

# 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)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr.	FIRST Derrick	MI D
	NICKNAME "Wess"	LAST Wesley	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 6420 Hillcroft, # 110 Houston, Texas 77081	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Rubin	MI L
	NICKNAME	LAST Williams	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3322 Yellowstone Blv. # 1406 Houston, Texas 77021		
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 748 - 6715	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month / Day / Year    THROUGH    Month / Day / Year 01 / 01 / 2003    THROUGH    06 / 30 / 2003		
10 ELECTION	ELECTION DATE Month / Day / Year 11 / 04 / 2003		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Houston City Council District F	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Derrick D. Wesley

15 ACCOUNT #(Ethics Commission file)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$

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

\$ 6,850.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,866.86

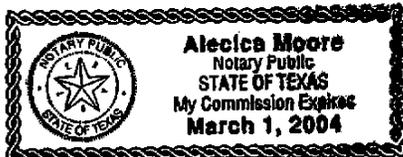
OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT

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



*Derrick D. Wesley*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Derrick D. Wesley, this the 14<sup>th</sup> day of July, 2003, to certify which, witness my hand and seal of office.

*Alecia Moore*  
Signature of officer administering oath

Alecia Moore  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1/2	
2 FILER NAME Derrick Wesley		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/4/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pasty M. Anderson Stevens	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beverly Melontree	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 4/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary E. Patterson PC Attorney at Law	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 4/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stanley Broussard	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kimberly L. Gray POD	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>2/2</b>	
2 FILER NAME <b>Derrick D. Wesley</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/27/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Niko Nikos Greek &amp; American Cafe</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>3/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Krista Levi</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
1/3

2 FILER NAME

Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date  
6/14/03

5 Payee name  
Walmart

6 Payee address; City; State; Zip Code  
14550 Beechnut  
Houston, Texas 77015

7 Amount (\$)  
\$103.67

8 Purpose of payment (See instructions regarding type of information required.)  
Supplies for the campaign office

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

Date  
6/21/03

Payee name  
Ace - Basic Service

Payee address; City; State; Zip Code  
4502 A Griggs  
Houston, Texas 77021

Amount (\$)  
\$ 86.82

Purpose of payment (See instructions regarding type of information required.)  
Phone service for the campaign Office

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

Date  
6/25/03

Payee name  
A-Affordable Printing & Graphics

Payee address; City; State; Zip Code  
6518 Ledbetter  
Houston, Texas 77087

Amount (\$)  
\$162.38

Purpose of payment (See instructions regarding type of information required.)  
Campaign post cards and flyers blue & black English & Spanish, graphic design and halftone photo.

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

Date  
5/6/03

Payee name  
Pangasinan Association of Texas

Payee address; City; State; Zip Code  
5927 Wigton  
Houston, Texas 77096

Amount (\$)  
\$175.00

Purpose of payment (See instructions regarding type of information required.)  
Sponsorship

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
2/3

2 FILER NAME

Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/11/03

5 Payee name  
Damon Williams Consulting

7 Amount (\$)

6 Payee address; City; State; Zip Code  
5514 Griggs Road #2611  
Houston, Texas 77021

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)  
Political Consulting Services

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

Date  
5/25/03

Payee name  
A-Affordable Printing & Graphics

Amount (\$)

Payee address; City; State; Zip Code  
6518 Ledbetter  
Houston, Texas 77087

\$801.05

Purpose of payment (See instructions regarding type of information required.)  
Political Signs: 400 yard signs  
500 business cards, travel, and graphics  
for signs and cards.

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

Date  
6/12/03

Payee name  
Tidwell Photography

Amount (\$)

Payee address; City; State; Zip Code  
2021 Misty Waters Lane  
Houston, Texas 77081

\$200.00

Purpose of payment (See instructions regarding type of information required.)  
Photographs, scanned images,  
redesigned and updated new  
contents of the website.

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

Date  
6/14/03

Payee name  
Don Carlos Mexican Restaurant

Amount (\$)

Payee address; City; State; Zip Code  
6501 SW Freeway  
Houston, Texas 77074

\$162.94

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3/3

2 FILER NAME

Derrick Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date  
6/13/035 Payee name  
Martin L. King, Jr. Community Center7 Amount  
(\$)6 Payee address; City; State; Zip Code  
2720 Sampson  
Houston, Texas 77004

\$50.00

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

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date  
6/13/03Payee name  
Marvin's T-ShirtsAmount  
(\$)Payee address; City; State; Zip Code  
2305 Wheeler  
Houston, Texas 77004

\$625.00

Purpose of payment (See instructions regarding type of information required.)  
Campaign T-Shirts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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