

Texas Ethics Commission

P.O. Box 12070


Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8508

# 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) <b>NA</b>	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>MS CLAUDIA F</b>	<b>OFFICE USE ONLY</b>  Date Received: _____ Date Delivered or Date Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
	NICKNAME LAST SUFFIX <b>- WILLIAMSON</b>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>5618 TURFWOOD HOUSTON TX 77088</b>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>MS CELINA GARZA</b>		
	NICKNAME LAST SUFFIX <b>- RIDGE</b>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <b>12103 GLADEWICK HOUSTON TX 77077</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 679-0154</b>		
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 (office holder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach GACH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 16 / 02    6 / 30 / 02</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>12 / 01 / 01</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <b>-</b>	12 OFFICE SOUGHT (if known) <b>HOUSTON CITY COUNCIL - POS 4 AT LARGE</b>	
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 <b>N/A</b> Address / PO Box, Apt. / Suite #, City, State, Zip Code		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

CLAUDIA WILLIAMSON

15 ACCOUNT # (Ethics Commission file#)

NA

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

COMMITTEE NAME

NA

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE TOTALS

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

\$ ITEMIZED

4. TOTAL POLITICAL EXPENDITURES

\$ 750.00

OUTSTANDING LOAN TOTALS

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

\$ - 0 -

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.

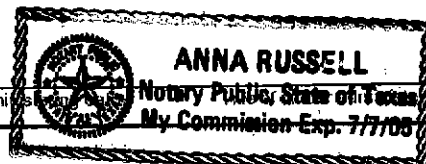
*Claudia Williamson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CLAUDIA WILLIAMSON, this the 5th day of July, 2002, to certify which, witness my hand and seal of office.

*Anna Russell*  
Signature of officer administering oath

Printed name of officer administering oath



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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>CLAUDIA WILLIAMSON</b>		3 ACCOUNT # (Ethics Commission filers) <b>NA</b>
4 Date <b>1/31/02</b>	5 Payee name <b>Chris Bell for Congress</b>	7 Amount (\$) <b>250.00</b>
6 Payee address; City; State; Zip Code <b>6524 San Felipe PMB 402 HOUSTON TX 77057</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Contribution</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>2/8/02</b>	Payee name <b>Sylvia Garcia Campaign</b>	Amount (\$) <b>250.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 8530 HOUSTON TX 77249-8530</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Contribution</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>2/8/02</b>	Payee name <b>Jessica Farrar Campaign</b>	Amount (\$) <b>100.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 30099 HOUSTON TX 77249-0099</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign contribution</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>2/26/02</b>	Payee name <b>Awnise Parker Campaign</b>	Amount (\$) <b>\$100.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 66513 HOUSTON TX 77266</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign contribution</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **CLAUDIA WILLIAMSON** 3 ACCOUNT # (Ethics Commission file): **NA**

4 Date <b>3/16/02</b>	5 Payee name <b>Chris Bell for Congress</b>	7 Amount (\$) <b>50.00</b>
6 Payee address: City, State, Zip Code <b>6524 San Felipe, PMB 402 HOUSTON TX 77057</b>		

8 Purpose of payment (See instructions regarding type of information required)	9 <b>** Complete if direct expenditure to benefit C/OH --</b> 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
--	---

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
--	---

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

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <u>1</u>
2 FILER NAME <u>CLAUDIA WILLIAMSON</u>		3 ACCOUNT # (Ethics Commission filers) <u>NA</u>
4 Date <u>2/21/02</u>	5 Payee name <u>GREATER HOUSTON WOMENS FOUNDATION</u> 6 Payee address; City, State; Zip Code <u>5909 W. LOOP SOUTH, #260 BELLAIRE, TX 77401</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Contribution</u>	8 Amount (\$) <u>100.00</u>
Date <u>3/1/02</u>	Payee name <u>KAYE STRIPLING SCHOLARSHIP</u> Payee address; City, State; Zip Code <u>P.O. BOX 2423 Bellaire TX 77402-2423</u> Purpose of expenditure (See instructions regarding type of information required.) <u>GOLF TOURNAMENT SPONSORSHIP</u>	Amount (\$) <u>200.00</u>
Date <u>3/2/02</u>	Payee name <u>LEAGUE OF WOMEN VOTERS - HOU</u> Payee address; City, State; Zip Code <u>2650 FOUNTAINVIEW, STE 328 HOUSTON TX 77057</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Contribution</u>	Amount (\$) <u>100.00</u>
Date	Payee name Payee address; City, State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City, State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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