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 filed: 2

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 | FIRST: P. | MI: M.

NICKNAME | LAST: CLINTON | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

7201 WESTVIEW
HOUSTON, TEXAS 77055

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: MICHAEL | MI

NICKNAME | LAST: VON BLON | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7201 WESTVIEW
HOUSTON, TEXAS 77055

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(713) 686-6864

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 / 30 / 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): HOUSTON CITY COUNCIL DISTRICT A

13 NOTICE OF 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
P. M. CLINTON

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,100.75

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 8,437.57

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

PATSY A. SMITH
MY COMMISSION EXPIRES
FEBRUARY 8, 2004

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.

P. M. Clinton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Patsy A. Smith — Signature of officer administering oath
PATSY A. SMITH — Printed name of officer administering oath
NOTARY — Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3

2 FILER NAME
P. M. CLINTON

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)
07/01/03	TIMOTHY K. SEO [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)
07/02/03	W. T. LUIKENS [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)
07/03/03	CLYDE & BEVERLY WILSON [redacted]	$100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/07/03	ROBERT LYNCH JR. [redacted]	$ 25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/20/03	MIKE & SANDRA CARNAHAN [redacted]	$100.00	
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME
P. M. CLINTON

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)
07/14/03	GUY R. ODOM [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)
07/14/03	GUY & RITA ODOM [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)
07/22/03	DONALD O. JANSEN [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)
08/05/03	RICARDO CASTONEDA [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)
08/13/03	MICHAEL & AMY VON BLON [redacted]	$ 100.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME
P. M. CLINTON

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)
08/26/03	HENRY J. TAUB [redacted]	$ 50.00	

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)
09/13/03	SAM TEXAS [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)

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)

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)

Principal occupation (Optional)	Employer (Optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 5

2 FILER NAME
P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/07/03	CARICIA TOBIAS 2041 MARNELL HOUSTON, TX 77055	$ 150.00

8 Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN STAFF

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 ($)
08/01/03	P.M. INTERNATIONAL INVESTIGATIONS, INC. 7201 WESTVIEW HOUSTON, TEXAS 77055	$ 100.00

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN HEADQUARTERS OFFICE RENT

•• 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 ($)
08/08/03	ERIC GONZALES 7100 WESTVIEW HOUSTON, TEXAS 77055	$ 550.00

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN STAFF

•• 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 ($)
08/08/03	SHANA HOWELL 7201 WESTVIEW HOUSTON, TEXAS	$ 719.25

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN STAFF

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 5

2 FILER NAME: P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/08/03	SPRINT DIGITAL PRINT, INC. 10100 CLAY ROAD, SUITE C HOUSTON, TX 77080	$ 526.64

8 Purpose of payment (See instructions regarding type of information required.): SIGNS

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 ($)
08/13/03	OMAR HERNANDEZ 7100 WESTVIEW HOUSTON, TX 77055	$ 100.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

•• 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 ($)
08/13/03	ERIC GONZALES 7100 WESTVIEW HOUSTON, TX 77055	$ 100.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

•• 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 ($)
08/13/03	ABEL FIERROS 7100 WESTVIEW HOUSTON, TX 77055	$ 75.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

•• 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 Schedule F: 3 of 5

2 FILER NAME: P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/03	SPRINT DIGITAL PRINT 10100 CLAY ROAD, SUITE C HOUSTON, TX 77080	$2489.25

8 Purpose of payment (See instructions regarding type of information required.): SIGNS

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 ($)
08/22/03	HOUSTON COMMUNITY NEWSPAPER 11767 KATY FREEWAY HOUSTON, TX 77079	$1250.00

Purpose of payment (See instructions regarding type of information required.): ADVERTISING

•• 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 ($)
08/29/03	PRINTING EXPRESS 9000 SOUTHWEST FREEWAY, SUITE 320 HOUSTON, TX 77074	$ 963.43

Purpose of payment (See instructions regarding type of information required.): PUSH CARDS

•• 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 ($)
08/25/03	ERIC GONZALES 7100 WESTVIEW	$ 100.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

•• 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 Schedule F: 4 of 5

2 FILER NAME: P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/25/03	OMAR HERNANDEZ 7100 WESTVIEW HOUSTON, TX 77055	$ 100.00

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

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 ($)
08/25/03	ABEL FIERROS 7100 WESTVIEW HOUSTON, TX 77055	$ 100.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

•• 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 ($)
09/05/03	ABEL FIERROS 7100 WESTVIEW HOUSTON, TX 77055	$ 150.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN STAFF

•• 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 ($)
09/10/03	HARRIS COUNTY DISTRICT CLERK 1001 PRESTON HOUSTON, TEXAS 77002	$ 20.00

Purpose of payment (See instructions regarding type of information required.): VOTER REGISTRATION INFORMATION

•• 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 Schedule F: 5 of 5

2 FILER NAME: P. M. CLINTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/03	U. S. POST OFFICE LONG POINT HOUSTON, TX 77055	$ 444.00

8 Purpose of payment (See instructions regarding type of information required.): POSTAGE

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 ($)
09/25/03	CITY OF HOUSTON HOUSTON, TEXAS	$ 500.00

Purpose of payment (See instructions regarding type of information required.): FILING FEE - HOUSTON CITY COUNCIL

•• 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 ($)

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

•• 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 ($)

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

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

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