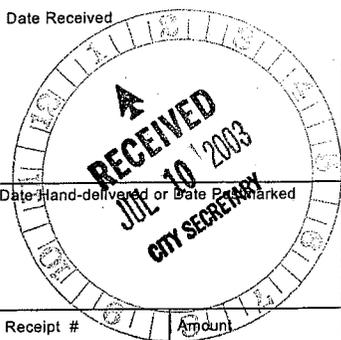


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 35
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI	OFFICE USE ONLY Date Received  Date hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input checked="" type="checkbox"/> Change of Address	P.O. Box 980166 Houston TX 77098-0166		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST MI	
	NICKNAME	LAST SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 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
10 ELECTION	ELECTION DATE Month Day Year	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)	
13 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 <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mills Worsham

15 ACCOUNT # (Ethics Commission filers)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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) \$ 19,826.00

EXPENDITURE TOTALS

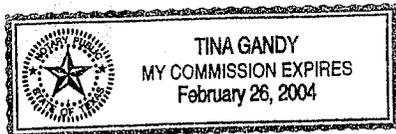
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 13,346.59

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.

Mills Worsham
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mills Worsham, this the 8 day of July, 2002, to certify which, witness my hand and seal of office.

Tina Gandy
Signature of officer administering oath

Tina Gandy
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: 27

2 FILER NAME Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/19/03 5 Full name of contributor out-of-state PAC (ID#: _____)
Beverly Bentlett Arnold

7 Amount of contribution (\$) \$ 250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED]

9 Principal occupation (Optional) 10 Employer (Optional)

Date 5/19/03 Full name of contributor out-of-state PAC (ID#: _____)
Frank B. Davis

Amount of contribution (\$) \$ 150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional) Employer (Optional)

Date 5/20/03 Full name of contributor out-of-state PAC (ID#: _____)
Grace G. Arnold

Amount of contribution (\$) \$ 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional) Employer (Optional)

Date 5/20/03 Full name of contributor out-of-state PAC (ID#: _____)
Tara G. Eastland

Amount of contribution (\$) \$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional) Employer (Optional)

Date 5/20/03 Full name of contributor out-of-state PAC (ID#: _____)
Mary L. Kister

Amount of contribution (\$) \$ 250.00

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: 27

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/02

5 Full name of contributor

Jim Lowrey, Sr.

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/21/03

Full name of contributor

Misty Shields Saha

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/21/03

Full name of contributor

Lawrence E. Walton

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/22/03

Full name of contributor

Rodergh W. Johnson, Jr.

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/29/03

Full name of contributor

Alan S. Dale

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

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: **27**

2 FILER NAME **Mills Worsham**

3 ACCOUNT # (Ethics Commission filers)

4 Date **5/30/03**

5 Full name of contributor out-of-state PAC (ID#: _____)
Mrs. W.C.P. Nobles

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$) **\$ 50.00**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date **5/31/03**

Full name of contributor out-of-state PAC (ID#: _____)
Mark C. Harwell

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) **\$ 100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **6/1/03**

Full name of contributor out-of-state PAC (ID#: _____)
Anna Atkinson

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) **\$ 100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **6/2/03**

Full name of contributor out-of-state PAC (ID#: _____)
Diana L. Martin

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) **\$ 250.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **6/2/03**

Full name of contributor out-of-state PAC (ID#: _____)
Judy B. Mills

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) **\$ 200.00**

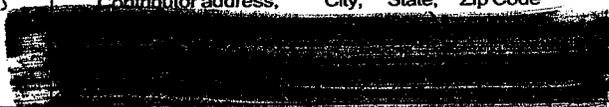
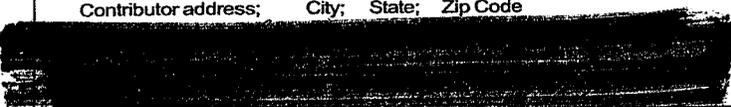
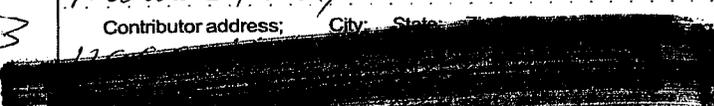
In-kind contribution description (if applicable)

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: 21	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/13/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany L. McKay Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/2/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Reiter Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/2/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis J. Quam Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/2/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Lee Pickett Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Steed, Jr. Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
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: 21

