

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
131/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|----------------------|---|-------------------------|
| 4 Date 02/02/2003 | 5 Payee name 100 Club 6 Payee address; City; State; Zip Code 1233 West Loop South Houston TX 77027 | 7 Amount (\$) 100.00 |
|----------------------|---|-------------------------|

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| 8 Purpose of expenditure (See instructions regarding type of information required.) Contribution | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|----------------------|
| Date 03/19/2003 | Payee name ADT Payee address; City; State; Zip Code P.O. Box 96175 Las Vegas NV 89193 | Amount (\$) 49.00 |
|--------------------|--|----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Security Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|-----------------------|
| Date 04/24/2003 | Payee name ADT Payee address; City; State; Zip Code P.O. Box 96175 Las Vegas NV 89193 | Amount (\$) 100.01 |
|--------------------|--|-----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Security Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|-----------------------|
| Date 06/18/2003 | Payee name ADT Security Payee address; City; State; Zip Code P.O. Box 96175 Las Vegas NV 89193 | Amount (\$) 116.92 |
|--------------------|---|-----------------------|

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|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Security Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
132/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8**4** Date
02/06/2003**5** Payee name
AP Graphics**7** Amount
(\$)
378.64**6** Payee address; City; State; Zip Code
2411 Times Blvd
Houston TX 77005**8** Purpose of expenditure (See instructions regarding type of information required.)
Printing & Design**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/07/2003Payee name
AP GraphicsAmount
(\$)
1505.96Payee address; City; State; Zip Code
2411 Times Blvd
Houston TX 77005Purpose of expenditure (See instructions regarding type of information required.)
Printing & DesignComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/13/2003Payee name
AP GraphicsAmount
(\$)
153.17Payee address; City; State; Zip Code
2411 Times Blvd
Houston TX 77005Purpose of expenditure (See instructions regarding type of information required.)
Printing & DesignComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/26/2003Payee name
Aaron BrothersAmount
(\$)
110.28Payee address; City; State; Zip Code
5144 Richmond Ave.
Houston TX 77056Purpose of expenditure (See instructions regarding type of information required.)
PhotographyComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
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| | | |
|-----------------------------|--|--------------------------------|
| 4 Date 06/30/2003 | 5 Payee name Advarion, Inc. 6 Payee address; City; State; Zip Code 3121 Buffalo Spdwy. #3405 Houston TX 77098 | 7 Amount (\$) 922.63 |
|-----------------------------|--|--------------------------------|

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| 8 Purpose of expenditure (See instructions regarding type of information required.) Fundraising Expense | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|------------------------|
| Date 04/10/2003 | Payee name Aldo's Italian Restaurant Payee address; City; State; Zip Code 219 Westheimer Houston TX 77006 | Amount (\$) 2000.00 |
|--------------------|--|------------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Event Expense | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|-----------------------|
| Date 05/08/2003 | Payee name Alvin Gee Payee address; City; State; Zip Code 911 Town and Country B.vd. Houston TX 77024 | Amount (\$) 100.00 |
|--------------------|--|-----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Photography | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|------------------------|
| Date 01/02/2003 | Payee name Baly Projects, Inc. Payee address; City; State; Zip Code 5007 Wetherstone Circle Sugar Land TX 77479 | Amount (\$) 2000.00 |
|--------------------|--|------------------------|

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

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1 Total pages report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
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4 Date
01/31/2003

5 Payee name
Baly Projects, Inc

7 Amount (\$)
2000.00

6 Payee address; City; State; Zip Code
5007 Wetherstone Circle
Sugar Land TX 77479

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

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

Date
03/03/2003

Payee name
Baly Projects, Inc

Amount (\$)
2000.00

Payee address; City; State; Zip Code
5007 Wetherstone Circle
Houston TX 77479

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

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

Date
04/01/2003

Payee name
Baly Projects, Inc

Amount (\$)
2000.00

Payee address; City; State; Zip Code
5007 Wetherstone Circle
Houston TX 77479

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

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

Date
04/30/2003

Payee name
BalyProjects, Inc.

Amount (\$)
2000.00

Payee address; City; State; Zip Code
5007 Wetherstone Circle
Sugar Land TX 77479

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

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

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1 Total pages report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
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| | | |
|-----------------------------|---|---------------------------------|
| 4 Date 06/01/2003 | 5 Payee name BalyProjects,Inc. 6 Payee address; City; State; Zip Code 5007 Wetherstone Circle Sugarland TX 77479 | 7 Amount (\$) 2000.00 |
|-----------------------------|---|---------------------------------|

| | |
|--|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Consulting | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|-----------------------|
| Date 03/13/2003 | Payee name Banner Supply Payee address; City; State; Zip Code 611 W 22nd St Houston TX 77019 | Amount (\$) 746.93 |
|--------------------|---|-----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

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|--------------------|--|------------------------|
| Date 05/05/2003 | Payee name Banner Supply Payee address; City; State; Zip Code 611 W. 22nd Street Houston TX 77008 | Amount (\$) 1055.44 |
|--------------------|--|------------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

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|--------------------|--|-----------------------|
| Date 05/29/2003 | Payee name Banner Supply Payee address; City; State; Zip Code 611 W. 22nd Street Houston TX 77008 | Amount (\$) 658.18 |
|--------------------|--|-----------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

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1 Total pages report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/22/2003

5 Payee name
Banner Supply

7 Amount
(\$)
746.93

6 Payee address; City; State; Zip Code
611 W. 22nd Street
Houston TX 77008

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

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

Date
04/04/2003

Payee name
Begala Consulting

Amount
(\$)
4000.00

Payee address; City; State; Zip Code
11191 Westheimer #725
Houston TX 77042

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

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

Date
05/08/2003

Payee name
Begala Consulting

Amount
(\$)
2000.00

Payee address; City; State; Zip Code
11191 Westheimer #725
Houston TX 77042

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

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

Date
06/18/2003

Payee name
Begala Consulting

Amount
(\$)
10770.97

Payee address; City; State; Zip Code
11191 Westheimer #725
Houston TX 77042

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

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

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1 Total pages report:
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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/02/2003

