

# 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) 00000002	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Peter	MI
	NICKNAME	LAST Brown	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	6524 San Felipe PMB 447 Houston, TX 77057		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Fred	MI
	NICKNAME	LAST Zeidman	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	7670 Woodway, Ste. 110 Houston, TX 77063		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 978-7701			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input 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
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	01/01/2005		THROUGH 06/30/2005
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council, Pos. 3	
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 Brown, Peter (Mr.)

16 ACCOUNT # (Ethics Commission filers)  
00000002

## 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. ..

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

 additional pages

## 18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 21,139.22

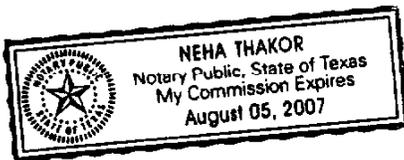
## CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

## OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

## 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.

*Peter H Brown*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PETER BROWN, this the 12<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*NeHa Thakor*  
Signature of officer administering oath

NEHA THAKOR  
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** PAGE #  
Schedule: 1/1 Report: 3/4

**2** FILER NAME Brown, Peter (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000002

**4** Date  
  
02/01/2005

**5** Payee name  
Peter Brown Campaign

**7** Amount  
(\$)  
  
\$21,139.22

**6** Payee address; City; State; Zip Code  
3306 S. Shepherd  
Houston, Tx 77098

**8** Purpose of payment (See instructions regarding type of information required.)  
Donation

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:  
Brown, Peter (Mr.)  
Office sought: Houston City Council, Pos. 1  
Office held:

**CANDIDATE/OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

Page 4 of 4

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if 'Report Type' on page 1 is marked 'Final Report' \*\*

1 C/OH NAME Brown, Peter (Mr.)

2 ACCOUNT # (Ethics Commission filers)

00000002

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A &amp; B below only if you are not an officeholder \*\*

**A. CAMPAIGN FUNDS**

Check only one:

 I do not have unexpended contributions or unexpended interest or income earned from political contributions.

 I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
**B. ASSETS**

Check only one:

 I do not retain assets purchased with political contributions or interest or other income from political contributions.

 I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section only if you are an officeholder \*\*

 I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder