CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			<u> </u>
The C/OH INSTRUCTION this form.	и Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	Mi	OFFICE USE ONLY
NAME	Ms. Barbara	Lynn	Date Received
	Ashley		The state of the s
4 CANDIDATE / OFFICEHOLDER ADDRESS		HTY: STATE; ZIP CODE	RECEIVED
Change of Address	1105 EUbanks	Houston TX 7702	Pate Hand-deliverage pr Date Postubbled
5 CAMPAIGN TREASURER	Mr. Jeffrey	MI	CITY SECRETARY
NAME .	NICKNAME LAST	E. SUFFIX	Receipt Amount
	Crews ·		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S') 1314 Texas Ave. #901	2,	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 228-9188	EXTENSION	
8 REPORTTYPE	January 15 30th day before elected	Cot Runoff	15th day after campaign Ireasurer appointment (officeholder only)
	July 15 Bih day before electric	Exceeded \$500 timil	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRC	OUSK 07 / 15	Year / 0 1
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year	/DE	
	11 / 06/ 01	y Runofi XX	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known City Counci	1 At Large#4
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures are campaign expenditures are required to disclose this information.	enditures made by others without the can only if they receive notification of the dire	didate's prior consent or approval. ct campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PC Box; Apl. / Suite #; City: State;	Zip Code	
additional pages.	·		
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

			COVER SHEET PG Z
14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
Bar	bara L. As		
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad	tice of political expenditures by political committees to support the candidate e without the candidate's or office holder's knowledge or consent. Candidate if they receive notice of such expenditures.	ate / officeholder. These expenditures as and officeholders are required to report
. ,	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ACCRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASI RER NAME	
additional pages		THE STATE OF THE S	
		COMMITTEE CAMPAIGN TREASL RER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	io reportable activity occurred during this reporting period, (Sign affidavit below	
——— <u>—</u>			v and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,625.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 629.23
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT			
		I swear, or affirm, under penalty of perion is true and correct and includes all informer under Title 15, Election Code.	ury, that the accompanying report mation required to be reported by
N SE N	SOLEDAD R. VAQUERANO otary Public, State of Texa Commission Expires 12-1	s	Sully e or Öfficeholder
AFFIX NOTARY STAMP			(/
Sworn to and subscribe of <i>Oc1o3e</i> 20	ed before me, by the	e said <i>BARBARA AShULY</i> , t y which, witness my hand and seal of office.	his the 8 day
	1/	The search waters and sear of office.	
Signature of officer adm	ministering oath	SolE049 R. VAQUERIUS Printed name of officer administering oath 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 page	es this Schedule A1:		
	THE INSTRUCTION	Today explains now to complete uns form.		3 (including this page)		
	FILER NAME		3 ACCOUNT	T # (Ethics Commission filers)		
		Barbara L. Ashley				
	Date	5 Full name of contributorout-of-state PAC (ID#:	7 Amount o			
		please see attached 6 Contributor address; City; State; Zip Code				
_	District and	adian/Online()	10 Employer (Optional)			
	Principal occu	pation (Optional)	10 Employer (Optional)			
=	Date	Full name of contributor	Amount contribution			
		Contributor address; City; State; Zip Code		[
	Principal occu	pation (Optional)	Employer (Optional)			
	Date	Full name of contributorout-of-state PAC (ID#:) Amount contribution			
		Contributor address; City; State; Zip Code		 		
	Principal occu	upation (Optional)	Employer (Optional)			
_	Date	Full name of contributor uul-of-stale PAC (ID#:	Amount contribution			
		Contributor address; City; State; Zip Code		Ì		
		Continuous address, Sity, Ciate, 2.9 5555				
-	Principal occ	upation (Optional)	Employer (Optional)	l		
	Date	Full name of contributor out-of-state PAC (ID#:) Amoun contribution			
		Contributor address: City; State; Zip Code		 		
				1		

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

C/OH	Barbara Ashley				1. 16 12 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14
Date	Full Name of Contributor		Contributor Address	Amount	In-kind contribution (if applicable)
8-22-01	ANDERSON	Gordon	Houston, TX 77077	75.00	0.0
7-31-01	BASTANI	Ziba Hesari	Houston,TX 77030-	100.00	0.0
8-22-01	BLAISDELL	Julee	Houston, TX 77042	25.00	0.0
9-29-01	COOK	Elizabeth	Houston, TX 77004	50.00	0.0
10-3-01	COOK	Donald	Houston, TX 77061	20.00	0.0
10-6-01	CREWS	Jeffrey E.	Houston, TX 77002	50.0	1,200.00 (organization, coordination, administration)
10-3-01	FRAZIER	Eric	Houston, TX 77021	50.00	0.0
8-22-01	GORMAN	Cherie	Houston, TX 77098	20.00	0.0
8-22-01	HAZLE	Rupert	Houston, TX 77096	50.00	0.0
10-2-01	HOBBS	Kenneth	Houston, TX 77074	25.00	0.0
9-24-01	HOWARD	John M.	Houston, TX 77009	25.00	0.0
10-3-01	КАНТО	Linda	Houston, TX 77058	25.00	0.0
9-21-01	LARSON	Jerry	Houston TX 77006	500.00	0.0
10-3-01	LINDSEY	Joy	Houston, TX 77025	20.00	0.0
10-3-01	LOE	Lee T.	Houston, TX 77098	50.00	0.0
9-18-01	MALINOW	Ana	Houston, TX 77025	50.00	0.0
9-25-01	McINERNEY	Michael	Houston, TX 77008	20.00	0.0
10-3-01	MERRITT	Cristin	Houston, TX 77054	25.00	0.0
9-25-01	MOHLE	David	Houston, TX 77061	20.00	0.0

C/OH	Barbara Ashley				Schedule A1
Date	Full Name of Contributor	<u> 44,56</u> 1 # # # J# J# J# <u></u>	Contributor Address	Amount	In-kind contribution (if applicable)
8-20-01	ORFORD	Lionel	Houston, TX 77063	100.00	0.0
8-22-01	PARAVICINI	Natalia	Houston, TX 77018	10.00	0.0
10-3-01	PATTERSON	Betty	Houston, TX 77087	25.00	0.0
9-25-01	SAYLORS	Rita	Houston, TX 77030	25.00	0.0
10-5-01	SCHOTT	Barbara	Missouri City, TX	25.00	0.0
8-22-01	SHIRLEY	Bill	Houston, TX 77007	20.00	0.0
10-6-01	SMITH	Sunni	Houston, TX 77063	75.00	625.00 (organization, coordination)
10-3-01	SNYDER	Philip	Houston, TX 77075	25.00	0.0
10-4-01	TAYLOR	C.L.	Houston, TX 77006	25.00	0.0
10-3-01	THOBAE	Julie	Houston, TX 77006	25.00	0.0
10-3-01	VEALE	David	Houston, TX 77096	25.00	0.0
9-22-01	WALSH	Patricia J.	Houston, 1X 77006	25.00	0.0
8-22-01	WISE	Robert	Houston, TX 77008	20.00	0.0
	Total Amount Contributed			\$ 1625.00	\$ 1825.00
			i		

*

¥

¥,

POLITIC	CAL EXPENDITURES	*	SCHEDULE F
The Instructio	N GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME	Barbara L. Ashleŷ	5	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name please see attached 6 Payee address; City; State; Zip Code	*	7 Amount (\$)
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 ··· Complete if di Candidate / Officeholder r	irect expenditure to benefit C/OH •• name Office sough! Office held
Date	Payee name Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
Purpose of pay required.)	rment (See instructions regarding type of information	Complete if di	irect expenditure to benefit C/OH •• name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i	irect expenditure lo benefit C/OH •• name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i	irect expenditure to benefit C/OH •• name Office sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	NEEDED

· POLITICAL EXPEDITURES

Schedule F

Filer	Barbara Ashley		對於 日本 國際 基語 医肾管管管 医
Date	Payee Name	Payee Address / Purpose of Payment	Amount \$
9-10-01	Office Depot	Houston, TX 77092	48.68
9-12-01	Walgreens	Copying	20.39
9-20-01	Boise-Cascade	Atlanta GA	33.27
8-29-01	Sprint PCS	Paper supplies Phone service	130.00
8-29-01	Heights Democrat Club	Houston, TX Summer Forum	30.00
8-29-01	Quick Copy	Houston, TX printing	21.65
8-3-01	Harris County Womens Political Caucus	Houston, TX Workshop skills	35.00
7-23-01	Sprint PCS	phone service	100.00
9-29-01	Kinko's	Houston, TX	16.24
10-5-01	Office Depot	Copying Houston, TX	27.06
10-5-01	Kingwood Democrats	printing Houston, TX Breakfast Meeting	35.00
10-5-01	Office Depot	Houston, TX 77002 Paper supply and printing	78.43
10-5-01	Walgreens	Houston, TX	29.04
9-28-01	Denny's	Photo service & stationery Houston, TX	8.16
10-5-01	Denny's	Houston, TX	16.26
9-26-01	Handi-Plus	staff meeting Houston, TX fuel and faxes	20.21

	POLITICAL EXPEDITURES	Ashley	Sched F
Date	Payee Name	Payee / Purpose of Payment	Amount \$
7-31-01	City of Houston	Houston, TX	5.00
7-24-01	City of Houston	Houston, TX parking	7.00
9-28-01	Handi Plus	Houston, TX faxes	7.84
7-22-01	Mikes Chevron	Houston, TX gasoline	10.00
	Total		\$ 679.23

OFFICE USE ONLY

(512)463-5800

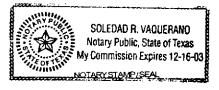
Date Received



TEXAS ETHICS COMMISSION AFFIDAVIT

7		
		HD / PM
rname	Account #	Date Processed
arbara L. Ashley		
-		Date Imaged

I swear, or affirm, under penalty of perjury, that the report I filed with the Texas Ethics Commission on October 8, 2001 is in all things true and correct.



Barbara July
Signature of filer

Sworn to and subscribed before me by BARBARA ASh le y	_ this the _	817	_ day of <u>Oc7obel</u> ,
20, to certify which, witness my hand and seal of office.			
Signature of officer administering oath Print name of officer administering		IL RAN	itle of officer administering path

Date Received

OFFICE USE ONLY



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: \$20,000 EXEMPTION

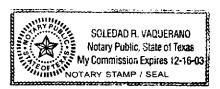
	\$20,000 EXEMPTION	
		Date Hand-delivered or Date Postmarked
Filer name	Account #	¬
Barbara L. Ash	ley	Date Processed
An exemption alfidavil must be sub including report due date.	omitted with each paper report. Specify report type filed with this affidavit,	Date Imaged
		 -

I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year beginning in calendar year 2000. I understand that if either one of those limits is exceeded, I will be required to file campaign finance reports electronically if no other exemption applies.

I further understand that this exemption from electronic filing is NOT available to me if I am a holder of or candidate for one of the following offices:

Governor
Lieutenant Governor
Secretary of State
Attorney General
Comptroller
Land Commissioner
Agriculture Commissioner
Railroad Commissioner
Supreme Court Justice
Court of Criminal Appeals Judge

Baybaya Galley Signature of Candidate or Officeholder



Sworn to and subscribed before me by BARBARA ASHLEY this the \mathcal{S}^{\pm}	day of Octosec
20, to certify which, witness my hand and seal of office.	
SMITHOUTH SOLEDAD R. VAQUERAND	
Signature of officer administering oath Print name of officer administering oath	Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.