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 PAGE 1

RECEIVED OCT 29 2001 CITY SECRETARY

The C/OH INSTRUCTION GUIDE explains how to complete this form.

ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Kurtyce MI: L.
NICKNAME: LAST: Cole SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 7409 Gleason APT / SUITE #: CITY: Houston STATE: TX ZIP CODE: 77016

5 CAMPAIGN TREASURER NAME

TITLE: Ms. FIRST: Karen MI: L.
NICKNAME: LAST: Cole SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 5300 Desoto #1406 APT / SUITE #: CITY: Houston STATE: Texas ZIP CODE: 77091

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 681-6291 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 10 / Day 10 / Year 2001 THROUGH Month 10 / Day 29 / Year 2001

10 ELECTION

ELECTION DATE: Month 11 / Day 6 / Year 2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Houston City Council - B

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount:

Date Processed

Date Imaged

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Mr. Kurtyce Cole

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	$ 30.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$35,980.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 716.27
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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.

Kurtyce L. Cole
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kurtyce Cole, this the 24th day of October, 20 01, to certify which, witness my hand and seal of office.

Teresa Barnard
Signature of officer administering oath

Teresa Barnard
Printed name of officer administering oath

TERESA BARNARD
Notary Public, State of Texas
My Commission Expires 09-27-03

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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: Mr. Kurtyce Cole

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)
10-28-01	Mr. Cleveland Johnson, Jr. [redacted] Houston Texas 77029	$30.00	

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)
10-24-01	Mr. Dan Kerr OneNet [redacted] Houston, TX 77084	$35,000.00	Telecom Advertisement

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)
10-23-01	Zoia Cole [redacted] Houston, TX 77016	$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)
10-25-01	Jo Ann Matranga [redacted] Houston, TX 77017	$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)
10-28-01	Karen Cole [redacted] Houston, TX 77091	$150.00	

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.

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 Schedule F:

2 FILER NAME: MR. KURTYCE COLE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10-29-2001	HYATT REGENCY HOTELS HOUSTON, TX	$310.00

8 Purpose of payment (See instructions regarding type of information required.): HOTEL SUITE RESERVATION

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 ($)
10-29-2001	SIGN-A-RAMA 12722 N. FRWY HOUSTON, TX 77060	$186.73

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

** 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 ($)
10-28-2001	MINUTEMAN PRESS LOCATIONS OF HOUSTON, TX	$104.75

Purpose of payment (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 ($)
10-27-2001	CINGULAR WIRELESS 290 @ MANGUM Rd. HOUSTON, TEXAS	$76.89

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

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

EXPENDITURES

(512) 463-5800 1-800-325-95

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME: MR. KURTYCE COLE

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

4 Date: 10-25-2001

5 Payee name: AITNET, COM

6 Payee address: 421 MAIDEN LANE; City: FAYETTEVILLE; State: NC; Zip Code: 28301

7 Amount ($): $37.90

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

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 ($)

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

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