

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: 6
3 CANDIDATE OFFICEHOLDER NAME	TITLE COUNCILMEMBER	FIRST JEW	MI DN
4 CANDIDATE OFFICEHOLDER ADDRESS	NICKNAME BONEY	LAST BONEY	SUFFIX JR.
<input type="checkbox"/> Change of Address	ADDRESS/P.O. BOX: P. O. BOX 8447	APT/SUITE #: HOUSTON	CITY: STATE: ZIP CODE: HOUSTON TEXAS 77288-8447
5 CAMPAIGN TREASURER NAME	TITLE SHARON	FIRST SHARON	MI M.
	NICKNAME BURNEY	LAST BURNEY	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5445 ALMEDA	APT/SUITE #: SUITE 400	CITY: STATE: ZIP CODE: HOUSTON TEXAS 77004
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 526-6404	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	MONTH DAY YEAR 7/1/2001	THROUGH	MONTH DAY YEAR 10/6/2001
10 ELECTION	ELECTION DATE MONTH DAY YEAR 11 / 06 / 2001	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) HOUSTON CITY COUNCIL-DISTRICT D	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct 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. **		
<input type="checkbox"/> additional pages	NAME		
	ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE:		

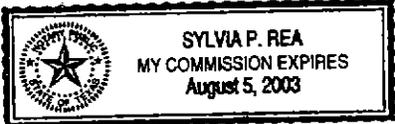
GO TO PAGE 2

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

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

14 C/OH NAME JEW DON BONEY, JR.		15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEES <input type="checkbox"/> additional pages	** This listing includes political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,413.69
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THIS REPORTING PERIOD	\$

19 AFFIDAVIT



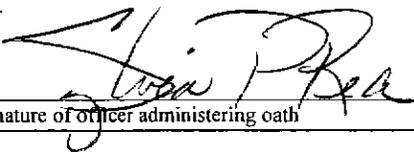
SYLVIA P. REA
MY COMMISSION EXPIRES
August 5, 2003

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.

Jew Don Boney, Jr.
Signature of Candidate or Officeholder
JEW DON BONEY, JR.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **JEW DON BONEY, JR.**, this the **5TH** day of **October, 2001**, to certify which, witness my hand and seal of office.



Signature of officer administering oath

SYLVIA P. REA

Print name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-13-01	5 Payee name N.B.U.F. 6 Payee address: City: State: Zip Code: Houston, Tx.	7 Amount (\$) 75.00
8 Purpose of expenditure Conference Registration		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 7-22-01	Payee name William Samuels Payee address: City: State: Zip Code: P. O. Box 784, Houston, Tx. 77001	Amount (\$) 125.00
Purpose of expenditure Contract Services		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 7-30-01	Payee name Harris County Payee address: City: State: Zip Code: 1001 Preston, Houston, Tx. 77002	Amount (\$) 25.00
Purpose of expenditure Research Data		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-9-01	Payee name World Pastport Photos Payee address: City: State: Zip Code: 2990 Richmond, Houston, Tx. 77098	Amount (\$) 27.06
Purpose of expenditure Passport Photo		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 9-28-01	Payee name Kinko's Payee address: City: State: Zip Code: 910 Travis, Houston, Tx. 77002	Amount (\$) 32.48
Purpose of expenditure Copies		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 9-29-01	Payee name Circuit City Payee address: City: State: Zip Code: 4500 San Felipe, Houston, Tx. 77027	Amount (\$) 54.11
Purpose of expenditure Surge Protector		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 7-2-01	Payee name Marriott Hotel Payee address: City: State: Zip Code: Washington, DC	Amount (\$) 172.46
Purpose of expenditure Hotel Expense		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-3-01	5 Payee name Bank One	7 Amount (\$) 1.00
6 Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629		
8 Purpose of expenditure Bank Charge		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 7-12-01	Payee name Bank One	Amount (\$) 2.00
Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 7-17-01	Payee name Continental Airlines	Amount (\$) 1751.00
Payee address: City: State: Zip Code: 1533 JFK Blvd., Houston, Tx. 77032		
Purpose of expenditure Airfare		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 7-19-01	Payee name Bank One	Amount (\$) 5.00
Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-22-01	Payee name Federal Express	Amount (\$) 14.04
Payee address: City: State: Zip Code: TN		
Purpose of expenditure Shipping		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-22-01	Payee name Federal Express	Amount (\$) 17.04
Payee address: City: State: Zip Code: TN		
Purpose of expenditure Shipping		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 9-10-01	Payee name Bank One	Amount (\$) 1.00
Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629		
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-18-01	5 Payee name Pappas Bar-B-Q 6 Payee address: City: State: Zip Code: 1217 Pierce, Houston, Tx. 77002	7 Amount (\$) 25.00
8 Purpose of expenditure Luncheon		9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 9-20-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629	Amount (\$) 5.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 9-20-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629	Amount (\$) 5.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-7-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629	Amount (\$) 1.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-8-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629	Amount (\$) 2.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-16-01	Payee name Sheraton Hotel Payee address: City: State: Zip Code: Atlanta, GA	Amount (\$) 315.50
Purpose of expenditure Hotel Expense		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
Date 8-17-01	Payee name Bank One Payee address: City: State: Zip Code: P. O. Box 2629, Houston, Tx. 77252-2629	Amount (\$) 5.00
Purpose of expenditure Bank Charge		** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME JEW DON BONEY, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/2/01	5 Payee name JEW DON BONEY, JR. 6 Payee address: City: State: Zip Code P. O. BOX 8447, HOUSTON, TEXAS 77288-8447 7 Purpose of expenditure AUTO REIMBURSEMENT FOR GAS MILEAGE, AND PARKING 1/1/01 TO 6/30/01	8 Amount \$ 1,668.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9/11/01	Payee name JEW DON BONEY, JR. Payee address: City: State: Zip Code P. B. BOX 8447, HOUSTON, TEXAS 77288-8447 Purpose of expenditure TIRE REIMBURSEMENT/GAS/PARKING	Amount \$ 85.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount \$ <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount \$ <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount \$ <input type="checkbox"/> Reimbursement from political contributions intended

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