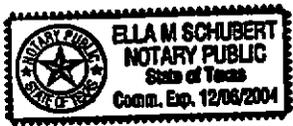


CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

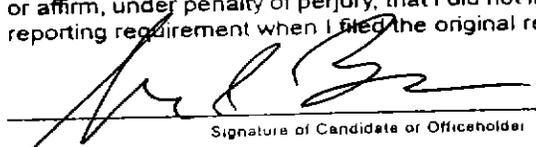
1 ACCOUNT #	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Lee NICKNAME LAST SUFFIX Brown	OFFICE USE ONLY Date Received <div style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 10px; width: 80px; margin: 0 auto;">  </div> Receipt # HD / PM Amount Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 02 THROUGH 6 / 30 / 02	
6 EXPLANATION OF CORRECTION	Upon review, we are submitting additional information on previously reported Schedule F expenditures.	

7 AFFIDAVIT



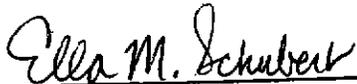
AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 2002
 to certify which, witness my hand and seal of office.

 _____ Signature of officer administering oath	Ella M. Schubert _____ Print name of officer administering oath	Notary Public _____ Title of officer administering oath
--	---	---

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5-4-2002	Bob's Steak & Chop House	4300 Lemmon Dallas, TX 75219	\$245.63
Purpose of expenditure (See instructions regarding type of information required.) Officeholder expense - Dinner for security staff			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 2
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date	Payee name	Payee address	Amount (\$)
1-22-2002	Continental Airlines	1600 Smith Houston, TX 77002	\$264.00 (x) Reimbursement from political contributions intended

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

Date	Payee name	Payee address	Amount (\$)
1-22-2002	Mr. K's Restaurant	2121 K Street NW Washington, DC 20037	\$50.00 (x) Reimbursement from political contributions intended

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

Date	Payee name	Payee address	Amount (\$)
1-23-2002	Jefferson Hotel	1200 16th Street NW Washington, DC 20036	\$101.98 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
1-24-2002	Tavern on the Green	Central Park at West 67th Street New York, NY 10023	\$128.87 (x) Reimbursement from political contributions intended

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

Date	Payee name	Payee address	Amount (\$)
1-24-2002	Amtrack	902 Washington Houston, TX 77002	\$185.50 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Transportation - US Conference of Mayors	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 2
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date 1-25-2002	Payee name Oscar's on the Bay 3867 Shore Parkway New York, NY 11235	Payee address	Amount (\$) \$100.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

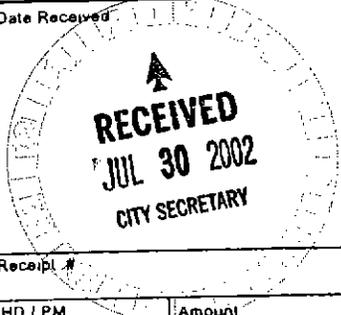
Date 1-25-2002	Payee name Bull and Bear 1 Liberty Plaza New York, NY 10006	Payee address	Amount (\$) \$126.23 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-27-2002	Payee name Sylvia's Queen of Soul Food 382 Lenox Ave. New York, NY 10027	Payee address	Amount (\$) \$20.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT #		2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	OFFICE USE ONLY				
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
	Date Received						
5 ORIGINAL PERIOD COVERED		Receipt #					
Month	Day	Year	Month	Day	Year	HD / PM	Amount
1	1	01	THROUGH	6	30	01	Date Processed
6 EXPLANATION OF CORRECTION		Date Imaged					



Upon review, we are submitting additional information on previously reported Schedule F expenditures.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 20 02.

to certify which, witness my hand and seal of office.

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

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

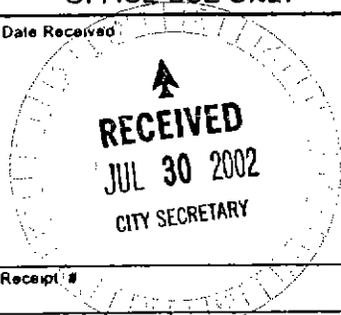
SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date	Payee name	Payee address	Amount (\$)
1-17-2001	Melrose Hotel	2430 Pennsylvania Ave. NW Washington, DC 20037	\$279.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **	
Meals - US Conference of Mayors		Candidate / Officeholder name Office sought / held	
Date	Payee name	Payee address	Amount (\$)
2-7-2001	Houston Livestock Show & Rodeo	PO Box 20070 Houston, TX 77225	\$200.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **	
Officeholder expense - Director's Club membership fee		Candidate / Officeholder name Office sought / held	

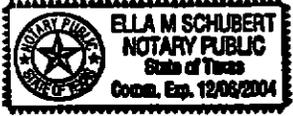
CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT #		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
	5 ORIGINAL PERIOD COVERED		Month
		Year	Month
		Day	Year
		7 / 1 / 00	THROUGH 12 / 31 / 00
6 EXPLANATION OF CORRECTION	OFFICE USE ONLY		
	Date Received:		
			
	Receipt #		
		HD / PM	Amount
		Date Processed	
		Date Imaged	

Upon review, we are submitting additional information on previously reported Schedule F expenditures.

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Lee P. Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 2002

to certify which, witness my hand and seal of office.

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

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE G

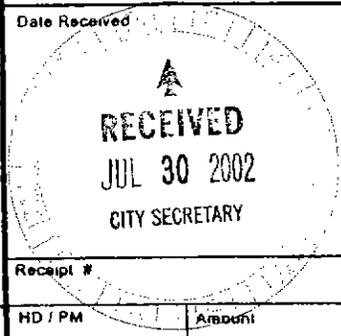
The Instruction Guide explains how to complete this form.	Total pages Schedule G: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date	Payee name Payee address	Amount (\$)
8-4-2000	Hyatt Regency Hotel 265 Peachtree Street, NE Atlanta, GA 30303	\$184.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Hotel - Alpha Phi Alpha Anniversary Conference		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

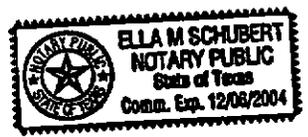
1 ACCOUNT #		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	OFFICE USE ONLY
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month	Day	Year
	1 / 1 / 00	THROUGH	6 / 30 / 00
6 EXPLANATION OF CORRECTION	Upon review, we are submitting additional information on previously reported Schedule F expenditures.		
	Date Received		
	Receipt #		
	Date Processed		
Date Imaged			



7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Lee P. Brown
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 20 1902.

to certify which, witness my hand and seal of office.

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

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date 1-27-2000	Payee name Wyndham Bristol Hotel 2430 Pennsylvania Ave. NW Washington, DC 20037	Payee address	Amount (\$) \$55.73 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-27-2000	Payee name Wyndham Bristol Hotel 2430 Pennsylvania Ave. NW Washington, DC 20037	Payee address	Amount (\$) \$30.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-28-2000	Payee name Peking Gourmet Inn 6029 Leesburg Pike Falls Church, VA 22041	Payee address	Amount (\$) \$60.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 4-29-2000	Payee name Wyndham Anatole Hotel 2201 Stemmons Frwy. Dallas, TX 75207	Payee address	Amount (\$) \$20.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - National Conference of Black Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 4-29-2000	Payee name La Esquina 2201 Stemmons Frwy. Dallas, TX 75207	Payee address	Amount (\$) \$50.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - National Conference of Black Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT #

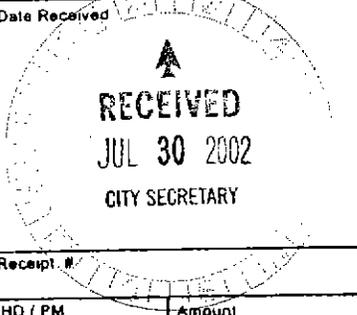
2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
LAST SUFFIX
NICKNAME
Lee
Brown

