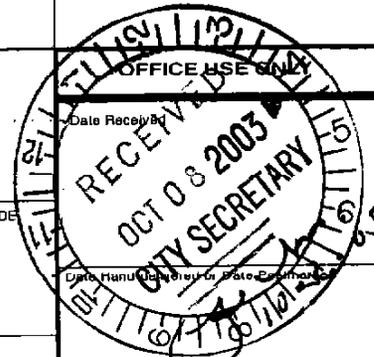


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Joshua Berry			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	6903 Alderney Dr. Houston, TX 77055		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 861-1117		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Fred Zeidman			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	2104 Chilton Houston, TX 77019		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 622-7710		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	1	2003
THROUGH		Month	Day
		9	25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 4 / 2003		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Houston City Council, District A
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Mr. Joshua Berry **16 ACCOUNT # (Ethics Commission filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

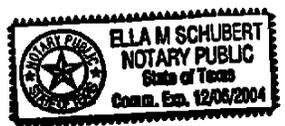
*** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,331.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,585.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 44,374.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

19 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joshua Berry, this the 6th day of October, 20 03, to certify which, witness my hand and seal of office.

Ella M. Schubert Signature of officer administering oath
Ella M. Schubert Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form. Total pages this Schedule A: 10

FILER NAME: **Joshua Berry** ACCOUNT # (Ethics Commission filers)

Date 7-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC Cynthia Harper	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 7-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC Rochelle Mellon	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 7-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joelle Moses	Amount of contribution (\$) \$36.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 7-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOME PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 7-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Floyd Goldberg	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 10
FILER NAME: Joshua Berry			ACCOUNT # (Ethics Commission filers)
Date 7-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOME PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 7-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Decosimo	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 8-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC T.N. Gardner	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 8-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Fulbright & Jaworski L.L.P. Texas Committee	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 8-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gary Corn	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: 10
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FILER NAME: Joshua Berry	ACCOUNT # (Ethics Commission filers)
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Date 8-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Fletcher Thorne-Thomsen, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 8-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sheila Train	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 8-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC John K. Weinberg, M.D.	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 8-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Bathsheba Perry	Amount of contribution (\$) \$30.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 8-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Decosimo	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 10
FILER NAME: Joshua Berry			ACCOUNT # (Ethics Commission filers)
Date 8-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOME PAC	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Steve Rudin	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Kaplan	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOU CON PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sanford L. Dow	Amount of contribution (\$) \$180.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 10
FILER NAME: Joshua Berry			ACCOUNT # (Ethics Commission filers)
Date 9-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Cynthia Harper	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Golda Baker	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sandra Fogiel	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC David Neider	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Peter C. Peltier	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: 10
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FILER NAME: Joshua Berry	ACCOUNT # (Ethics Commission filers)
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Date 9-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dee Dee Dochen	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Lawrence Hill	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jay Kaplan	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Marvin Woskow	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stanford Alexander	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. Total pages this Schedule A: 10

FILER NAME: **Joshua Berry** ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
9-22-2003	J.R. Jones	\$1,000.00	
	Contributor address; City; State; Zip Code		
	[REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
9-22-2003	Ron Nielsen	\$250.00	
	Contributor address; City; State; Zip Code		
	[REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
9-22-2003	Daniel Organ	\$250.00	
	Contributor address; City; State; Zip Code		
	[REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
9 22-2003	Irving Pozmantier	\$250.00	
	Contributor address; City; State; Zip Code		
	[REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
9-22-2003	CLR/PAC	\$250.00	
	Contributor address; City; State; Zip Code		
	[REDACTED]		

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: 10
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FILER NAME: Joshua Berry	ACCOUNT # (Ethics Commission files)
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Date 9-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ilene Robinson	Amount of contribution (\$) \$10.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 9-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jeff Ross	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gina Benton	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jim C. Box	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mark L. Boyer	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		

Principal occupation/Job Title (See Instructions)	Employer (See Instructions)
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. Total pages this Schedule A: 10

FILER NAME: Joshua Berry ACCOUNT # (Ethics Commission filers)

Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Truman Edminster	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jon Skeelc	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC HAA Better Government Fund	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC James F. Thompson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

Date 9-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Fred and Kay Zeidman	Amount of contribution (\$) \$350.00	In-kind contribution description (if available) Event expenses
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation/Job Title (See Instructions) Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			Total pages this Schedule A: 10
FILER NAME: Joshua Berry			ACCOUNT # (Ethics Commission filers)
Date 9-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Zinetta Burney	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Weldon Smith	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

Date 9-25-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mitch Levy	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation/Job Title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/11/2003	5 Payee name Mr. Michael Franks 6 Payee address; City; State; Zip Code 1103 Crestmont Wharton TX 77488	7 Amount (\$) 1768.70
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 07/08/2003	Payee name Darrin Hall Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	Amount (\$) 600.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/16/2003	Payee name Darrin Hall Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	Amount (\$) 600.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/05/2003	Payee name Darrin Hall Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	Amount (\$) 600.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		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: 4/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission file #)
4 Date 08/15/2003	5 Payee name Darrin Hall 6 Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	7 Amount (\$) 600.00
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/02/2003	Payee name Darrin Hall Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	Amount (\$) 600.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/02/2003	Payee name Darrin Hall Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/17/2003	Payee name Darrin Hall Payee address; City; State; Zip Code 639 Ramblewood Houston TX 77079	Amount (\$) 750.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management Fee		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: 5/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/16/2003	5 Payee name Harris County Republican Party 6 Payee address; City; State; Zip Code 3911 Richmond #218 Houston TX 77098	7 Amount (\$) 3000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Advertising		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/21/2003	Payee name Home Depot Payee address; City; State; Zip Code 999 North Loop West Houston TX 77008	Amount (\$) 376.08
Purpose of expenditure (See instructions regarding type of information required.) Campaign supplies expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/08/2003	Payee name Jewish Herald Voice Payee address; City; State; Zip Code 3403 Audley Houston TX 77098	Amount (\$) 205.00
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 07/30/2003	Payee name Kight Printing Payee address; City; State; Zip Code 5750 Binliff #202 Houston TX 77036	Amount (\$) 86.89
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: 6/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/07/2003	5 Payee name Kight Printing 6 Payee address; City; State; Zip Code 5750 Blintliff #202 Houston TX 77036	7 Amount (\$) 1215.49
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 08/13/2003	Payee name Mr. Phil Owens Payee address; City; State; Zip Code 10231 Glenfield Park Houston TX 77070	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/03/2003	Payee name Mr. Phil Owens Payee address; City; State; Zip Code 10231 Glenfield Park Houston TX 77070	Amount (\$) 104.04
Purpose of expenditure (See instructions regarding type of information required.) Milage reimbursement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/03/2003	Payee name Mr. Phil Owens Payee address; City; State; Zip Code 10231 Glenfield Park Houston TX 77070	Amount (\$) 565.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Fee		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: 7/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission lists)
4 Date 09/03/2003	5 Payee name Mr. Phil Owens 6 Payee address; City; State; Zip Code 10231 Glenfield Park Houston TX 77070	7 Amount (\$) 1000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting Fee		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/07/2003	Payee name SK Strategies Payee address; City; State; Zip Code 55 Waugh #610 Houston TX 77007	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting and Fundraising Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/05/2003	Payee name SK Strategies Payee address; City; State; Zip Code 55 Waugh #610 Houston TX 77007	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting and Fundraising Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/28/2003	Payee name SK Strategies Payee address; City; State; Zip Code 55 Waugh #610 Houston TX 77007	Amount (\$) 3500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting and Fundraising Fee		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: 8/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/18/2003	5 Payee name T-mobile 6 Payee address; City; State; Zip Code 12920 S.E. 38th st. Bellevue WA 98006	7 Amount (\$) 94.25
8 Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/02/2003	Payee name T-mobile Payee address; City; State; Zip Code 12920 S.E. 38th st. Bellevue WA 98006	Amount (\$) 94.64
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/19/2003	Payee name T-mobile Payee address; City; State; Zip Code 12920 S.E. 38th st. Bellevue WA 98006	Amount (\$) 291.78
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/07/2003	Payee name USPS Payee address; City; State; Zip Code 401 Franklin St. Houston TX 77201	Amount (\$) 34.00
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: 9/9
2 FILER NAME Mr. Joshua Berry		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/16/2003	5 Payee name United Home Delivery 6 Payee address; City; State; Zip Code 7800 Bissonnet Houston TX 77074	7 Amount (\$) 2000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Material Delivery		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/02/2003	Payee name Volume Media Payee address; City; State; Zip Code 1113 Vine Houston TX 77002	Amount (\$) 700.00
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 09/10/2003	Payee name Volume Media Payee address; City; State; Zip Code 1113 Vine Houston TX 77002	Amount (\$) 1325.00
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 09/16/2003	Payee name Volume Media Payee address; City; State; Zip Code 1113 Vine Houston TX 77002	Amount (\$) 1325.00
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