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/3/03

5 Full name of contributor

Vic Schneider

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation (Optional)

Employer (Optional)

Date

6/3/03

Full name of contributor

Sybil L. Stephens

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

6/4/03

Full name of contributor

Thomas W. Burke, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

6/4/03

Full name of contributor

Robert E. Adams, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date

6/4/03

Full name of contributor

Lloyd Castaneda

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation (Optional)

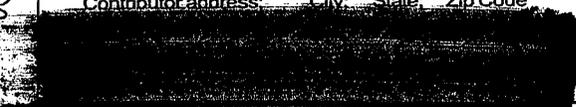
Employer (Optional)

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: 27	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/4/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James B. Gates, Jr. 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladys M. Jaergen Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Pressler Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Y. Frank Jungman Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Barry P. Wood Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
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: 27

2 FILER NAME *Mills Worsham*

3 ACCOUNT # (Ethics Commission filers)

4 Date *6/3/03*

5 Full name of contributor out-of-state PAC (ID#: _____)
Eugene A. Smotherman

6 Contributor address: City: State: Zip Code



7 Amount of contribution (\$) *\$100.00*

8 In-kind contribution description (if applicable)

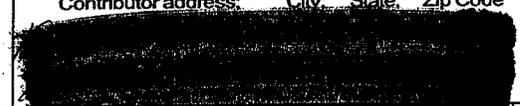
9 Principal occupation (Optional)

10 Employer (Optional)

Date *6/5/03*

Full name of contributor out-of-state PAC (ID#: _____)
Jean M. Worsham

Contributor address: City: State: Zip Code



Amount of contribution (\$) *\$2,000.00*

In-kind contribution description (if applicable)

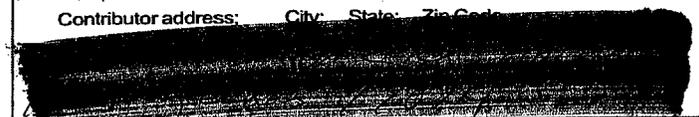
Principal occupation (Optional)

Employer (Optional)

Date *5/4/03*

Full name of contributor out-of-state PAC (ID#: _____)
Mrs. Alvin Caldwell

Contributor address: City: State: Zip Code



Amount of contribution (\$) *\$200.00*

In-kind contribution description (if applicable)

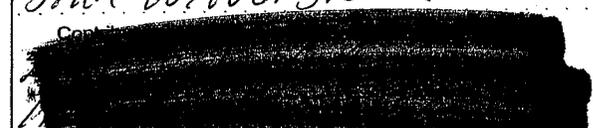
Principal occupation (Optional)

Employer (Optional)

Date *6/2/03*

Full name of contributor out-of-state PAC (ID#: _____)
John W. Worsham

Contributor address: City: State: Zip Code



Amount of contribution (\$) *\$100.00*

In-kind contribution description (if applicable)

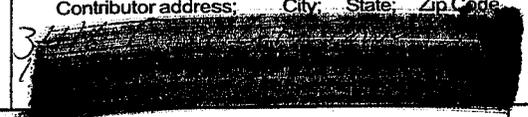
Principal occupation (Optional)

Employer (Optional)

Date *6/6/03*

Full name of contributor out-of-state PAC (ID#: _____)
J. Evans Atwell

Contributor address: City: State: Zip Code



Amount of contribution (\$) *\$250.00*

In-kind contribution description (if applicable)

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: 21	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/4/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane S. Grookin	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/6/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol A. Porter	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 6/6/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Buongiorno McDaniel	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 6/5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Hellmann	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date 6/1/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny R. Kelley	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: _____ 			
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: 21

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/6/03

5 Full name of contributor out-of-state PAC (ID#: _____)

J.S. Sellengsh

6 Contributor address: City: State: Zip Code:

[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/11/03

Full name of contributor out-of-state PAC (ID#: _____)

John Truett

Contributor address: City: State: Zip Code:

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/14/03

Full name of contributor out-of-state PAC (ID#: _____)

Misty Shields Saha

Contributor address: City: State: Zip Code:

[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/6/03

Full name of contributor out-of-state PAC (ID#: _____)

Geraldine S. Priest

Contributor address: City: State: Zip Code:

[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/7/03

Full name of contributor out-of-state PAC (ID#: _____)

Shavonn Allensworth

Contributor address: City: State: Zip Code:

[REDACTED]

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

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: 21

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/18/03

5 Full name of contributor

William D. Edwards

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/19/03

Full name of contributor

Emily Mumford

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/20/03

Full name of contributor

Stephen R. Schneider

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/19/03

Full name of contributor

Robert B. Reynolds

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/14/03

Full name of contributor

W. H. Hodges

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

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: 21

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/7/03

5 Full name of contributor

Susan Helm

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/30/03

Full name of contributor

Paul F. Cook

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/10/03

Full name of contributor

Robert L. Bradley

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/10/03

Full name of contributor

J.C. Walter, III

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/11/03

Full name of contributor

John M. Sutherland

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

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: 27

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/13/03

5 Full name of contributor out-of-state PAC (ID#: _____)

C. Breen Dillon

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/14/03

Full name of contributor out-of-state PAC (ID#: _____)

Shannon Kay O'Connor

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/12/03

Full name of contributor out-of-state PAC (ID#: _____)

Beth M. Harp

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/13/03

Full name of contributor out-of-state PAC (ID#: _____)

Hubert B. Finch

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/10/03

Full name of contributor out-of-state PAC (ID#: _____)

Peggy J. Thompson

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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: 27

2 FILER NAME Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/9/03
5 Full name of contributor out-of-state PAC (ID#: _____)
E. H. Patton, Jr.
6 Contributor address: _____

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date 6/14/03
Full name of contributor out-of-state PAC (ID#: _____)
Thomas F. Vethers II
Contributor address: _____

Amount of contribution (\$) \$20.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date 6/14/03
Full name of contributor out-of-state PAC (ID#: _____)
Thomas C. Dunn
Contributor address: _____

Amount of contribution (\$) \$101.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date 6/14/03
Full name of contributor out-of-state PAC (ID#: _____)
A. Thomas Adkins, M.D.
Contributor address: _____

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date 6/14/03
Full name of contributor out-of-state PAC (ID#: _____)
Luey Gray Arnold
Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

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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: 27

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/17/03

5 Full name of contributor

De Witt Waltman

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/17/03

Full name of contributor

James W. Roach

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/13/03

Full name of contributor

Kay Schneider

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/16/03

Full name of contributor

Tyanne Terrell

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/14/03

Full name of contributor

Ward D. Kelsey

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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: 27	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/18/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane S. Helmer	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Ben White	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	
Date 6/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas W. Ford	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	
Date 6/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William James Miller	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	
Date 6/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander Adams	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	

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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: 27

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/24/03

5 Full name of contributor

Jeanne Adams

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/21/03

Full name of contributor

Randall J. Ayers

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/20/03

Full name of contributor

Loretta Baker

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/24/03

Full name of contributor

Bearre L. Beal III

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/24/03

Full name of contributor

Thomas E. Berry

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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: **27**

2 FILER NAME **Mills Worsham**

3 ACCOUNT # (Ethics Commission filers)

4 Date **6/24/03**

5 Full name of contributor out-of-state PAC (ID#: _____)
Marilyn F. Bitsis

6 Contributor address: _____ City: _____ State: _____ Zip Code: _____
[REDACTED]

7 Amount of contribution (\$) **\$100.00**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) _____ 10 Employer (Optional) _____

Date **6/18/03**

Full name of contributor out-of-state PAC (ID#: _____)
Mrs. J.H. Blades

Contributor address: _____ City: _____ State: _____ Zip Code: _____
[REDACTED]

Amount of contribution (\$) **\$100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

Date **6/23/03**

Full name of contributor out-of-state PAC (ID#: _____)
Donald L. Blair

Contributor address: _____ City: _____ State: _____ Zip Code: _____
[REDACTED]

Amount of contribution (\$) **\$100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

Date **6/24/03**

Full name of contributor out-of-state PAC (ID#: _____)
Gael M. Cobb

Contributor address: _____ City: _____ State: _____ Zip Code: _____
[REDACTED]

Amount of contribution (\$) **\$25.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

Date **6/18/03**

Full name of contributor out-of-state PAC (ID#: _____)
Elbow Coleman

Contributor address: _____ City: _____ State: _____ Zip Code: _____
[REDACTED]

Amount of contribution (\$) **\$25.00**

In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

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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: 21

2 FILER NAME Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/24/03
5 Full name of contributor out-of-state PAC (ID#: _____)
Charles E. Cook
6 Contributor address: City: State: Zip Code: _____


7 Amount of contribution (\$) \$ 100.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) _____ 10 Employer (Optional) _____

Date 6/24/03
Full name of contributor out-of-state PAC (ID#: _____)
William M. Crook
Contributor address: City: State: Zip Code: _____


Amount of contribution (\$) \$ 250.00
In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

Date 6/20/03
Full name of contributor out-of-state PAC (ID#: _____)
William C. Crouch, Jr.
Contributor address: City: State: Zip Code: _____


Amount of contribution (\$) \$ 100.00
In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

Date 6/18/03
Full name of contributor out-of-state PAC (ID#: _____)
D. L. Doyle
Contributor address: City: State: Zip Code: _____


Amount of contribution (\$) \$ 100.00
In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

Date 6/23/03
Full name of contributor out-of-state PAC (ID#: _____)
Lynda Ezer
Contributor address: City: State: Zip Code: _____


Amount of contribution (\$) \$ 100.00
In-kind contribution description (if applicable)

Principal occupation (Optional) _____ Employer (Optional) _____

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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: <u>27</u>	
2 FILER NAME <u>Mills Worsham</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>6/20/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert P. Gaddis</u>	7 Amount of contribution (\$) <u>\$ 250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>6/24/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David P. Callman</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/18/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert A. Gardner, Jr.</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/24/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lorralyn J. Pang-bee</u>	Amount of contribution (\$) <u>\$ 40.00</u>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/26/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Othello F. Greese</u>	Amount of contribution (\$) <u>\$ 50.00</u>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 			
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 27

2 FILER NAME Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/22/03
5 Full name of contributor out-of-state PAC (ID#: _____)
Donna Powell Grasty
6 Contributor address: _____ City: _____ State: _____ Zip Code _____

7 Amount of contribution (\$) \$ 150.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date 6/24/03
Full name of contributor out-of-state PAC (ID#: _____)
Larry A. Harman
Contributor address: _____ City: _____ State: _____ Zip Code _____

Amount of contribution (\$) \$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 6/21/03
Full name of contributor out-of-state PAC (ID#: _____)
Don Higginbotham
Contributor address: _____ City: _____ State: _____ Zip Code _____

Amount of contribution (\$) \$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 6/23/03
Full name of contributor out-of-state PAC (ID#: _____)
Evelyn E. Howell
Contributor address: _____ City: _____ State: _____ Zip Code _____

Amount of contribution (\$) \$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 6/21/03
Full name of contributor out-of-state PAC (ID#: _____)
Lucra Kyle Jordan
Contributor address: _____ City: _____ State: _____ Zip Code _____

Amount of contribution (\$) \$ 30.00

In-kind contribution description (if applicable)

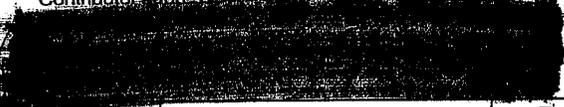
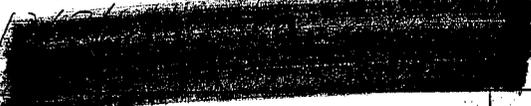
Principal occupation (Optional)

Employer (Optional)

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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: <u>27</u>	
2 FILER NAME <u>Mills Worsham</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>6/24/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Patricia J. Keeler</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>6/24/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Patricia A. King</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/23/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mrs. George J. Kark</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/24/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Keony M. McKay</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>6/18/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>K.C. Monte</u>	Amount of contribution (\$) <u>\$ 25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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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: 27

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/23/03

5 Full name of contributor

Fern Estes Moore

out-of-state PAC (ID#: _____)

6 Contributor address: _____ City: _____ State: _____ Zip Code: _____

[Redacted address]

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/24/03

Full name of contributor

J. Carter Noonan II

out-of-state PAC (ID#: _____)

Contributor address: _____ City: _____ State: _____ Zip Code: _____

[Redacted address]

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/21/03

Full name of contributor

Roger D. Oppenheim

out-of-state PAC (ID#: _____)

Contributor address: _____ City: _____ State: _____ Zip Code: _____

[Redacted address]