OFFICE USE ONLY

Date Received



Receipt #

HD / PM	Amount

Date Processed

Date Imaged

4 ORIGINAL REPORT TYPE

- January 15
- July 15
- 30th day before election
- 6th day before election
- Runoff
- Exceeded \$500 limit
- 15th day after campaign treasurer appointment (officeholder only)
- Final report

5 ORIGINAL PERIOD COVERED

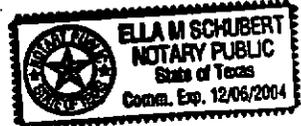
Month Day Year Month Day Year
9 / 24 / 99 THROUGH 10 / 23 / 99

6 EXPLANATION OF CORRECTION

Upon review, we are submitting additional information on previously reported Schedule F expenditures.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.



Lee P. Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 20 02.

to certify which, witness my hand and seal of office.

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

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

(Effective 09/01/1997)

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date	Payee name	Payee address	Amount (\$)
10-7-1999	Sylvia's Queen of Soul Food	382 Lenox Ave. New York, NY 10027	\$50.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - Greater Houston Partnership Media Trip			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
10-8-1999	Pastrami Factory	333 E. 23rd St. New York, NY 10010	\$50.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - Greater Houston Partnership Media Trip			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT #	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received RECEIVED JUL 30 2002 CITY SECRETARY
	NICKNAME	LAST	SUFFIX	

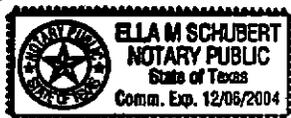
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report

5 ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	Receipt #
	7	1	98		12	31	98	

6 EXPLANATION OF CORRECTION	HD / PM	Amount
	Date Processed	Date Imaged

Upon review, we are submitting additional information on previously reported Schedule F expenditures.

7 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.
--------------------	--



Lee P. Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 2002.

to certify which, witness my hand and seal of office.

<i>Ella M. Schubert</i>	Ella M. Schubert	Notary Public
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

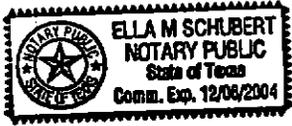
Date	Payee name	Payee address	Amount (\$)
7-8-98	Advantage Travel	10500 Northwest Frwy., Ste. 165 Houston, TX 77092	\$1,600.44 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Airfare - Federal Reserve Bank meeting			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT #		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	OFFICE USE ONLY Date Received RECEIVED JUL 30 2002 CITY SECRETARY Receipt # HD / PM Amount Date Processed Date Imaged
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
	5 ORIGINAL PERIOD COVERED		
6 EXPLANATION OF CORRECTION		UPON REVIEW, WE ARE SUBMITTING ADDITIONAL INFORMATION ON PREVIOUSLY REPORTED SCHEDULE F EXPENDITURES.	

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Lee P. Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Lee P. Brown this the 29 day of July, 2002

to certify which, witness my hand and seal of office.

<i>Ella M. Schubert</i>	<i>Ella M. Schubert</i>	<i>Notary Public</i>
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 3
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date 1-28-1998	Payee name Mr. K's Restaurant 2121 K Street NW Washington, DC 20037	Payee address	Amount (\$) \$30.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-29-1998	Payee name Thai Kingdom 2021 K Street NW Washington, DC 20006	Payee address	Amount (\$) \$40.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-29-1998	Payee name Wyndham Bristol Hotel 2430 Pennsylvania Ave. NW Washington, DC 20037	Payee address	Amount (\$) \$20.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-30-1998	Payee name Wyndham Bristol Hotel 2430 Pennsylvania Ave. NW Washington, DC 20037	Payee address	Amount (\$) \$55.57 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1-31-1998	Payee name Wyndham Bristol Hotel 2430 Pennsylvania Ave. NW Washington, DC 20037	Payee address	Amount (\$) \$10.36 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 3
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
2-1-1998	Peking Gourmet Inn	6029 Leesburg Pike Falls Church, VA 22041	\$40.00 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meals - US Conference of Mayors	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
4-25-1998	Sylvia's Queen of Soul Food	382 Lenox Ave. New York, NY 10027	\$73.93 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meals - Rating agency meetings	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
4-26-1998	Pastrami Factory	333 E. 23rd St. New York, NY 10010	\$73.92 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meals - Rating agency meetings	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
4-27-1998	Sparks Steak House	210 E. 46th St. New York, NY 10017	\$103.36 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meals - Rating agency meetings	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
4-28-1998	Waldorf Astoria Hotel	301 Park Ave. New York, NY 10022	\$82.28 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meals - Rating agency meetings	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 3
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission filer)