5 Payee name
Bering's Hardware

7 Amount
(\$)
400.09

6 Payee address; City; State; Zip Code
3900 Bissonnet
Houston TX 77005

8 Purpose of expenditure (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
04/29/2003

Payee name
Biz Books

Amount
(\$)
154.95

Payee address; City; State; Zip Code
4617 Montrose
Houston TX 77006

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

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

Date
02/06/2003

Payee name
Blakemore & Associates

Amount
(\$)
5000.00

Payee address; City; State; Zip Code
3405 Edloe St Ste 380
Houston TX 77027

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

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

Date
02/25/2003

Payee name
Blakemore & Associates

Amount
(\$)
5000.00

Payee address; City; State; Zip Code
3405 Edloe St Ste 380
Houston TX 77027

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

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

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1 Total pages report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|---------------------------------|
| 4 Date 03/07/2003 | 5 Payee name Blakemore & Associates <hr/> 6 Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | 7 Amount (\$) 5000.00 |
|-----------------------------|---|---------------------------------|

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| 8 Purpose of expenditure (See instructions regarding type of information required.) Consulting | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|------------------------|
| Date 03/07/2003 | Payee name Blakemore & Associates <hr/> Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | Amount (\$) 5205.84 |
|--------------------|---|------------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Voter Files | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|------------------------|
| Date 04/01/2003 | Payee name Blakemore & Associates <hr/> Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | Amount (\$) 1000.00 |
|--------------------|---|------------------------|

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|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Research Expense | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------|---|------------------------|
| Date 04/07/2003 | Payee name Blakemore & Associates <hr/> Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | Amount (\$) 5000.00 |
|--------------------|---|------------------------|

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

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1 Total pages report:
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Michael Berry**3** ACCOUNT # (Ethics Commission filers)
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| | | |
|-----------------------------|--|------------------------------------|
| 4 Date 05/05/2003 | 5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | 7 Amount (\$) 5000.00 |
|-----------------------------|--|------------------------------------|

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

| | | |
|--------------------|--|--------------------------|
| Date 05/19/2003 | Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | Amount (\$) 378.88 |
|--------------------|--|--------------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Research Expense | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------|--|---------------------------|
| Date 06/01/2003 | Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | Amount (\$) 5000.00 |
|--------------------|--|---------------------------|

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Consulting | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|--------------------------|
| Date 05/08/2003 | Payee name Bosworth Paperchase Payee address; City; State; Zip Code 9191 Winkler Houston TX 77017 | Amount (\$) 838.83 |
|--------------------|--|--------------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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1 Total pages report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|--|-------------------------------|
| 4 Date 06/17/2003 | 5 Payee name Bosworth Paperchase 6 Payee address; City; State; Zip Code 9191 Winkler Houston TX 77017 | 7 Amount (\$) 16.00 |
|-----------------------------|--|-------------------------------|

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| 8 Purpose of expenditure (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 |
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|--------------------|---|-----------------------|
| Date 05/22/2003 | Payee name Bosworth Papers Payee address; City; State; Zip Code 6300 West by N.W. Blvd. Houston TX 77040 | Amount (\$) 838.83 |
|--------------------|---|-----------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|-----------------------|
| Date 05/13/2003 | Payee name Broadcast News Payee address; City; State; Zip Code 6300 Richmond Houston TX 77057 | Amount (\$) 119.08 |
|--------------------|--|-----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Research Expense | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|-----------------------|
| Date 06/25/2003 | Payee name Buffalo Soldier's Museum Payee address; City; State; Zip Code 1834 Southmore Houston TX 77084 | Amount (\$) 200.00 |
|--------------------|---|-----------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Event Expense | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
02/21/2003

5 Payee name
Cassie Lincoln

7 Amount
(\$)
750.00

6 Payee address; City; State; Zip Code
9211 Colt Canyon Lane
Houston TX 77089

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

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

Date
03/03/2003

Payee name
Cassie Lincoln

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
9211 Colt Canyon Lane
Houston TX 77089

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

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

Date
04/01/2003

Payee name
Cassie Lincoln

Amount
(\$)
1285.25

Payee address; City; State; Zip Code
9211 Colt Canyon Lane
Houston TX 77089

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

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

Date
05/01/2003

Payee name
Cassie Lincoln

Amount
(\$)
1285.25

Payee address; City; State; Zip Code
9211 Colt Canyon Lane
Houston TX 77089

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

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

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1 Total pages report:
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Michael Berry**3** ACCOUNT # (Ethics Commission filers)
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| 4 Date | 5 Payee name | 7 Amount (\$) |
|---|--|---|
| 05/13/2003 | Cassie Lincoln 6 Payee address; City; State; Zip Code 223 Westheimer Rd. Houston TX 77006 | 196.58 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimburse for Office Supplies | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| 06/01/2003 | Cassie Lincoln Payee address; City; State; Zip Code 9211 Colt Canyon Lane Houston TX 77089 | 1285.25 |
| Purpose of expenditure (See instructions regarding type of information required.) June Salary | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| 03/13/2003 | Chuck Neverdowski Payee address; City; State; Zip Code 3118 Stanton St Houston TX 77025 | 350.47 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimburse for Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| 03/28/2003 | Chuck Neverdowski Payee address; City; State; Zip Code 3118 Stanton St Houston TX 77025 | 2000.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Contract Labor | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
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| | | |
|--|--|---------------------------------|
| 4 Date 04/01/2003 | 5 Payee name Chuck Neverdowski | 7 Amount (\$) 1677.70 |
| 6 Payee address; City; State; Zip Code 3118 Stanton St Houston TX 77025 | | |

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| 8 Purpose of expenditure (See instructions regarding type of information required.) April Salary | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|---|---------------------------------|-----------------------|
| Date 04/21/2003 | Payee name Chuck Neverdowski | Amount (\$) 874.54 |
| Payee address; City; State; Zip Code 3118 Stanton St Houston TX 77025 | | |

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Reimburse for Office Supplies | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|---|---------------------------------|------------------------|
| Date 04/21/2003 | Payee name Chuck Neverdowski | Amount (\$) 1677.70 |
| Payee address; City; State; Zip Code 3118 Stanton St Houston TX 77025 | | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) April Salary | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|---|---------------------------------|------------------------|
| Date 05/01/2003 | Payee name Chuck Neverdowski | Amount (\$) 1677.70 |
| Payee address; City; State; Zip Code 3118 Stanton Street Houston TX 77025 | | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) May Salary | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

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3 ACCOUNT # (Ethics Commission filers)
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| | | |
|-----------------------------|--|--------------------------------|
| 4 Date 05/28/2003 | 5 Payee name Chuck Neverdowski | 7 Amount (\$) 742.18 |
| | 6 Payee address; City; State; Zip Code 2905 Travis Houston TX 77006 | |

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|---|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimburse for Office Supplies | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|--------------------|---|------------------------|
| Date 06/01/2003 | Payee name Chuck Neverdowski | Amount (\$) 1677.70 |
| | Payee address; City; State; Zip Code 3118 Stanton Street Houston TX 77025 | |

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) June Salary | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|----------------------|
| Date 02/13/2003 | Payee name Cingular Wireless | Amount (\$) 27.05 |
| | Payee address; City; State; Zip Code P.O. Box 650574 Dallas TX 75265 | |

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|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Cell Phone | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|-----------------------|
| Date 02/26/2003 | Payee name Cingular Wireless | Amount (\$) 746.17 |
| | Payee address; City; State; Zip Code P.O. Box 650574 Dallas TX 75265 | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

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1 Total pages report:
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Michael Berry**3** ACCOUNT # (Ethics Commission filers)
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| | | |
|--|---|-----------------------------------|
| 4 Date 03/10/2003 | 5 Payee name Cingular Wireless 6 Payee address; City; State; Zip Code P.O. Box 650574 Dallas TX 75265 | 7 Amount (\$) 108.24 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Service | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 03/26/2003 | Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Dallas TX 75265 | Amount (\$) 502.90 |
| Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 04/03/2003 | Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Houston TX 75265 | Amount (\$) 102.22 |
| Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 04/25/2003 | Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Dallas TX 75265 | Amount (\$) 1318.17 |
| Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

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2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/26/2003

5 Payee name
Cingular Wireless

7 Amount
(\$)
921.13

6 Payee address; City; State; Zip Code
P.O. Box 650574
Dallas TX 75265

8 Purpose of expenditure (See instructions regarding type of information required.)
Cell Phone Service

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

Date
06/24/2003

Payee name
Cingular Wireless

Amount
(\$)
1159.63

Payee address; City; State; Zip Code
P.O. Box 650574
Dallas TX 75265

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

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

Date
02/10/2003

Payee name
City Of Houston

Amount
(\$)
235.30

Payee address; City; State; Zip Code
900 Bagby
Houston TX 77002

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

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

Date
02/10/2003

Payee name
City Of Houston

Amount
(\$)
209.80

Payee address; City; State; Zip Code
900 Bagby
Houston TX 77002

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
147/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|--------------------------------|
| 4 Date 02/21/2003 | 5 Payee name City Of Houston 6 Payee address; City; State; Zip Code 900 Bagby Houston TX 77002 | 7 Amount (\$) 207.06 |
|-----------------------------|---|--------------------------------|

| | |
|---|---|
| 8 Purpose of expenditure (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 03/18/2003 | Payee name City Of Houston Payee address; City; State; Zip Code 900 Bagby Houston TX 77002 | Amount (\$) 2.00 |
|--------------------|---|---------------------|

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

| | | |
|--------------------|---|----------------------|
| Date 05/28/2003 | Payee name City Of Houston Payee address; City; State; Zip Code 900 Bagby Houston TX 77002 | Amount (\$) 80.00 |
|--------------------|---|----------------------|

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Alarm Permit | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------|--|-----------------------|
| Date 04/04/2003 | Payee name Crossroads Church Payee address; City; State; Zip Code 405 E Parkwood Houston TX 77546 | Amount (\$) 100.00 |
|--------------------|--|-----------------------|

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
148/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8**4** Date
04/10/2003**5** Payee name
Datavox**7** Amount
(\$)
680.36**6** Payee address; City; State; Zip Code
5300 Memorial Dr
Houston TX 77007**8** Purpose of expenditure (See instructions regarding type of information required.)
Phone System**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/10/2003Payee name
Dell ComputerAmount
(\$)
2123.84Payee address; City; State; Zip Code
303 Memorial City Mall
Houston TX 77024Purpose of expenditure (See instructions regarding type of information required.)
Computer EquipmentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/26/2003Payee name
Dessert GalleryAmount
(\$)
178.50Payee address; City; State; Zip Code
3200 Kirby Dr.
Houston TX 77098Purpose of expenditure (See instructions regarding type of information required.)
Event ExpenseComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/07/2003Payee name
Dinosaur PlasticsAmount
(\$)
172.88Payee address; City; State; Zip Code
4727 Gulf Freeway
Houston TX 77023Purpose of expenditure (See instructions regarding type of information required.)
Promotional ItemsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
149/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|---|----------------------------------|-----------------------------------|
| 4 Date 06/25/2003 | 5 Payee name Don Blake | 7 Amount (\$) 195.74 |
| 6 Payee address; City; State; Zip Code 2916 Jeanetta Street Houston TX 77063 | | |

| | |
|---|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Event Expense | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|--|------------------------------------|-------------------------|
| Date 02/03/2003 | Payee name Ebony Voice Magazine | Amount (\$) 50.00 |
| Payee address; City; State; Zip Code 820 S. Michigan Ave. Chicago IL 60605 | | |

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

| | | |
|--|-----------------------------------|--------------------------|
| Date 05/08/2003 | Payee name Fasclamditt Central | Amount (\$) 350.04 |
| Payee address; City; State; Zip Code 2501-A Central Pkwy. Houston TX 77092 | | |

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

| | | |
|--|-----------------------------|--------------------------|
| Date 06/26/2003 | Payee name Freddie Jones | Amount (\$) 120.00 |
| Payee address; City; State; Zip Code 2509 Driscoll #1 Houston TX 77019 | | |

| | |
|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Event Expense | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
150/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/23/2003

5 Payee name
Gloria Williams

7 Amount
(\$)
63.02

6 Payee address; City; State; Zip Code
P.O. Box 8184
Houston TX 77288

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

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

Date
01/03/2003

Payee name
Harris County Republican Party

Amount
(\$)
500.00

Payee address; City; State; Zip Code
3311 Richmond #218
Houston TX 77098

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

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

Date
05/05/2003

Payee name
Harris County Republican Party

Amount
(\$)
500.00

Payee address; City; State; Zip Code
3311 Richmond Suite 218
Houston TX 77098

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

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

Date
01/16/2003

Payee name
Hewlett Packard

Amount
(\$)
1236.81

Payee address; City; State; Zip Code
3411 Jeanetta
Houston TX 77063

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
151/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8**4** Date
04/03/2003**5** Payee name
Home Depot**7** Amount
(\$)
208.06**6** Payee address; City; State; Zip Code
10707 North Freeway
Houston TX 77037**8** Purpose of expenditure (See instructions regarding type of information required.)
Equipment & Supplies**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/29/2003Payee name
Home DepotAmount
(\$)
285.48Payee address; City; State; Zip Code
10707 North Freeway
Houston TX 77037Purpose of expenditure (See instructions regarding type of information required.)
Equipment & SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/02/2003Payee name
Home DepotAmount
(\$)
354.80Payee address; City; State; Zip Code
6810 Gulf Freeway
Houston TX 77087Purpose of expenditure (See instructions regarding type of information required.)
Equipment & SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/11/2003Payee name
Home DepotAmount
(\$)
354.80Payee address; City; State; Zip Code
6810 Gulf Freeway
Houston TX 77087Purpose of expenditure (See instructions regarding type of information required.)
Equipment & SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
152/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/17/2003

5 Payee name
Home Depot

7 Amount
(\$)
160.75

6 Payee address; City; State; Zip Code
6810 Gulf Freeway
Houston TX 77087

8 Purpose of expenditure (See instructions regarding type of information required.)
Equipment & Supplies

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

Date
02/05/2003

Payee name
Houston Livestock Show

Amount
(\$)
350.00

Payee address; City; State; Zip Code
8400 Kirby Dr.
Houston TX 77054

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

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

Date
05/27/2003

Payee name
Houston Public Library

Amount
(\$)
1.95

Payee address; City; State; Zip Code
500 McKinney
Houston TX 77002

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

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

Date
04/09/2003

Payee name
Industrial Printing

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
2001 Commerce
Houston TX 77002

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
153/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|--------------------------------|
| 4 Date 04/29/2003 | 5 Payee name Industrial Printing 6 Payee address; City; State; Zip Code 2001 Commerce Houston TX 77002 | 7 Amount (\$) 757.75 |
|-----------------------------|---|--------------------------------|

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

| | | |
|--------------------|---|------------------------|
| Date 05/05/2003 | Payee name Industrial Printing Payee address; City; State; Zip Code 2001 Commerce Houston TX 77002 | Amount (\$) 5152.00 |
|--------------------|---|------------------------|

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

| | | |
|--------------------|---|-----------------------|
| Date 05/07/2003 | Payee name Industrial Printing Payee address; City; State; Zip Code 2001 Commerce Houston TX 77002 | Amount (\$) 757.75 |
|--------------------|---|-----------------------|

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

| | | |
|--------------------|--|------------------------|
| Date 02/15/2003 | Payee name Jeff Shook Payee address; City; State; Zip Code 400 Bomar Houston TX 77006 | Amount (\$) 2500.00 |
|--------------------|--|------------------------|

| | |
|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Sign Distribution | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
154/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
03/13/2003

5 Payee name
Jeff Shook

7 Amount
(\$)
138.65

6 Payee address; City; State; Zip Code
400 Bomar
Houston TX 77006

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimburse for Office Supplies

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

Date
03/26/2003

Payee name
Jeff Shook

Amount
(\$)
424.40

Payee address; City; State; Zip Code
400 Bomar
Houston TX 77006

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

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

Date
04/18/2003

Payee name
Jeff Shook

Amount
(\$)
76.00

Payee address; City; State; Zip Code
400 Bomar
Houston TX 77006

Purpose of expenditure (See instructions regarding type of information required.)
Reimburse for Office Supplies

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

Date
04/25/2003

Payee name
Jeff Shook

Amount
(\$)
198.00

Payee address; City; State; Zip Code
400 Bomar
Houston TX 77006

Purpose of expenditure (See instructions regarding type of information required.)
Reimburse for Office Supplies

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
155/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|--|--|---|
| 4 Date 05/08/2003 | 5 Payee name Jeff Shook 6 Payee address; City; State; Zip Code 400 Bomar Houston TX 77006 | 7 Amount (\$) 282.15 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Contract Labor | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 05/22/2003 | Payee name Jeff Shook Payee address; City; State; Zip Code 400 Bomar Houston TX 77006 | Amount (\$) 762.05 |
| Purpose of expenditure (See instructions regarding type of information required.) Contract Labor | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 06/06/2003 | Payee name Jeff Shook Payee address; City; State; Zip Code 400 Bomar Houston TX 77006 | Amount (\$) 2000.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Sign Distribution | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 06/25/2003 | Payee name Jeff Shook Payee address; City; State; Zip Code 400 Bomar Houston TX 77006 | Amount (\$) 964.77 |
| Purpose of expenditure (See instructions regarding type of information required.) Sign Construction | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
156/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/09/2003

5 Payee name
Joe Flores

7 Amount
(\$)
1500.00

6 Payee address; City; State; Zip Code
5306 De Milo
Houston TX 77092

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

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

Date
04/28/2003

Payee name
John Wright

Amount
(\$)
1000.00

Payee address; City; State; Zip Code
2010 Lexington Woods Drive
Spring TX 77373

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

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

Date
05/15/2003

Payee name
John Wright

Amount
(\$)
1000.00

Payee address; City; State; Zip Code
2010 Lexington Woods Drive
Spring TX 77373

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

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

Date
06/01/2003

Payee name
John Wright

Amount
(\$)
823.50

Payee address; City; State; Zip Code
2010 Lexington Woods Drive
Spring TX 77373

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
157/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8**4** Date
02/06/2003**5** Payee name
Kingwood Country Club**7** Amount
(\$)
116.96**6** Payee address; City; State; Zip Code
Kingwood Dr.
Kingwood TX 77339**8** Purpose of expenditure (See instructions regarding type of information required.)
Event Expense**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/19/2003Payee name
Kwik KopyAmount
(\$)
534.21Payee address; City; State; Zip Code
2612 Chestnut Ridge
Kingwood TX 77339Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/24/2003Payee name
LULAC District VIIIAmount
(\$)
100.00Payee address; City; State; Zip Code
2900 Woodridge Dr.
Houston TX 77087Purpose of expenditure (See instructions regarding type of information required.)
AdvertisingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/13/2003Payee name
Michael FranksAmount
(\$)
9000.00Payee address; City; State; Zip Code
1103 Crestmont
Wharton TX 77488Purpose of expenditure (See instructions regarding type of information required.)
SignsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
158/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/19/2003

5 Payee name
Michael Franks

7 Amount
(\$)
7237.50

6 Payee address; City; State; Zip Code
1103 Crestmont
Wharton TX 77488

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

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

Date
02/26/2003

Payee name
Michael Sullivan

Amount
(\$)
472.92

Payee address; City; State; Zip Code
4915 Golden Pond Dr
Kingwood TX 77345

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

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

Date
02/13/2003

Payee name
Micro Center

Amount
(\$)
1568.49

Payee address; City; State; Zip Code
1717 W. Loop S.
Houston TX 77027

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

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

Date
02/21/2003

Payee name
Micro Center

Amount
(\$)
1221.06

Payee address; City; State; Zip Code
1717 W. Loop S.
Houston TX 77027

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
159/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|--|--------------------------------|
| 4 Date 02/28/2003 | 5 Payee name Micro Center 6 Payee address; City; State; Zip Code 1717 W. Loop S. Houston TX 77027 | 7 Amount (\$) 213.46 |
|-----------------------------|--|--------------------------------|

| | |
|---|---|
| 8 Purpose of expenditure (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 03/19/2003 | Payee name NPI Digital Payee address; City; State; Zip Code 6300 Gulfon Houston TX 77081 | Amount (\$) 126.65 |
|--------------------|---|-----------------------|

| | |
|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|--------------------|--|------------------------|
| Date 01/05/2003 | Payee name Neal Carlson Payee address; City; State; Zip Code 2700 Trimmer Rd #1103 Killeen TX 76542 | Amount (\$) 1000.00 |
|--------------------|--|------------------------|

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Contract Labor | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------|--|------------------------|
| Date 02/01/2003 | Payee name Neal Carlson Payee address; City; State; Zip Code 2700 Trimmer Rd #1103 Killeen TX 76542 | Amount (\$) 1000.00 |
|--------------------|--|------------------------|

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Contract Labor | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
160/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8**4** Date
03/03/2003**5** Payee name
Neal Carlson**7** Amount
(\$)
1000.00.....
6 Payee address; City; State; Zip Code
2700 Trimmer Rd #1103
Killeen TX 76542**8** Purpose of expenditure (See instructions regarding type of information required.)
Contract Labor**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/01/2003Payee name
Neal CarlsonAmount
(\$)
1677.70.....
Payee address; City; State; Zip Code
P.O. Box 130721
Houston TX 77219Purpose of expenditure (See instructions regarding type of information required.)
April SalaryComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/01/2003Payee name
Neal CarlsonAmount
(\$)
1677.70.....
Payee address; City; State; Zip Code
P.O. Box 130721
Houston TX 77219Purpose of expenditure (See instructions regarding type of information required.)
May SalaryComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/01/2003Payee name
Neal CarlsonAmount
(\$)
1677.70.....
Payee address; City; State; Zip Code
P.O. Box 130721
Houston TX 77219Purpose of expenditure (See instructions regarding type of information required.)
June SalaryComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
161/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| 4 Date | 5 Payee name | 7 Amount (\$) |
|--|---|---|
| 03/27/2003 | Nino's Restaurant 6 Payee address; City; State; Zip Code 2817 W. Dallas Houston TX 77019 | 285.97 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Event Expense | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| 01/24/2003 | Norm Nolasco Payee address; City; State; Zip Code 3121 Buffalo Speedway # 3405 Houston TX 77098 | 138.70 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimburse for Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| 01/02/2003 | Observer Newspapers Payee address; City; State; Zip Code 907 E Main St. #A Humble TX 77338 | 60.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Subscription | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| 02/21/2003 | Office Max Payee address; City; State; Zip Code 12710 Fountain Lake Circle Stafford TX 77477 | 40.01 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
162/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|-------------------------------|
| 4 Date 05/28/2003 | 5 Payee name Office Max 6 Payee address; City; State; Zip Code 1576 W. Gray Houston TX 77019 | 7 Amount (\$) 86.59 |
|-----------------------------|---|-------------------------------|

| | |
|---|---|
| 8 Purpose of expenditure (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 06/02/2003 | Payee name Papa John's Pizza Payee address; City; State; Zip Code 5814 Kirby Drive Houston TX 77005 | Amount (\$) 40.64 |
|--------------------|--|----------------------|

| | |
|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Food for Volunteers | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|--------------------|--|------------------------|
| Date 02/26/2003 | Payee name Pitney Bowes Payee address; City; State; Zip Code 808 Travis St Houston TX 77002 | Amount (\$) 1763.32 |
|--------------------|--|------------------------|

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

| | | |
|--------------------|---|-----------------------|
| Date 04/09/2003 | Payee name Prime Computers Payee address; City; State; Zip Code 25314 Mill Pond Ln. Houston TX 77373 | Amount (\$) 359.21 |
|--------------------|---|-----------------------|

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Computer Equipment | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
163/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|-----------------------------------|
| 4 Date 05/09/2003 | 5 Payee name R Club 6 Payee address; City; State; Zip Code 2211 Norfolk Houston TX 77098 | 7 Amount (\$) 800.00 |
|-----------------------------|---|-----------------------------------|

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

| | | |
|--------------------|---|--------------------------|
| Date 04/03/2003 | Payee name Ralph Garcia Payee address; City; State; Zip Code 2810 Leeland Houston TX 77003 | Amount (\$) 640.00 |
|--------------------|---|--------------------------|

| | |
|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Sign Distribution | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

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|--------------------|---|---------------------------|
| Date 04/29/2003 | Payee name Ralph Garcia Payee address; City; State; Zip Code 2810 Leeland Houston TX 77003 | Amount (\$) 2600.00 |
|--------------------|---|---------------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Sign Distribution | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|--------------------------|
| Date 05/13/2003 | Payee name Ralph Garcia Payee address; City; State; Zip Code 2810 Leeland Houston TX 77003 | Amount (\$) 640.00 |
|--------------------|---|--------------------------|

| | |
|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Sign Distribution | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
164/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/28/2003

5 Payee name
Ralph Garcia

7 Amount
(\$)
1080.00

6 Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

Date
05/28/2003

Payee name
Ralph Garcia

Amount
(\$)
1600.00

Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

Date
06/03/2003

Payee name
Ralph Garcia

Amount
(\$)
1896.00

Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

Date
06/09/2003

Payee name
Ralph Garcia

Amount
(\$)
2000.00

Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
165/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/11/2003

5 Payee name
Ralph Garcia

7 Amount (\$)
2160.00

6 Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

Date
06/11/2003

Payee name
Ralph Garcia

Amount (\$)
1552.00

Payee address; City; State; Zip Code
2810 Leeland
Houston TX 77003

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

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

Date
06/01/2003

Payee name
Reliant Energy

Amount (\$)
110.71

Payee address; City; State; Zip Code
4334 Garrott
Houston TX 77002

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

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

Date
03/07/2003

Payee name
Richard Kay

Amount (\$)
784.06

Payee address; City; State; Zip Code
P.O. Box 27701-516
Houston TX 77227

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
166/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
03/03/2003

5 Payee name
Richmond Printing

7 Amount
(\$)
4849.60

6 Payee address; City; State; Zip Code
5825 Schumacher
Houston TX 77057

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

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

Date
05/13/2003

Payee name
Ridgeways

Amount
(\$)
467.64

Payee address; City; State; Zip Code
5711 Hillcroft
Houston TX 77036

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

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

Date
05/30/2003

Payee name
Ridgeways

Amount
(\$)
103.92

Payee address; City; State; Zip Code
5711 Hillcroft
Houston TX 77036

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

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

Date
05/30/2003

Payee name
River Oaks County Club

Amount
(\$)
521.77

Payee address; City; State; Zip Code
1600 River Oaks Blvd.
Houston TX 77019

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
167/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|--------------------------------|
| 4 Date 01/31/2003 | 5 Payee name SBC 6 Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | 7 Amount (\$) 117.67 |
|-----------------------------|---|--------------------------------|

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|---|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Phone Service | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

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|--------------------|---|----------------------|
| Date 02/10/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 53.70 |
|--------------------|---|----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|----------------------|
| Date 03/12/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 62.92 |
|--------------------|---|----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|-----------------------|
| Date 03/14/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 915.00 |
|--------------------|---|-----------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
168/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|---|---|---|
| 4 Date 04/03/2003 | 5 Payee name SBC 6 Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | 7 Amount (\$) 419.74 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Phone Service | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 04/07/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 644.77 |
| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 05/05/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 321.80 |
| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 05/09/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 353.59 |
| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
169/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|--------------------------------|
| 4 Date 06/06/2003 | 5 Payee name SBC 6 Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | 7 Amount (\$) 141.63 |
|-----------------------------|---|--------------------------------|

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|---|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Phone Service | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|--------------------|---|-----------------------|
| Date 06/06/2003 | Payee name SBC Payee address; City; State; Zip Code P.O. Box 1550 Houston TX 77097 | Amount (\$) 336.23 |
|--------------------|---|-----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Phone Service | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|-----------------------|
| Date 02/15/2003 | Payee name Sam's Club Payee address; City; State; Zip Code 1615 S. Loop W. Houston TX 77054 | Amount (\$) 108.80 |
|--------------------|--|-----------------------|

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| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|-----------------------|
| Date 03/13/2003 | Payee name Sams Club Payee address; City; State; Zip Code 1615 S. Loop W. Houston TX 77056 | Amount (\$) 310.00 |
|--------------------|---|-----------------------|

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
170/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|---|---|---|
| 4 Date 03/21/2003 | 5 Payee name Sams Club 6 Payee address; City; State; Zip Code 1615 S. Loop W. Houston TX 77054 | 7 Amount (\$) 105.99 |
| 8 Purpose of expenditure (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 04/28/2003 | Payee name Sams Club Payee address; City; State; Zip Code 1615 S. Loop W. Houston TX 77056 | Amount (\$) 101.64 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 03/06/2003 | Payee name Sandler - Innocenzi Payee address; City; State; Zip Code 705 Prince St Alexandria VA 22314 | Amount (\$) 15500.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Electronic Media Expense | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 03/24/2003 | Payee name Sandler - Innocenzi Payee address; City; State; Zip Code 100 S Fairfax St Alexandria VA 22314 | Amount (\$) 10000.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Electronic Media Expense | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
171/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|--|--|---|
| 4 Date 03/24/2003 | 5 Payee name Sandler - Innocenzi | 7 Amount (\$) 2600.00 |
| 6 Payee address; City; State; Zip Code 100 S Fairfax St Alexandria VA 22314 | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Electronic Media Expense | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 04/03/2003 | Payee name Sandler - Innocenzi | Amount (\$) 39525.00 |
| Payee address; City; State; Zip Code 100 S Fairfax St Alexandria VA 22314 | | |
| Purpose of expenditure (See instructions regarding type of information required.) Electronic Media Expense | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 04/03/2003 | Payee name Sandler - Innocenzi | Amount (\$) 2300.00 |
| Payee address; City; State; Zip Code 100 S Fairfax St Alexandria VA 22314 | | |
| Purpose of expenditure (See instructions regarding type of information required.) Electronic Media Expense | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 04/03/2003 | Payee name Snappy Printing | Amount (\$) 598.62 |
| Payee address; City; State; Zip Code 2912-A Mangum Houston TX 77092 | | |
| Purpose of expenditure (See instructions regarding type of information required.) Printing | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
172/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
04/03/2003

5 Payee name
Snappy Printing

7 Amount
(\$)
329.08

6 Payee address; City; State; Zip Code
2912-A Mangum
Houston TX 77092

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

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

Date
05/08/2003

Payee name
Snappy Printing

Amount
(\$)
1735.77

Payee address; City; State; Zip Code
2912-A Mangum
Houston TX 77092

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

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

Date
06/20/2003

Payee name
Southland Hardware

Amount
(\$)
73.20

Payee address; City; State; Zip Code
1822 Westheimer
Houston TX 77098

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

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

Date
03/06/2003

Payee name
Southwest Bank

Amount
(\$)
16.50

Payee address; City; State; Zip Code
5 Post Oak Park
Houston TX 77027

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
173/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|--|-------------------------------|
| 4 Date 04/30/2003 | 5 Payee name Southwest Bank 6 Payee address; City; State; Zip Code 5 Post Oak Park Houston TX 77027 | 7 Amount (\$) 66.00 |
|-----------------------------|--|-------------------------------|

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|--|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Bank Charges | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|--------------------|--|------------------------|
| Date 06/16/2003 | Payee name Southwest Bank Payee address; City; State; Zip Code 5 Post Oak Park Houston TX 77027 | Amount (\$) 2560.20 |
|--------------------|--|------------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Payroll Tax Deposit | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

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|--------------------|--|----------------------|
| Date 06/16/2003 | Payee name Southwest Bank Payee address; City; State; Zip Code 5 Post Oak Park Houston TX 77027 | Amount (\$) 25.00 |
|--------------------|--|----------------------|

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|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Bank Charges | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|--|-----------------------|
| Date 02/06/2003 | Payee name Sprint Digital Print Payee address; City; State; Zip Code 10100 Clay Rd Houston TX 77080 | Amount (\$) 216.50 |
|--------------------|--|-----------------------|

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
174/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
02/11/2003

5 Payee name
Sprint Digital Print

7 Amount
(\$)
4145.98

6 Payee address; City; State; Zip Code
10100 Clay Rd
Houston TX 77080

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

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

Date
04/09/2003

Payee name
Sprint Digital Print

Amount
(\$)
5500.00

Payee address; City; State; Zip Code
10100 Clay Rd
Houston TX 77080

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

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

Date
04/11/2003

Payee name
Sprint Digital Print

Amount
(\$)
5568.56

Payee address; City; State; Zip Code
10100 Clay Rd
Houston TX 77080

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

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

Date
05/30/2003

Payee name
Sprint Digital Print

Amount
(\$)
2435.63

Payee address; City; State; Zip Code
10100 Clay Rd
Houston TX 77080

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
175/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
06/09/2003

5 Payee name
Sprint Digital Print

7 Amount (\$)
9120.06

6 Payee address; City; State; Zip Code
10100 Clay Rd
Houston TX 77080

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

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

Date
06/17/2003

Payee name
Sprint Digital Print

Amount (\$)
9228.32

Payee address; City; State; Zip Code
10100 Clay Rd
Houston TX 77080

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

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

Date
04/16/2003

Payee name
The Link Letter

Amount (\$)
250.00

Payee address; City; State; Zip Code
12615 Jones Rd. Suite 103
Houston TX 77070

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

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

Date
06/18/2003

Payee name
Time Warner Cable

Amount (\$)
301.58

Payee address; City; State; Zip Code
8400 W. Tidwell Rd.
Houston TX 77040

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

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

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 176/186 |
| 2 FILER NAME Michael Berry | | 3 ACCOUNT # (Ethics Commission filers) 8 |
| 4 Date 02/21/2003 | 5 Payee name Trademarks Promotional 6 Payee address; City; State; Zip Code 11333 Todd St Houston TX 77055 | 7 Amount (\$) 9268.91 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 02/21/2003 | Payee name Trademarks Promotional Payee address; City; State; Zip Code 11333 Todd St Houston TX 77055 | Amount (\$) 5849.31 |
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 02/21/2003 | Payee name Trademarks Promotional Payee address; City; State; Zip Code 11333 Todd St Houston TX 77055 | Amount (\$) 779.40 |
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 03/03/2003 | Payee name Trademarks Promotional Payee address; City; State; Zip Code 11333 Todd St Houston TX 77055 | Amount (\$) 2154.18 |
| Purpose of expenditure (See instructions regarding type of information required.) Promotional Items | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
177/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
03/12/2003

5 Payee name
Trademarks Promotional

7 Amount
(\$)
2295.50

6 Payee address; City; State; Zip Code
11333 Todd St
Houston TX 77055

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

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

Date
03/24/2003

Payee name
Trademarks Promotional

Amount
(\$)
101.75

Payee address; City; State; Zip Code
11333 Todd St
Houston TX 77005

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

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

Date
04/21/2003

Payee name
Trademarks Promotional

Amount
(\$)
2584.66

Payee address; City; State; Zip Code
11333 Todd St
Houston TX 77055

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

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

Date
04/25/2003

Payee name
Trademarks Promotional

Amount
(\$)
795.64

Payee address; City; State; Zip Code
11333 Todd St
Houston TX 77055

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
178/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/13/2003

5 Payee name
Trademarks Promotional

7 Amount
(\$)
60.94

6 Payee address; City; State; Zip Code
11333 Todd St
Houston TX 77055

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

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

Date
06/22/2003

Payee name
Trademarks Promotional

Amount
(\$)
1382.40

Payee address; City; State; Zip Code
11333 Todd St
Houston TX 77055

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

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

Date
05/05/2003

Payee name
U.P.S. Store

Amount
(\$)
530.00

Payee address; City; State; Zip Code
200 Emile St.
Houston TX 77020

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

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

Date
05/06/2003

Payee name
U.P.S. Store

Amount
(\$)
70.00

Payee address; City; State; Zip Code
200 Emile St.
Houston TX 88030

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
179/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

| | | |
|-----------------------------|---|---------------------------------|
| 4 Date 02/07/2003 | 5 Payee name US Post Office | 7 Amount (\$) 1110.00 |
| | 6 Payee address; City; State; Zip Code 1900 W Gray St Houston TX 77019 | |

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

| | | |
|--------------------|--|-----------------------|
| Date 02/10/2003 | Payee name US Post Office | Amount (\$) 497.91 |
| | Payee address; City; State; Zip Code 1900 W Gray St Houston TX 77019 | |

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

| | | |
|--------------------|--|-----------------------|
| Date 02/11/2003 | Payee name US Post Office | Amount (\$) 592.00 |
| | Payee address; City; State; Zip Code 2802 Timmons Houston TX 77027 | |

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

| | | |
|--------------------|--|-----------------------|
| Date 03/05/2003 | Payee name US Post Office | Amount (\$) 240.50 |
| | Payee address; City; State; Zip Code 2802 Timmons Houston TX 77027 | |

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
180/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
03/18/2003

5 Payee name
US Post Office

7 Amount
(\$)
112.78

6 Payee address; City; State; Zip Code
1900 W Gray St
Houston TX 77019

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

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

Date
03/21/2003

Payee name
US Post Office

Amount
(\$)
300.00

Payee address; City; State; Zip Code
1900 W Gray St
Houston TX 77019

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

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

Date
04/03/2003

Payee name
US Post Office

Amount
(\$)
555.00

Payee address; City; State; Zip Code
2802 Timmons
Houston TX 77027

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

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

Date
04/07/2003

Payee name
US Post Office

Amount
(\$)
296.00

Payee address; City; State; Zip Code
2808 Timmons
Houston TX 77027

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
181/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
04/10/2003

5 Payee name
US Post Office

7 Amount
(\$)
148.00

6 Payee address; City; State; Zip Code
1900 W Gray St
Houston TX 77019

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

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

Date
04/21/2003

Payee name
US Post Office

Amount
(\$)
444.00

Payee address; City; State; Zip Code
1900 W Gray St
Houston TX 77006

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

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

Date
04/25/2003

Payee name
US Post Office

Amount
(\$)
500.00

Payee address; City; State; Zip Code
1900 W Gray St
Houston TX 77006

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

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

Date
04/30/2003

Payee name
US Post Office

Amount
(\$)
3700.00

Payee address; City; State; Zip Code
1900 W. Gray St.
Houston TX 77019

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
182/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
05/13/2003

5 Payee name
US Post Office

7 Amount
(\$)
3700.00

6 Payee address; City; State; Zip Code
2802 Timmons
Houston TX 77027

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

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

Date
05/20/2003

Payee name
US Post Office

Amount
(\$)
1110.00

Payee address; City; State; Zip Code
2802 Timmons
Houston TX 77027

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

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

Date
06/16/2003

Payee name
US Post Office

Amount
(\$)
740.00

Payee address; City; State; Zip Code
1900 W. Gray St.
Houston TX 77019

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

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

Date
06/18/2003

Payee name
US Post Office

Amount
(\$)
740.00

Payee address; City; State; Zip Code
2802 Timmons
Houston TX 77027

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

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

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 183/186 |
| 2 FILER NAME Michael Berry | | 3 ACCOUNT # (Ethics Commission filers) 8 |
| 4 Date 05/05/2003 | 5 Payee name W&C Management 6 Payee address; City; State; Zip Code 1545 Ashland Houston TX 77008 | 7 Amount (\$) 171.14 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Voter Files | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 05/06/2003 | Payee name W&C Management Payee address; City; State; Zip Code 1545 Ashland Houston TX 77008 | Amount (\$) 43.86 |
| Purpose of expenditure (See instructions regarding type of information required.) Voter Files | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 05/13/2003 | Payee name W&C Management Payee address; City; State; Zip Code 1545 Ashland Houston TX 77008 | Amount (\$) 1152.60 |
| Purpose of expenditure (See instructions regarding type of information required.) Voter Files | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 04/24/2003 | Payee name W&C Mangement Payee address; City; State; Zip Code 1545 Ashland Houston TX 77008 | Amount (\$) 361.25 |
| Purpose of expenditure (See instructions regarding type of information required.) Voter Files | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
184/186**2** FILER NAME
Michael Berry**3** ACCOUNT # (Ethics Commission filers)
8

| | | |
|--|--|---|
| 4 Date 02/26/2003 | 5 Payee name WRS,Inc 6 Payee address; City; State; Zip Code 8484 Westpark McLean VA 22102 | 7 Amount (\$) 22500.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Research Expense | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 01/21/2003 | Payee name Walmart Payee address; City; State; Zip Code 9700 Hillcroft Houston TX 77096 | Amount (\$) 17.06 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 05/05/2003 | Payee name Walmart Payee address; City; State; Zip Code 2727 Dunvale Rd. Houston TX 77006 | Amount (\$) 17.28 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 06/16/2003 | Payee name Walmart Payee address; City; State; Zip Code 2727 Dunvale Rd. Houston TX 77006 | Amount (\$) 23.32 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:
185/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
02/04/2003

5 Business name
Michael Berry Properties

7 Amount (\$)
1514.41

6 Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

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

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

Date
02/04/2003

Business name
Michael Berry Properties

Amount (\$)
1000.00

Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

Purpose of payment (See instructions regarding type of information required.)
Office Rent Feb 2003

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

Date
02/04/2003

Business name
Michael Berry Properties

Amount (\$)
1000.00

Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

Purpose of payment (See instructions regarding type of information required.)
Office Rent Jan 2003

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

Date
02/04/2003

Business name
Michael Berry Properties

Amount (\$)
1000.00

Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

Purpose of payment (See instructions regarding type of information required.)
Office Rent Dec 2002

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:
186/186

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
8

4 Date
03/03/2003

5 Business name
Michael Berry Properties

7 Amount
(\$)
1500.00

6 Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

8 Purpose of payment (See instructions regarding type of information required.)
Office Rent March 2003

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

Date
04/28/2003

Business name
Michael Berry Properties

Amount
(\$)
1500.00

Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

Purpose of payment (See instructions regarding type of information required.)
Office Rent Apr 2003

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

Date
05/13/2003

Business name
Michael Berry Properties

Amount
(\$)
1500.00

Business address; City; State; Zip Code
223 Westheimer
Houston TX 77006

Purpose of payment (See instructions regarding type of information required.)
Office Rent - May 2003

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