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/23/03

Full name of contributor

Ashley Payne

out-of-state PAC (ID#: _____)

Contributor address: _____ City: _____ State: _____ Zip Code: _____

[Redacted address]

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/23/03

Full name of contributor

Paul Pressler

out-of-state PAC (ID#: _____)

Contributor address: _____ City: _____ State: _____ Zip Code: _____

[Redacted address]

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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: 21

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/22/03

5 Full name of contributor out-of-state PAC (ID# _____)

Gayle Quisenberry

6 Contributor address: _____

[REDACTED]

7 Amount of contribution (\$)

\$ 25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/15/03

Full name of contributor out-of-state PAC (ID# _____)

Mrs. T. R. Reddons, III

Contributor address: _____ City: _____ State: _____ Zip Code _____

[REDACTED]

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/25/03

Full name of contributor out-of-state PAC (ID# _____)

Kurt L. Rushe

Contributor address: _____ City: _____ State: _____ Zip Code _____

[REDACTED]

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/24/03

Full name of contributor out-of-state PAC (ID# _____)

Michael L. Schuller

Contributor address: _____ City: _____ State: _____ Zip Code _____

[REDACTED]

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18/03

Full name of contributor out-of-state PAC (ID# _____)

Mrs. William R. Smith

Contributor address: _____ City: _____ State: _____ Zip Code _____

[REDACTED]

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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: 27	
2 FILER NAME Mills Worsham				3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/24/03	5 Full name of contributor Brenda L. Staton	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) \$ 2500	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 6/16/03	Full name of contributor Nicholas C. Stephens	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$ 2500	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>					
Principal occupation (Optional)			Employer (Optional)		
Date 6/19/03	Full name of contributor Claude Eaton Stuever	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>					
Principal occupation (Optional)			Employer (Optional)		
Date 6/25/03	Full name of contributor Suzanne C. Tellkamp	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$ 15.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>					
Principal occupation (Optional)			Employer (Optional)		
Date 6/16/03	Full name of contributor Charles H. Thompson	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$ 2500	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>					
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: 27	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/24/03	5 Full name of contributor Monza Wakefield <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/24/03	Full name of contributor Jack Williams <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/24/03	Full name of contributor John W. Worsham <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/18/03	Full name of contributor William G. Dwyer <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/20/03	Full name of contributor Jane M. Mills <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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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: 27	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Ray	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David A. Wegner	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	
Date 6/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jetta Koch Westerholm	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	
Date 6/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandi L. Staton	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	
Date 6/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Betty Williams	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
Principal occupation (Optional)		Employer (Optional)	

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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: 27	
2 FILER NAME Mills Worsham		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Yakuch Holdings, Ltd. <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William N. Finnegan, III <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gerald L. Peterson Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	Amount of contribution (\$) \$ 106.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas O. Arnold Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	Amount of contribution (\$) \$ 350.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W.J. Wooten Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>5/14/03</u>	5 Payee name <u>Stacy J. Davis</u>	7 Amount (\$) <u>\$250.00</u>
6 Payee address; City; State; Zip Code <u>10531 Trading Post Houston, TX 77064</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Campaign logo</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>5/23/03</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>\$59.47</u>
Payee address; City; State; Zip Code <u>10960 Westhomer Houston, Texas 77042</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Printing cartridge</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>5/25/03</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>\$25.50</u>
Payee address; City; State; Zip Code <u>ABOVE</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Office supplies</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>5/27/03</u>	Payee name <u>Postmaster</u>	Amount (\$) <u>\$148.00</u>
Payee address; City; State; Zip Code <u>2909 Rodgersdale Houston, Texas 77042</u>		

Purpose of payment (See instructions regarding type of information required.) <u>postage</u>	** 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: 6

2 FILER NAME Mills Warsham 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/1/03</u>	5 Payee name <u>Office Depot</u> 6 Payee address; City; State; Zip Code <u>10960 Westheimer Houston, Texas 77042</u>	7 Amount (\$) <u>\$ 56.26</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>printing cartridges</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>6/3/03</u>	Payee name <u>Prossler + Co.</u> Payee address; City; State; Zip Code <u>P.O. Box 16428 Sugar Land, Texas 77496</u>	Amount (\$) <u>\$ 2,113.08</u>
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Purpose of payment (See instructions regarding type of information required.) <u>consulting</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <u>6/4/03</u>	Payee name <u>Postmaster</u> Payee address; City; State; Zip Code <u>2909 Rodgerdale Houston, Texas 77042</u>	Amount (\$) <u>\$ 74.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>postage</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>6/9/03</u>	Payee name <u>Good Signs</u> Payee address; City; State; Zip Code <u>9355 Long Point Houston, Texas 77055</u>	Amount (\$) <u>\$ 150.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>banner</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 6

2 FILER NAME Mills Worsham 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/9/03</u>	5 Payee name <u>Judji Abdo</u> 6 Payee address; City; State; Zip Code <u>3200 Wilcrest Dr. Houston, Texas 77042</u>	7 Amount (\$) <u>\$ 219.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>data entry</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>6/9/03</u>	Payee name <u>Postmaster</u> Payee address; City; State; Zip Code <u>2909 Rodgerdale Houston, Texas 77042</u>	Amount (\$) <u>\$ 148.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>postage</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>6/12/03</u>	Payee name <u>Good Signs</u> Payee address; City; State; Zip Code <u>9355 Long Point Houston, Texas 77055</u>	Amount (\$) <u>\$ 131.46</u>
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Purpose of payment (See instructions regarding type of information required.) <u>banner</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>6/13/03</u>	Payee name <u>U.S. Team, Inc.</u> Payee address; City; State; Zip Code <u>7333 Ashcroft Houston, Texas 77081</u>	Amount (\$) <u>\$ 838.94</u>
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Purpose of payment (See instructions regarding type of information required.) <u>T-shirts</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/19/03

5 Payee name

Substant Cargo

6 Payee address; City; State; Zip Code

**10801 Hammerby
Houston, Texas 77043**

7 Amount (\$)

\$ 150.00

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

shorts

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

Candidate / Officeholder name Office sought Office held

Date

6/19/03

Payee name

Indji Abdo

Payee address; City; State; Zip Code

**3200 Wilcrest Dr.
Houston, Texas 77042**

Amount (\$)

\$ 228.00

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

data entry

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

Candidate / Officeholder name Office sought Office held

Date

6/19/03

Payee name

Bart Lerme

Payee address; City; State; Zip Code

**17003 Enchanted Circle E.
Sugar Land, Texas 77478**

Amount (\$)

\$ 205.00

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

research

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

Candidate / Officeholder name Office sought Office held

Date

6/19/03

Payee name

U.S. Team, Inc.

Payee address; City; State; Zip Code

**7333 Ashcroft
Houston, Texas 77081**

Amount (\$)

\$ 2,462.69

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

T-shirts

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME

Mills Worsham

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/27/03

5 Payee name

Substant Cargo

6 Payee address; City; State; Zip Code

10801 Hammerby
Houston, Texas 77043

7 Amount (\$)

\$ 154.24

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

Shirts

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

Candidate / Officeholder name Office sought Office held

Date

6/27/03

Payee name

Verizon Wireless

Payee address; City; State; Zip Code

Westheimer + Gessner
Houston, Texas 77042

Amount (\$)

\$ 106.02

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

cell phone

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

Candidate / Officeholder name Office sought Office held

Date

6/30/03

Payee name

Pressler + Co.

Payee address; City; State; Zip Code

P.O. Box 16478
Sugar Land, Texas 77496

Amount (\$)

\$ 2,548.81

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

consulting

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

Candidate / Officeholder name Office sought Office held

Date

6/30/03

Payee name

Gary Austin Advertising

Payee address; City; State; Zip Code

P.O. Box 11326
Jackson, TN 38308

Amount (\$)

\$ 1,116.79

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

materials

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: <u>6</u>
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2 FILER NAME <u>Mills Worsham</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>6/30/03</u>	5 Payee name <u>National Pen Corporation</u>	7 Amount (\$) <u>\$ 104.14</u>
6 Payee address; City; State; Zip Code <u>Dept. 274501 P.O. Box 55000 Detroit, MI 48255-2745</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Pens</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>6/30/03</u>	Payee name <u>Bronsell + Benoit, L.L.P.</u>	Amount (\$) <u>2,057.19</u>
Payee address; City; State; Zip Code <u>1411 Pecan Crossing Richmond, Texas 77469</u>		

Purpose of payment (See instructions regarding type of information required.) <u>event planning</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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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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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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