Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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 this report: 1/61

OFFICE USE ONLY

Date Received

RECEIVED OCT 6 2003 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Peter H. MI:

NICKNAME: LAST: Brown SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2620-B South Shepherd,PMB #402

Houston TX 77098-1534

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Pete MI:

NICKNAME: LAST: Melcher SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2020 Sunset

Houston TX 77005

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 449-1331 EXTENSION:

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 07/01/2003 THROUGH Month Day Year: 09/25/2003

10 ELECTION

ELECTION DATE Month Day Year: 11/04/2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Other -- Houston City Council - At-Large Pos. 3

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- 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

☐ additional pages

GO TO PAGE 2

(Effective 12/16/1999)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Peter H. Brown

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occured during this reporting period. (Sign affidavid 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	$ 580.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 107362.88
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 181.82
	4. **TOTAL POLITICAL EXPENDITURES**	$ 220234.32
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15000.00

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.

TARA ROSS
NOTARY PUBLIC
State of Texas
Comm. Exp. 03-31-2007

Peter Brown
Signature of Candidate or Officeholder

Notary Public 10/6/03

(Effective 11/16/1999)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/18/2003	3D/I PAC 6 Contributor address; City; State; Zip Code [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Richard Abbott Contributor address; City; State; Zip Code [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
07/04/2003	Mr. Mickey Ables Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Eddie Allen Contributor address; City; State; Zip Code [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Ms. Nancy Allen Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/25/2003	Mr. Tom Amonett [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/15/2003	Ansun PAC [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Achille Arcidiacono [redacted]	4500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	Mr. Keiji Asakura [redacted]	300.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Alan Atkinson [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/25/2003	Mr. Alan Augustine [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/11/2003	BOS Lighting Design [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	Mr. Larry Bacon [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Mr. A.L. Ballard [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Mr. Witt Barlow [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/25/2003	Mr. Dan Barnum [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Ms. Paula Batsell [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Ms. Kathryn Berg [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Thomas Blocher [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Mr. Daniel Brents [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/06/2003	Ms. Jamie Brewster [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mr. Jeffrey Brown [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Mr. Peter Brown [redacted]	6000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Mr. Peter Brown [redacted]	28000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Peter Brown [redacted]	5600.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/20/2003	Mr. Emile Browne [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/04/2003	Mr. Thomas Burke Jr. [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Ms. Eric Carter [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Dilip Choudhuri [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Coats,Rose Political Action Committee [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	Mr. William Conner [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Stanley Creech [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	Mr. Sanford Criner Jr. [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/04/2003	Mr. Louis Cushman [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/10/2003	Ms. Algenita Davis [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/24/2003	Ms. Algenita Davis [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Larry Davis [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Mr. Carl Detering Jr. [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/04/2003	Mr. Orianna Diaz [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Mr. W.T. Dickey [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/19/2003	Ms. Sara Dodd-Spinkelmier [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/24/2003	Mr. James Donnell [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/11/2003	Mr. Peter Doyle [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Jim Dunlap [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Ms. Rachel Dunlap [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/03/2003	Ms. Consuelo Duroc-Danner [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Charles Foster [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Mack & Cece Fowler [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/2003	Mr. Roger Galatas [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mr. Michael Garver [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/10/2003	Ms. Heidi Gerger [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
09/21/2003	Mr. James Gerstner [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
09/03/2003	Clare & Alfred Glassell Jr. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
09/18/2003	Ms. Meg Goodman [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
09/24/2003	Ms. Elizabeth Griffin [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/23/2003	Ms. Anita Gupta [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Mr. Subhash Gupta [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Steven Halpin [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Mr. Kirk Hamilton [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Hardy Street Partners,LP [redacted]	1500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/17/2003	Mr. Steve Harter [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/15/2003	Mr. Mark Haukohl [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/08/2003	Ms. Susan Herring [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out of state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/2003	Cathy & Frank Hevrdejs [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/08/2003	Mr. Paul Hobby [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 16/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/25/2003	Carrie & Howard Horne [redacted]	250.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Mr. George Jumonville [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Kahala Development Limited Liability Company [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Mr. Jagat Kamdar [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/03/2003	Mr. Jerold Katz [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 17/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/25/2003	Mr. Mark Kaufman [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. George Kelly [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Mr. Stuart Kensinger [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	Kathryn & Jim Ketelsen [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Karl & Kathy Kilian [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 18/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/16/2003	Mr. Wade Kilpatrick [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr John Kirksey [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Mr. David Knapp [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Ms. Betty Leigh [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/02/2003	Ms. Marley Lott [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 19/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/09/2003	Mr. Stan Marek Jr. [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Ms. Sara Marks [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mr. Joe Mashburn [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/18/2003	Mr. Mayer,Brown,Rowe & Maw [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Richard Mayor [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 20/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/18/2003	Mr. Lee McCowan [redacted]	150.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/05/2003	Mr. Sims McCutchan [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/07/2003	Mr. Paul McFall [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/02/2003	Mr. John McGinty [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/20/2003	Mr. Alexander McLanahan [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 21/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/24/2003	Mr. Leroy Melcher [redacted]	577.88	Event expenses

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Leroy Melcher [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Mr. Pierre Melcher [redacted]	230.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/19/2003	Mr. Raymond Messer [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	Ms. Edna Meyer-Nelson [redacted]	150.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 22/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/24/2003	Mr. William Miller III [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/09/2003	Mr. George Mitchell [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. George Mitchell [redacted]	750.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Richard Mobley II [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mr. Sherif Mohamed [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 23/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/16/2003	Mr. John Montalbano [redacted]	700.00	Sacred Heart sponsorship

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Mr. Seth Morris [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Ms. Kathryn Mosbacher [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mr. Benton Musslewhite [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/22/2003	Ms. Nancy Negley [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 24/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/20/2003	Mr. Dan Nip [redacted]	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Paul and Mary Nugent [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/02/2003	Mrs. Maconda O'Connor Ph.D. [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	PageSoutherlandPage [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Paisano Interests [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 25/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/21/2003	John Parkerson [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/16/2003	Mr. Charles Penland [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/08/2003	Ms. Catherine Pernot [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/11/2003	Phelps Properties [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/10/2003	Plumbers Local Union # 68 PAC [redacted]	1500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 26/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/30/2003	Mr. Warren Pond [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Mike Prescott [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/28/2003	Ms. Beverly Ramirez [redacted]	400.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/08/2003	Mr. Bob Randolph [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/22/2003	Mr. Robert Randolph [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 27/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/01/2003	Mr. Shafik Rifaat [redacted] Ho[redacted]	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Ken Ross Jr. [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Ernst Roth R.P.L.S. [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Christiane Schlumberger [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/06/2003	Mr. Jacques Schlumberger [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 28/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/17/2003	Mr. Jacques Schlumberger [redacted]	2500.00	Event expenses

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Glenn Seureau [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/14/2003	Ms. Joanna Sharp [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/21/2003	Mr. Tofigh Shirazi [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Matthew Simmons [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 29/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/23/2003	Mr. Louis Skidmore Jr. [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Louis Sklar [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Mr. Jeffrey Smisek [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/17/2003	Mr. John Spear AIA [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/04/2003	Ms. Tom Steinweg [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 30/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/09/2003	Mr. James Stephens [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/24/2003	Mr. Chad Sweet [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/14/2003	Mr. Charles Tapley [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Mr. Kefelegne Tesfaye PE [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Patrick Van Pelt [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 31/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/09/2003	Wallace/Halpin,Limited Liability Company [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Mr. James Wallace [redacted]	125.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Mr. David Watkins [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/12/2003	Mr. Peter Way [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/25/2003	Mr. Ken Weatherly [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 32/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/16/2003	Mr. Larry Whaley [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Ben and Marion Wilcox [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	Ms. Claudia Williamson [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/06/2003	Mr. Marvin Woskow [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Ed and Lorraine Wulfe [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 33/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/16/2003	Mr. Scott Ziegler [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Rey de la Reza [redacted]	150.00	

Principal occupation (Optional)	Employer (Optional)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 34/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2003	Advantage Communication Consultants P.O. Box 131743 Houston TX 77219	780.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Minister's Breakfast Coordination

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/23/2003	American Express Business Services 2002 N. 31st Ave Phoenix AZ 85027	146.92

Purpose of expenditure (See instructions regarding type of information required.)
Credit Card Processing Fees

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/12/2003	Baptist Ministers Association of Houston and Vicinity 7706 Meadowyork Houston TX 77037	1500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/23/2003	Jesse Boone 9211 Dulcimer Street Houston TX 77051	550.00

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 35/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/25/2003	Jesse Boone 9211 Dulcimer Street Houston TX 77051	275.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/20/2003	Mr. Jesse Boone 9211 Dulcimer Street Houston TX 77051	833.69

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/03/2003	Mr. Jesse Boone 9211 Dulcimer Street Houston TX 77051	1156.61

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	1750.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 36/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/21/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	1750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/31/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	1750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Mr. Chris Brown 8 Waverly Ct Houston TX 77005	1750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/05/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	2496.31

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 37/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/05/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	1029.02

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/19/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	12262.43

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/25/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	51384.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Campaign Strategies 3815 Montrose Blvd.,Suite 101 Houston TX 77006	68975.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 38/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/14/2003	CenterPoint Energy 2012 Austin Houston TX 77002	247.76

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/13/2003	CenterPoint Energy 2012 Austin Houston TX 77002	36.97

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/19/2003	CenterPoint Energy 2012 Austin Houston TX 77002	44.11

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/11/2003	City of Houston,Water Department P.O. Box 4863 Houston TX 77210	33.98

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 39/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/11/2003	City of Houston,Water Department P.O. Box 4863 Houston TX 77210	84.83

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/08/2003	City of Houston,Water Department P.O. Box 4863 Houston TX 77210	56.57

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/08/2003	City of Houston,Water Department P.O. Box 4863 Houston TX 77210	8.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Creole Shack 5519 Caplin Street Houston TX 77026	175.00

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

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: 40/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/21/2003	Diverse Office Solutions 1910 Wakefield Dr. Houston TX 77018	553.64

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/31/2003	Diverse Office Solutions 1910 Wakefield Dr. Houston TX 77018	361.80

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/19/2003	Diverse Office Solutions 1910 Wakefield Dr. Houston TX 77018	214.85

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/19/2003	Diverse Office Solutions 1910 Wakefield Dr. Houston TX 77018	312.28

Purpose of expenditure (See instructions regarding type of information required.)
Computer 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: 41/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/03/2003	Downtown Houston Association 1221 McKinney,Suite 3434 Houston TX 77010	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/07/2003	Emal Langrand Communications 705 Sabine Street Houston TX 77007	2500.81

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for fundraising expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/07/2003	Emal Langrand Communications 705 Sabine Street Houston TX 77007	3750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/07/2003	Emal Langrand Communications 705 Sabine Street Houston TX 77007	3750.00

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

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 42/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/19/2003	Emal Langrand Communications 705 Sabine Street Houston TX 77007	3750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/23/2003	Emal Langrand Communications 705 Sabine Street Houston TX 77007	2855.96

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for fundraising expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/23/2003	Emal Langrand Communications 705 Sabine Street Houston TX 77007	3750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/10/2003	Ensemble Theater 3535 Main Street Houston TX 77004	250.00

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 43/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/10/2003	Ms. Ellie Ezzell 6026 Vicki John Houston TX 77096	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/23/2003	Ms. Ellie Ezzell 6026 Vicki John Houston TX 77096	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Fiestas Patrias P.O. Box 262871 Houston TX 77027	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Free Vietnam Alliance Houston 9611 Kingsvalle Houston TX 77075	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Tickets & Ad

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: 44/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2003	Gemini Graphics 5303 Lyons Ave Houston TX 77020	1150.00

8 Purpose of expenditure (See instructions regarding type of information required.)
T-shirts

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/26/2003	HCA-GHA Contractor Classic P.O. Box 41908 Houston TX 77241	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Holiday Inn Astrodome 8111 Kirby Dr. Houston TX 77054	800.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/22/2003	Houston Black American Democrats P.O. Box 2893 Houston TX 77252	1500.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 45/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/21/2003	Houston Hispanic Chamber of Commerce 3336 Richmond Ave,Ste 100 Houston TX 77098	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/24/2003	LULAC 2900 Woodridge Dr. Houston TX 77087	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/06/2003	Ms. Delores Land 16303 Clay Pegeon Ct. Missouri City TX 77489	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/11/2003	Lemond Catering 6535 Dumfries Dr. Houston TX 77096	844.35

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 46/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/21/2003	Ms. Thelma Lenz 8502 Blossom Bell Ln Missouri City TX 77489	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Mr. Edwin Mendoza 2425 Sage Rd. #136 Houston TX 77056	1600.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/05/2003	Mr. Edwin Mendoza 2425 Sage Rd. #136 Houston TX 77056	86.95

Purpose of expenditure (See instructions regarding type of information required.)
Field Coordination Reimbursement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/19/2003	Edwin Mendoza 2425 Sage Rd. #136 Houston TX 77056	250.00

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

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 47/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/08/2003	Mindpuddles Gallery 2035 Dunlavy Houston TX 77006	175.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Monarch Printing Company 6605 McGrew Houston TX 77087	118.80

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/15/2003	Morrison Design and Advertising 1113 Vine #110 Houston TX 77002	1020.26

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/16/2003	NAACP 3003 S. Loop West,Suite 500 Houston TX 77054	500.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 48/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/2003	Northside Antioch Baptist Church 1814 Carr Houston TX 77026	250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/17/2003	Ouisie's Table 3939 San Felipe Rd. Houston TX 77027	2637.27

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/04/2003	Presenting the Arts 5810 Cullen Blvd Houston TX 77021	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/06/2003	Reliant Energy 1401 Rusk Street Houston TX 77002	529.64

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 49/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/14/2003	Reliant Energy 1401 Rusk Street Houston TX 77002	473.41

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/13/2003	Reliant Energy 1401 Rusk Street Houston TX 77002	519.18

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/19/2003	Reliant Energy 1401 Rusk Street Houston TX 77002	637.87

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/17/2003	Roadster Productions,Inc P.O. Box 272268 Houston TX 77277	5193.00

Purpose of expenditure (See instructions regarding type of information required.)
Production 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: 50/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/29/2003	SBC Telephone P. O. Box 930170 Dallas TX 75393	206.30

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/28/2003	SBC P. O. Box 930170 Dallas TX 75393	32.14

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/30/2003	SBC P. O. Box 930170 Dallas TX 75393	209.61

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	SBC P. O. Box 930170 Dallas TX 75393	32.14

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 51/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/31/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	960.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/12/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	46.95

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	1250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	1337.76

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 52/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	49.80

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Ms. Nandita Sahni 10 Pinetree Lane Houston TX 77024	1250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/12/2003	Sloan Designs,LLC 1806 Lubbock St. Houston TX 77007	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Sloan Designs 1806 Lubbock Houston TX 77007	200.00

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

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: 53/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/12/2003	Tweed Smith 1510 Wheeler Ave.,Unit #2 Houston TX 77004	150.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/02/2003	Southwestern Bell P.O. Box 4845 Houston TX 77097	81.95

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/02/2003	Southwestern Bell P.O. Box 4845 Houston TX 77097	279.25

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/05/2003	Sprint Digital Print 10100 Clay Rd.,Ste C Houston TX 77080	5250.13

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

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 54/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/08/2003	St. Mary of the Purification Catholic Church 3006 Rosedale Houston TX 77004	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/13/2003	Sterling Bank P.O. Box 40333 Houston TX 77240	840.00

Purpose of expenditure (See instructions regarding type of information required.)
Holiday Inn Cashier's Check

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/17/2003	Sterling Bank P.O. Box 40333 Houston TX 77240	500.00

Purpose of expenditure (See instructions regarding type of information required.)
Certified Check for Filing Fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/16/2003	The Chamber P.O. Box 66129 Houston TX 77266	225.00

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

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

Revised 11/12/1999

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 55/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/26/2003	Mr. Andrew Tran 11941 FM 529 Houston TX 77041	1095.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/13/2003	Vietnamese Community of Houston and Vicinity P.O. Box 1065 Alief TX 77411	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	46.32

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	625.00

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

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: 56/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/03/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	13.65

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/15/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/25/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	168.04

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/31/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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: 57/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/05/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	58.57

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/11/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	41.07

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/13/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	49.73

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/14/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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: 58/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/21/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	134.59

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/29/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	1250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/25/2003	Ms. Kacey Wells 10436 Valley Drive Willis TX 77318	37.70

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

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 59/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/11/2003	Wesley Chapel AME Church 2209 Dowling St. Houston TX 77003	110.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/01/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	1545.24

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/15/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	1500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/22/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	196.81

Purpose of expenditure (See instructions regarding type of information required.)
Field Coordination Reimbursement

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 60/61

2 FILER NAME
Mr. Peter H. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/05/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	37.98

8 Purpose of expenditure (See instructions regarding type of information required.)
Field Coordination Reimbursement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Mr. Tony Williams 12137 Poulson Dr. Houston TX 77031	1560.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/15/2003	Willowisp Country Club 14502 Fondren Rd. Missouri City TX 77489	200.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/06/2003	Willowisp Country Club 14502 Fondren Rd. Missouri City TX 77489	1150.00

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