Date	Payee name	Payee address	Amount (\$)
4-29-1998	Wyndham Bristol Hotel	2430 Pennsylvania Ave. NW Washington, DC 20037	\$20.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **	
Meals - Federal agency meetings		Candidate / Officeholder name Office sought / held	
Date	Payee name	Payee address	Amount (\$)
4-29-1998	Sam & Harry's	1200 19th Street NW Washington, DC 20036	\$60.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **	
Meals - Federal agency meetings		Candidate / Officeholder name Office sought / held	
Date	Payee name	Payee address	Amount (\$)
4-30-1998	Wyndham Bristol Hotel	2430 Pennsylvania Ave. NW Washington, DC 20037	\$20.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **	
Meals - Federal agency meetings		Candidate / Officeholder name Office sought / held	

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

See backside for instructions

1 ACCOUNT #	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received
	NICKNAME	LAST	SUFFIX	

4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report



5 ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	HD / PM	Amount
	10	28	01		11	21	01		
								Date Processed	
								Date Imaged	

6 EXPLANATION OF CORRECTION	Upon review, we are submitting additional information on previously reported Schedule F expenditures.
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7 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.
AFFIX NOTARY STAMP / SEAL ABOVE	Signature of Candidate or Officeholder
Sworn to and subscribed before me by <u>Lee P. Brown</u> this the <u>29</u> day of <u>July</u> , <u>20</u> <u>02</u>	
to certify which, witness my hand and seal of office.	
<u>Ella M. Schubert</u>	<u>Ella M. Schubert</u>
Signature of officer administering oath	Print name of officer administering oath
	<u>Notary public</u>
	Title of officer administering oath

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 1
FILER NAME: Lee Brown	ACCOUNT #: (Ethics Commission files)

Date	Payee name	Payee address	Amount (\$)
11-1-2001	City of Houston	901 Bagby Houston, TX 77002	\$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **	
Phone calls, faxes and copies		Candidate / Officeholder name Office sought / held	

CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

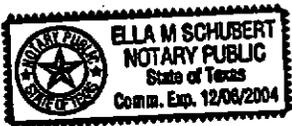
See backside for instructions

1 ACCOUNT #	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Lee NICKNAME LAST SUFFIX Brown	OFFICE USE ONLY Date Received: <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 80px; margin: 10px auto;"> RECEIVED JUL 30 2002 CITY SECRETARY </div> Receipt # HD / PM Amount Date Processed Date Imaged
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 10 / 28 / 01 THROUGH 11 / 21 / 01	

6 EXPLANATION OF CORRECTION

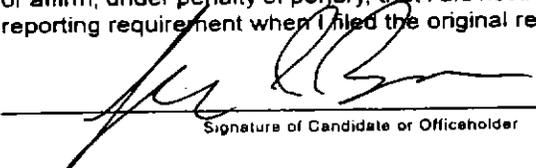
My campaign reimbursed me twice for only one personal expense. My next report will show on Schedule F my reimbursement back to the campaign for this duplicate payment.

7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Lee P. Brown this the 30 day of July, 20 02

to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Ella M. Schubert Print name of officer administering oath	Notary Public Title of officer administering oath
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Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections