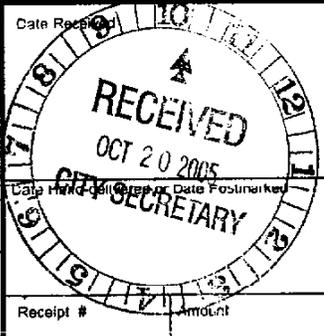


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 2em;">14</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ray A NICKNAME LAST SUFFIX Jones	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box Houston Tx 667518 77066		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 529-7887	Date Received Date Held Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Vonnie B NICKNAME LAST SUFFIX Jones	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3214 Ferndale Houston, Tx 77098		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 529-7887		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 01 / 2005 9 / 30 / 2005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 08 / 2005		
12 OFFICE	OFFICE HELD (if any) N.A.	13 OFFICE SOUGHT (if known) City Council district C	
14 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 None 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

15 C/OH NAME

Ray Jones

16 ACCOUNT # (Ethics Commission #) (a)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

additional pages

18 CONTRIBUTION TOTALS

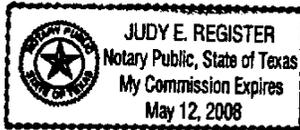
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2290.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
4. TOTAL POLITICAL EXPENDITURES	\$ 3475.96
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27.19
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Ray Jones
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ray Jones, this the 21st day of October, 2008.

Judy E Register Signature of officer administering oath
Judy E. Register Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5 (i)	
2 FILER NAME Ray Jones		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/26/2005	5 Full name of contributor David Steves 6 Contributor address: [Redacted] Atlanta Georgia 30341	7 Amount of contribution (\$) 100 ⁰⁰ XX	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/14/2005	Full name of contributor John Otis Cobb Contributor address: [Redacted] Houston, Tex 77092	Amount of contribution (\$) 150 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/2005	Full name of contributor Harold Stafford Contributor address: [Redacted] Houston, Tex 77083	Amount of contribution (\$) 100 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/10/2005	Full name of contributor David R. Wills, P.E. Contributor address: [Redacted] Houston, Tex 77096	Amount of contribution (\$) 100 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/2005	Full name of contributor Winston Pickens Contributor address: [Redacted] Houston, Tex 77043	Amount of contribution (\$) 50 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (2)	
2 FILER NAME <i>Ray Jones</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7/14</i> <i>2005</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daphne Scarborough</i> 6 Contributor address: City: State: Zip Code <i>[Redacted]</i> <i>Houston, Tex 77098</i>	7 Amount of contribution (\$) <i>100⁰⁰XX</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/14</i> <i>2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ted Bennett</i> Contributor address: City: State: Zip Code <i>[Redacted]</i> <i>Spring Tex 77382</i>	Amount of contribution (\$) <i>250⁰⁰XX</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/14</i> <i>2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Conrad J. Mastersen Jr</i> Contributor address: City: State: Zip Code <i>[Redacted]</i> <i>Houston, Tex 77098</i>	Amount of contribution (\$) <i>50⁰⁰XX</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/14</i> <i>2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Susan Neptune</i> Contributor address: City: State: Zip Code <i>[Redacted]</i> <i>Houston, Tex 77098</i>	Amount of contribution (\$) <i>200⁰⁰XX</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/14</i> <i>2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cloria Ann Minnick</i> Contributor address: City: State: Zip Code <i>[Redacted]</i> <i>Houston, Tex 77098</i>	Amount of contribution (\$) <i>350⁰⁰XX</i>	In-kind contribution description (if applicable) <i>Food + Beverage (event)</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (3)	
2 FILER NAME Ray Jones		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/4 2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph H. Hernandez 6 Contributor address: City: State: Zip Code [REDACTED] Houston, Tex 77003	7 Amount of contribution (\$) 100 ⁰⁰ XX	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/9 2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary E. Matson Contributor address: City: State: Zip Code [REDACTED] Austin, Tex 78745	Amount of contribution (\$) 250 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/26 2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Page Contributor address: City: State: Zip Code [REDACTED] Cypress, Tx 77429	Amount of contribution (\$) 50 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/30 2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Keeton Contributor address: City: State: Zip Code [REDACTED] Houston, Tex 77098	Amount of contribution (\$) 100 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/30 2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillary Ballew Contributor address: City: State: Zip Code [REDACTED] Houston, Tex 77006	Amount of contribution (\$) 100 ⁰⁰ XX	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (4)	
2 FILER NAME Ray Jones		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/30 2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bonny Freeman 6 Contributor address: City: State: Zip Code Houston, Tex 77098	7 Amount of contribution (\$) 25 ⁰⁰ XX	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
8/30 2005	Mary Needham Ascot Houston, Tex 77098	25 ⁰⁰ XX	
8/30 2005	Gloria Ann Minnick Houston, Tex 77098	23 ⁰⁰ XX	
8/30 2005	Emerson Marcellus Houston, Tex 77098	40 ⁰⁰ XX	
8/30 2005	Mary Cunningham Houston, Tex 77098	25 ⁰⁰ XX	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (5)
2 FILER NAME Ray Jones		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/29 2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beanie Irene Adolph 6 Contributor address; City; State; Zip Code [REDACTED] Houston, Tex 77810	7 Amount of contribution (\$) 100⁰⁰ X1 8 In-kind contribution description (if applicable)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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:
4 (1)

2 FILER NAME
Ray Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/2
2005

5 Payee name
Office Depot
6 Payee address; City; State; Zip Code
3443 Kirby Drive
Houston, Texas 77098

7 Amount (\$)
43.21

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

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

Date
8/4
2005

Payee name
Katie Walthall
Payee address; City; State; Zip Code
1829 Augusta, Suite 24
Houston, Tex 77057

Amount (\$)
125.00

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

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

Date
8/6
2005

Payee name
Budget Signs
Payee address; City; State; Zip Code
2059 Sul Ross
Houston, Tex 77098

Amount (\$)
150.00

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

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

Date
8/12
2005

Payee name
Budget Signs
Payee address; City; State; Zip Code
2059 Sul Ross
Houston, Tex 77098

Amount (\$)
333.39

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

-- 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)
2 FILER NAME Ray Jones		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/19	5 Payee name Katie Walthall 6 Payee address: City: State: Zip Code 1829 Augusta Suite 24 Houston, Tex 77098	7 Amount (\$) 150.00
8 Purpose of payment (See instructions regarding type of information required.) graphic design		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/23	Payee name TNT Shirts Payee address: City: State: Zip Code 2400 Taff Houston, Tex 77006	Amount (\$) 164.75
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 8/29	Payee name Design Link Payee address: City: State: Zip Code 15819 Echo Hill Drive Houston, Tex 77059	Amount (\$) 175.90
Purpose of payment (See instructions regarding type of information required.) signage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/15	Payee name Office Depot Payee address: City: State: Zip Code 3443 Kirby Houston, Texas 77098	Amount (\$) 136.00
Purpose of payment (See instructions regarding type of information required.) printing		-- 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)

2 FILER NAME *Ray Jones*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9/8 2005</i>	5 Payee name <i>O-K Paper Center</i>	7 Amount (\$) <i>90.93</i>
6 Payee address: City: State: Zip Code <i>6300 West Park, Suite 100 Houston, Tex. 77057</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>paper</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>9/9 2005</i>	Payee name <i>Pens. plus, Inc</i>	Amount (\$) <i>97.43</i>
Payee address: City: State: Zip Code <i>5601 Bertoff Houston, Tex 77036</i>		

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

Date <i>9/9 2005</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>93.05</i>
Payee address: City: State: Zip Code <i>3443 Kirby Drive Houston, Tex 77098</i>		

Purpose of payment (See instructions regarding type of information required.) <i>copies and office supplies</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <i>9/11 2005</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>19.69</i>
Payee address: City: State: Zip Code <i>3443 Kirby Drive Houston, Tex</i>		

Purpose of payment (See instructions regarding type of information required.) <i>copies</i>	** 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: 4
2 FILER NAME <i>Ray Jones</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/17</i> <i>2005</i>	5 Payee name <i>Arthur Brown</i> Payee address: <i>704 Glenforest Dr</i> City: <i>Greenville, S.C.</i> State: <i>S.C.</i> Zip Code: <i>29607</i>	7 Amount (\$) <i>150.00</i> <i>XX</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Milage</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>9/19</i> <i>2005</i>	Payee name <i>Office Depot</i> Payee address: <i>3443 Kirby Drive</i> City: <i>Houston, Tex</i> State: <i>Texas</i> Zip Code: <i>77098</i>	Amount (\$) <i>125.14</i>
Purpose of payment (See instructions regarding type of information required.) <i>Copies</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>9/19</i> <i>2005</i>	Payee name <i>O.K. Paper Center</i> Payee address: <i>6300 West Park, Suite 100</i> City: <i>Houston, Tx</i> State: <i>Texas</i> Zip Code: <i>77057</i>	Amount (\$) <i>112.31</i>
Purpose of payment (See instructions regarding type of information required.) <i>Paper for printing</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>9/20</i> <i>2005</i>	Payee name <i>Pens Plus, Inc.</i> Payee address: <i>5601 Bintliff</i> City: <i>Houston, Tex</i> State: <i>Texas</i> Zip Code: <i>77036</i>	Amount (\$) <i>110.96</i>
Purpose of payment (See instructions regarding type of information required.) <i>printing</i>		-- 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2 (1)

2 FILER NAME Ray Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11/7</u> <u>2005</u>	5 Payee name <u>U.S. Postal Service</u>	8 Amount (\$) <u>111.00</u>
	6 Payee address <u>[REDACTED]</u> <u>Houston, Tex 77098</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>postage stamps</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/30</u> <u>2005</u>	Payee name <u>Carroll Printing</u>	Amount (\$) <u>277.12</u>
	Payee address <u>[REDACTED]</u> <u>Houston, Tex 77003</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>PUSH CARDS</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/30</u> <u>2005</u>	Payee name <u>El. Tiempo Cantina</u>	Amount (\$) <u>250.00</u>
	Payee address <u>[REDACTED]</u> <u>Houston, Tex 77098</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>fundraiser</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/30</u> <u>2005</u>	Payee name <u>El. Tiempo Cantina</u>	Amount (\$) <u>50.00</u>
	Payee address <u>[REDACTED]</u> <u>Houston, Tex 77098</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>fundraiser</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>7/1</u>	Payee name <u>Cap. Comm.</u>	Amount (\$) <u>34.53</u>
	Payee address <u>[REDACTED]</u> <u>Houston, TX 77006</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Copies</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **(2)**

2 FILER NAME

Ray Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/16

2005

5 Payee name

Office Depot

6 Payee address: City, State, Zip Code

[Redacted] Houston, Tex 77098

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

Paper & envelopes

8 Amount (\$)

32.30

Reimbursement from political contributions intended

Date

8/2

2005

Payee name

Office Depot

Payee address: City, State, Zip Code

[Redacted] Houston, Tex 77098

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

Office Supplies/Paper

Amount (\$)

43.21

Reimbursement from political contributions intended

Date

8/4

2005

Payee name

COM Com

Payee address: City, State, Zip Code

[Redacted] Houston, Tex 77006

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

Graphic Designs/prints

Amount (\$)

49.52

Reimbursement from political contributions intended

Date

8/27

Payee name

Office Depot

Payee address: City, State, Zip Code

[Redacted] Houston, Tex 77098

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

Stationery envelopes

Amount (\$)

25.94

Reimbursement from political contributions intended

Date

9/30

Payee name

Office Depot

Payee address: City, State, Zip Code

[Redacted] Houston, Texas

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

Office Supplies/water

Amount (\$)

24.68

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME <i>Ray Jones</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/7 2005</i>	5 Payee name <i>City of Houston, Mayor's Office</i> 6 Payee address: <i>[Redacted]</i> <i>Houston, Tex 77062</i>	8 Amount (\$) <i>500⁰⁰ x 2</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Filing Fee</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED