / Payee address; City; State; Zip Code	7 Amount ($)
10/2/03	Carmen Williams 301 W. Little York Rd Houston TX 77076	387.71

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/30/03	Willowridge Baptist Church 2803 S. Main Stafford TX 77477	160.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	John Witson 8643 Belle Park Dr Houston TX 77099	800.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	John Witson 8643 Belle Park Dr Houston TX 77099	144.65

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

Complete if direct expenditure to benefit C/OH:

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 this report: 88/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

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
7/14/03	John Witson 8643 Belle Park Dr Houston TX 77099	900.00	Contract Wages	
7/30/03	John Witson 8643 Belle Park Dr Houston TX 77099	900.00	Contract Wages	
8/15/03	John Witson 8643 Belle Park Dr Houston TX 77099	900.00	Contract Wages	
8/29/03	John Witson 8643 Belle Park Dr Houston TX 77099	900.00	Contract Wages	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 89/89

2 FILER NAME: Sylvester Turner

3 ACCOUNT # (Ethics Commission filers): 0020672

4 Date	5 Payee Name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/13/03	John Witson 8643 Belle Park Dr Houston TX 77099	25.00

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

9 Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
9/15/03	John Witson 8643 Belle Park Dr Houston TX 77099	900.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
10/1/03	John Witson 8643 Belle Park Dr Houston TX 77099	900.00

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

Complete if direct expenditure to benefit C/OH:

Date	Payee Name / Payee address; City; State; Zip Code	Amount ($)
8/2/03	James Wright 2505 Fannin Houston TX 77002	120.00

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

Complete if direct expenditure to benefit C/OH:

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
1998 OCT 13 11 40 AM '98

1. (a) NAME OF COMMITTEE IN FULL — ☐ Check if name is changed
Seafarers Political Activity Donation, Seafarers International Union of N.A.-AGLIWD District

2. DATE
October 7, 1998

(b) Number and Street Address — ☐ Check if address is changed
5201 Auth Way

3. FEC Identification Number
C00004325

(c) City, State and ZIP Code
Camp Springs, MD 20746

4. Is This Report An Amendment?
☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☐ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position

8. Treasurer: List the name and address (phone number — optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., Assistant Treasurer).

Full Name	Mailing Address	Title or Position
Thomas J. DeVivio	5201 Auth Way Camp Springs, MD 20746	Treasurer/Appointed Assist. Treas. Resign

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Thomas J. DeVivio		10/7/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE/AN/045

FEC FORM 1
(revised 4/97)

S.P.A.D.

Seafarers Political Activity Donation

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

5201 Auth Way, Camp Springs, Maryland 20746 301-899-0675

June 8, 1999

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Seafarers Political Activity Donation

Please be advised that effective June 3, 1999, Thomas J. DeVivio is no longer the Treasurer of Seafarers Political Activity Donation. He has been replaced by Margaret R. Bowen. Also we have appointed Frances Brown as Assistant Treasurer effective June 8, 1999.

Please update your records accordingly. If you have any questions regarding this matter, contact my office.

Very truly yours,

David Heindel
Chairman

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Washington Mutual, Inc. Political Action Committee

ADDRESS (number and street) 1215 4th Avenue

☒ (Check if address is changed) FCB1620

Seattle WA 98161-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kailey.soprano@wamu.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

- -

2. DATE 09 / 30 / 2004

3. FEC IDENTIFICATION NUMBER ▶ C00129833

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randy J. Churchill

Signature of Treasurer Randy J. Churchill Date 09 / 30 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN04I.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a seperate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Washington Mutual, Inc.

Mailing Address 1201 Third Avenue

Seattle WA 98101-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organization

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Washington Mutual, Inc. Political Action Committee

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Randy J. Churchill

Mailing Address: 999 Third Avenue
FIS1520
Seattle WA 98101-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

First Vice President, Tax Telephone number 206-461-8851

Full Name of Designated Agent: William P. Messing

Mailing Address: 999 Third Avenue
FIS1520
Seattle WA 98101-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Vice President, Tax Telephone number 206-461-2014

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Washington Mutual Bank

Mailing Address 1201 Third Avenue

Seattle WA 98101-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

015806

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A COMMITTEE

1972 MAY 22 PM 1:05

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF $1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during a calendar year in an aggregate amount exceeding $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendment to the statement shall contain the date, identity of the committee, the changed or corrected information, taken before appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oaths.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oaths, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing address and ZIP code: 1125 - 15th Street, N. W. Washington, D. C. 20005

Date of this registration: May 19, 1972

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
I.B.E.W.	1125 - 15th Street, N. W. Washington, D. C. 20005	
Federal Election Commission ID:	C00027342	

*Note: Additional information on separate attachments should subsequently be filed and attached to this Statement of Organization for each of the above-named committees as additional or corrective material.

3. Form, Scope and Jurisdiction of the Committee:

(1) Will this committee operate in more than one State? Yes

(2) Will it operate on a statewide basis in one State? Yes

(3) Will it primarily support candidates seeking State or local office? No

(4) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? Yes

E.E. ELECTION FORM *

7200070942

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
Will Support A Number of Candidates As Determined From Time To Time			

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Will Support A Number Of Candidates As Determined From Time to Time			

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Will Support A Number of Candidates As Determined From Time To Time			

5. If this committee is supporting the entire ticket of a party, give name of party: Non-Applicable

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
Joseph J. Keenan	1125 - 15th Street, N. W. Washington, D. C. 20005	Secretary Treasurer

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Charles H. Pillard	1125 - 15th Street, N. W. Washington, D. C. 20005	Chairman

[illegible] additional information on separate continuation sheets appropriately labeled and attached to [illegible] [illegible] when information is continued on separate page(s).

8. Does this committee plan to stay in existence beyond the current calendar year? Yes If so how long Indefinitely

9. In the event of dissolution, what disposition will be made of residual funds? Non-Applicable

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
The First National Bank of Washington	Washington, D. C.

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate item above when information is continued on separate paper.

District of Columbia
County of ss.

I, Joseph D. Keenan (Full Name of Treasurer of Political Committee), being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

(Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 19th day of May A.D. 19 72

Frances Mariett Davis—District of Columbia
My commission expires My Commission Expires July 14, 1973 19.

[SEAL]

Return completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-80165

1. ChevronTexaco Employees Political Action Committee

6001 Bollinger Canyon Road
Building A2108
San Ramon, CA 945832324

2. Date: 03/31/2003
3. FEC Committee ID #: C00035006

Affiliated Committees/Organizations

Custodian of Records:

Ms. Felicia Frederick
6001 Bollinger Canyon Road
Building A2104
San Ramon, California 94583
Title: Manager Political R
Phone # (925) 842-3417

Treasurer:

Mr. Ramiro Estrada
6001 Bollinger Canyon Road
Building A2108
San Ramon, California 94583
Title: PAC Treasurer
Phone # (925) 842-3496

Designated Agent(s):

Banks or Depositories

Signed: Mr. Ramiro Estrada
Date Signed: 04/02/2003
Official Committee URL:

FORM TEXT

(End FEC FORM 1)

Generated Fri Nov 19 16:45:10 2004

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-77621

1. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE (CITIGROUP PAC-FEDERAL/STATE)

399 PARK AVENUE
NEW YORK, NY 10043

2. Date: 02/28/2003
3. FEC Committee ID #: C00039305

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

CITIGROUP INC.
399 PARK AVENUE
NEW YORK, New York 10043
Relationship: CONNECTED
Organization Type: Corporation

CITIGROUP INC. POLITICAL ACTION COMMIT
1101 PENNSYLVANIA AVE. NW
SUITE 1000
WASHINGTON, DC 20004
Relationship: AFFILIATED

Custodian of Records:

BARBARA E. HIGHAM
c/o PASS
1020 NORTH FAIRFAX STREET
ALEXANDRIA, Virginia 22314
Title: TREASURER

Treasurer:

BARBARA E. HIGHAM
125 BROAD STREET
6TH FLOOR
NEW YORK, New York 10004
Title: TREASURER

Designated Agent(s):

HOWARD DARMSTADTER
425 PARK AVENUE
NEW YORK, New York 10043
Title: ASSISTANT TREASURER

RONALD W. STEPHENS
11440 CARMEL COMMONS BLVD.
CHARLOTTE, North Carolina 28226
Title: ASSISTANT TREASURER

THOMAS R. FAZEKAS
125 BROAD STREET
6TH FLOOR
NEW YORK, New York 10004
Title: ASSISTANT TREASURER

S. COLIN DOWLING
901 15TH STREET NW
SUITE 300
WASHINGTON, DC 20005
Title: ASSISTANT TREASURER

Banks or Depositories

CITIBANK N.A.
111 WALL STREET
NEW YORK, New York 10043

Signed: BARBARA E. HIGHAM
Date Signed: 02/28/2003
Official Committee URL: N/A

FORM_TEXT
(End FEC FORM 1)

I certify that the above form/document is a true copy of the most recent Statement of Organization for the Citigroup Inc. PAC-Federal/State on file with the Federal Election Commission.

Treasurer

7/3/03
Date

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-68676

1. TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

80 WEST END AVENUE

NEW YORK, NY 10023

NOTE:Address IS Different than previously reported
Click HERE for previous address information

2. Date: 12/09/2002
3. FEC Committee ID #: C00008268

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

Custodian of Records:

John Kerrigan
1700 Broadway
2nd Floor
New York, New York 10019
Title: Secretary Treasurer
Phone # (212) 259-4900

Treasurer:

John Kerrigan
1700 Broadway
2nd Floor
New York, New York 10019

Title: Secretary Treasurer
Phone # (212) 259-4900

Designated Agent(s):

Banks or Depositories

Signed: John Kerrigan
Date Signed: 12/09/2002
Official Committee URL:

(End FEC FORM 1)

Generated Fri Nov 19 16:37:52 2004

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-83579

1. CWA-COPE Political Contributions Committee

501 Third Street N.W.
Washington, DC 20001

2. Date: 03/03/2003
3. FEC Committee ID #: C00002089

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

Committee ID# C00002089
Communications Workers of America
501 Third Street N.W.
Washington, DC 20001
Relationship: Allied
Organization Type: Labor Organization

Committee ID# C00009597
Local 13000 CWA AFL-CIO
2124 Race Street
Philadelphia, Pennsylvania 19103
Relationship: Local Union
Organization Type: Labor Organization

Custodian of Records:

Barbara J. Easterling
501 Third Street N.W.
CWA Political Department
Washington, DC 20001
Title: Secretary-Treasurer
Phone # (202) 434-1100

Treasurer:

Barbara J. Easterling
501 Third Street N.W.
CWA Secretary-Treasurer's Office
Washington, DC 20001
Title: Secretary-Treasurer
Phone # (202) 434-1410

Designated Agent(s):

Michael Grace
501 Third Street N.W.
Washington, DC 20001
Title: Political Director
Phone # (202) 434-1491

Banks or Depositories

Suntrust Bank
P.O. Box 85024
Washington, DC 20001

Signed: Barbara J. Easterling
Date Signed: 03/03/2003
Official Committee URL: cwa-union.org

(End FEC FORM 1)

Generated Fri Nov 19 16:36:00 2004

FEC FORM 1
STATEMENT OF ORGANIZATION

FILING FEC-100945

1. PFIZER INC. PAC

235 EAST 42ND STREET
NEW YORK, NY 10017

2. Date: 12/05/2003
3. FEC Committee ID #: C00016683

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

PFIZER INC.
235 EAST 42ND STREET
NEW YORK, New York 10017
Relationship: Connected
Organization Type: Corporation

Custodian of Records:

George W. Evans
235 East 42nd Street
New York, New York 10017
Title: Secretary
Phone # (212) 573-3813

Treasurer:

Richard A. Passov
235 East 42nd Street
New York, New York 10017
Title: Treasurer
Phone # (212) 573-7073

Designated Agent(s):

David E. Gold
235 East 42nd Street
New York, New York 10017
Title: Assistant Treasurer
Phone # (212) 573-2214

Banks or Depositories

Wachovia Bank & Trust
191 Peachtree Street
Atlanta, Georgia 30303

Wachovia Bank NA
360 Madison Avenue
New York, New York 10017

Signed: Richard A. Passov
Date Signed: 12/05/2003
Official Committee URL:

(End FEC FORM 1)

Generated Fri Nov 19 16:24:27 2004

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL: International Longshoremen's Association, AFL-CIO; Committee on Political Education
(b) Number and Street Address: 17 Battery Place
(c) City, State and ZIP Code: New York, New York 10004
(Check if address is changed)
2. DATE: 5/18/94
3. FEC IDENTIFICATION NUMBER: C000158578
4. (a) THIS STATEMENT AN AMENDMENT? X YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
International Longshoremen's Association, AFL-CIO	17 Battery Place New York, NY 10004	Connected

Type of Connected Organization: ☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Robert E. Gleason	17 Battery Place New York, NY 10004	Treasurer

8. Treasurer: List the name and address (phone number — optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Robert E. Gleason	17 Battery Place New York, NY 10004	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Marine Midland Bank	17 Battery Place, NY, NY 10004
Gotham Savings Bank	1412 Broadway, NY, NY 10018
Cowen & Co.	Financial Sqr., NY, NY 10005
Prudential Securities	200 Campus Dr., Florham Park, NJ 07932

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Robert E. Gleason	X [signature]	5/19/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437a.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1 (revised 4/8)

94039002259

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

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

2807

11/18/2004

PAY TO THE ORDER OF Temac Solutions Inc. $ **1,034.00

One Thousand Thirty-Four and 00/100********** DOLLARS

Temac Solutions Inc.

THOMAS JONES, JR., TREASURER

MEMO

⑈002807⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND 2807

Temac Solutions Inc. 11/18/2004 1,034.00

Business Checking 1,034.00

SYLVESTER TURNER CAMPAIGN FUND 2807

Temac Solutions Inc. 11/18/2004 1,034.00

Business Checking 1,034.00

504398 (4/04)

3040 POST OAK BLVD., SUITE 1600
HOUSTON, TX 77056

HOUSTON, TX 77002
32-115/1110

2812

11/18/2004

PAY TO THE ORDER OF Assets Managment & Real Estate Investment $ **50.00

Fifty and 00/100********** DOLLARS

Assets Managment & Real Estate Investment

THOMAS JONES, JR., TREASURER

MEMO

© 2003 INTUIT INC. # 571 1-800-433-8810

⑈002812⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND 2812

Assets Managment & Real Estate Investment 11/18/2004 50.00

Business Checking 50.00

SYLVESTER TURNER CAMPAIGN FUND 2812

Assets Managment & Real Estate Investment 11/18/2004 50.00

Business Checking 50.00

504398 (4/04)

3040 POST OAK BLVD., SUITE 1600
HOUSTON, TX 77056

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

2819

11/18/2004

PAY TO THE ORDER OF G.L. Wardlaw, Inc. $ **20.00

Twenty and 00/100********** DOLLARS

G.L. Wardlaw, Inc.

THOMAS JONES, JR., TREASURER

MEMO

© 2003 INTUIT INC. # 571 1-800-433-8810

⑈002819⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND

G.L. Wardlaw, Inc. 11/18/2004 2819 20.00

Business Checking 20.00

SYLVESTER TURNER CAMPAIGN FUND

G.L. Wardlaw, Inc. 11/18/2004 2819 20.00

Business Checking 20.00

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

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

2814

11/18/2004

PAY TO THE ORDER OF CMG Holdings, Inc. $ **50.00

Fifty and 00/100********** DOLLARS

CMG Holdings, Inc.

THOMAS JONES, JR., TREASURER

MEMO

⑈002814⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND 2814

CMG Holdings, Inc. 11/18/2004 50.00

Business Checking 50.00

SYLVESTER TURNER CAMPAIGN FUND 2814

CMG Holdings, Inc. 11/18/2004 50.00

Business Checking 50.00

504398 (4/04)

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

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

2837

11/29/2004

PAY TO THE ORDER OF Eddie Henry Agency $ **500.00

Five Hundred and 00/100********** DOLLARS

Eddie Henry Agency
6120 Scott, Suite A
Houston, TX 77021

THOMAS JONES, JR., TREASURER

MEMO

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⑈002837⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND

2837

Eddie Henry Agency

11/29/2004

500.00

Business Checking

500.00

SYLVESTER TURNER CAMPAIGN FUND

2837

Eddie Henry Agency

11/29/2004

500.00

Business Checking

500.00

504398 (4/04)

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

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

2838

11/29/2004

PAY TO THE ORDER OF Raven Interests $ **2,500.00

Two Thousand Five Hundred and 00/100********** DOLLARS

Raven Interests
12402 Verde Glen Ln
Houston, TX 77071

THOMAS JONES, JR., TREASURER

MEMO

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⑈002838⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND

2838

Raven Interests

11/29/2004

2,500.00

Business Checking

2,500.00

SYLVESTER TURNER CAMPAIGN FUND

2838

Raven Interests

11/29/2004

2,500.00

Business Checking

2,500.00

504398 (4/04)

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

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

2840

11/29/2004

PAY TO THE ORDER OF Profiles Financial Group Inc. $ **250.00

Two Hundred Fifty and 00/100********** DOLLARS

Profiles Financial Group Inc.
Edison Plz
350 Pine, Suite 300
Beaumont, TX 77701

THOMAS JONES, JR., TREASURER

MEMO

⑈002840⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND 2840

Profiles Financial Group Inc. 11/29/2004 250.00

Business Checking 250.00

SYLVESTER TURNER CAMPAIGN FUND 2840

Profiles Financial Group Inc. 11/29/2004 250.00

Business Checking 250.00

504398 (4/04)

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

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

2862

12/29/2004

PAY TO THE ORDER OF Taylor Interprise $ **200.00

Two Hundred and 00/100********** DOLLARS

Taylor Interprise
PO Box 33277
Houston, TX 77033

THOMAS JONES, JR., TREASURER

MEMO

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⑈00286 2⑈ ⑆111001150⑆ ⑈0010175296 3⑈

SYLVESTER TURNER CAMPAIGN FUND 2862

Taylor Interprise 12/29/2004 200.00

Business Checking 200.00

SYLVESTER TURNER CAMPAIGN FUND 2862

Taylor Interprise 12/29/2004 200.00

Business Checking 200.00

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

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

2863

12/29/2004

PAY TO THE ORDER OF West Houston Motors $ **250.00

Two Hundred Fifty and 00/100********** DOLLARS

West Houston Motors
PO Box 218912
Houston, TX 77218

THOMAS JONES, JR., TREASURER

MEMO

⑈002863⑈ ⑆111001150⑆ ⑈0016752963⑈

SYLVESTER TURNER CAMPAIGN FUND 2863

West Houston Motors 12/29/2004 250.00

Business Checking 250.00

SYLVESTER TURNER CAMPAIGN FUND 2863

West Houston Motors 12/29/2004 250.00

Business Checking 250.00

504398 (4/04)