

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

FLORIDA "Flo" COOPER

15 ACCOUNT # (Ethics Commission files)

764003553765

16 NOTICE

-- 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

Florida "Flo" Cooper Campaign

COMMITTEE ADDRESS

5847 Reed Rd. Houston TX 77033

COMMITTEE CAMPAIGN TREASURER NAME

Erma Bell

COMMITTEE CAMPAIGN TREASURER ADDRESS

5847 Reed Rd Houston TX 77033

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)

\$ 875.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 614.00

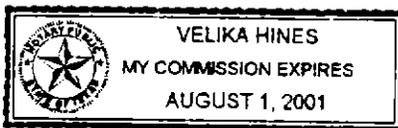
OUTSTANDING LOAN TOTALS

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

\$

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.



*Florida "Flo" Cooper*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Florida "Flo" Cooper, this the 16<sup>th</sup> day of July, 20 01, to certify which, witness my hand and seal of office.

*Velika J Hines*  
Signature of officer administering oath

Velika J Hines  
Printed name of officer administering oath

Title of officer administering oath

# 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 <b>FLORIDA "FLD" COOPER</b>		3 ACCOUNT # (Ethics Commission filers) <b>164003 553 765</b>	
4 Date <b>7/4/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bill Moore</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
9 Principal occupation (Optional) <b>CONSULTANT</b>		10 Employer (Optional)	
Date <b>7/4/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bill Powell</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional) <b>RETIRED</b>		Employer (Optional)	
Date <b>6/7/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Amelia Pellerin</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional) <b>REAL ESTATE</b>		Employer (Optional)	
Date <b>6/7/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Elton + Carol Martin</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b> <b>TEXAS 77489</b>			
Principal occupation (Optional) <b>ENGINEER</b>		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
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.

**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 <b>FLORIDA "FLO" COOPER</b>		3 ACCOUNT # (Ethics Commission filers) <b>164003553765</b>	
4 Date <b>6/11/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carolyn Daranda</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>Houston Texas 77021</b>			
9 Principal occupation (Optional) <b>POLICE OFFICER</b>		10 Employer (Optional)	
Date <b>6/11/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Curtis Richard</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston Texas 77002</b>			
Principal occupation (Optional) <b>EDUCATOR</b>		Employer (Optional)	
Date <b>6/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Detra Sneed</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>HOUSTON TX 77063</b>			
Principal occupation (Optional) <b>SOCIAL WORKER</b>		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
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 <i>FLORIDA "RO" COOPER</i>		3 ACCOUNT # (Ethics Commission filers) <i>764003 553 765</i>	
4 Date <i>5/9/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Vienn</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED] Houston, TX 77288-8038</i>			
9 Principal occupation (Optional) <i>ENTREPRENEUR</i>		10 Employer (Optional)	
Date <i>5/9/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bill Moore</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Missouri City, TEXAS 77489</i>			
Principal occupation (Optional) <i>CONSULTANT</i>		Employer (Optional)	
Date <i>5/9/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patricia Frazier</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston, TX 77045</i>			
Principal occupation (Optional) <i>TEACHER</i>		Employer (Optional)	
Date <i>5/9/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Erma Belt</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77033</i>			
Principal occupation (Optional) <i>RETIRED</i>		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
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,  
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME FLORIDA "FLD" COOPER		3 ACCOUNT # (Ethics Commission filers) 764003553765	
4 Date 6/19/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Modesta Gill Bugg 6 Contributor address; City; State; Zip Code [REDACTED] DALLAS, TX 75243	7 Amount of contribution (\$) 200 Stamps (34¢)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) TELECOMMUNICATIONS		10 Employer (Optional)	
Date 6/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tanya Jackson Contributor address; City; State; Zip Code [REDACTED] TN. 37041-0201	Amount of contribution (\$) 500 Stamps (34¢)	In-kind contribution description (if applicable)
Principal occupation (Optional) U S ARMY		Employer (Optional)	
Date 6/20/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eugene Foney Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77219-1914	Amount of contribution (\$) 100 Stamps (34¢)	In-kind contribution description (if applicable)
Principal occupation (Optional) ARTIST REPRESENTATIVE		Employer (Optional)	
Date 6/20/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher Chargois Contributor address; City; State; Zip Code [REDACTED] Corpus Christi Texas 78407	Amount of contribution (\$) 200 Stamps	In-kind contribution description (if applicable)
Principal occupation (Optional) SUBENT		Employer (Optional)	
Date 6/20/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Flora Rodgers Jackson Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77051	Amount of contribution (\$) 100 Stamps	In-kind contribution description (if applicable)
Principal occupation (Optional) DAY CARE SPECIALIST		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 <b>FLORIDA "FLD" COOPER</b>		3 ACCOUNT # (Ethics Commission filers) <b>764003553765</b>	
4 Date <b>6/22/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DOMINIQUE CHARCOIS</b>	7 Amount of contribution (\$) <b>300</b>	8 In-kind contribution description (if applicable) <b>stamps</b>
6 Contributor address; City; State; Zip Code <b>[REDACTED] Clarksville TN 37042</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME FLORIDA "FLO" COOPER		3 ACCOUNT # (Ethics Commission filers) 764003553765
4 Date 6/10/1	5 Payee name Sam's Warehouse	8 Amount (\$) \$53.89
	6 Payee address: City: State: Zip Code 11615 South Loop West Houston TX 77054	
7 Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date 6/10/1	Payee name Tanya Jackson (Flrsta)	Amount (\$) \$48.12
	Payee address: City: State: Zip Code P.O. Box 201 Clarksville, TN 37041-0201	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date 6/10/1	Payee name Maggie West (Floral)	Amount (\$) \$25.00
	Payee address: City: State: Zip Code 2020 Gray Houston, Texas 77002	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date 6/10/1	Payee name Public Storage	Amount (\$) \$105.00
	Payee address: City: State: Zip Code 3555 South Loop West Houston Texas 77025	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date 6/10/1	Payee name John Sweetley	Amount (\$) \$75.00
	Payee address: City: State: Zip Code 2715 Rosecote Houston Texas 77004	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME FLORIDA "FLD" COOPER		3 ACCOUNT # (Ethics Commission filers) 764003553765
4 Date 6/01	5 Payee name FLORIDA COOPER	8 Amount (\$) \$118.00  <input type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address: City: State: Zip Code 1813 Rosedale Houston Texas 77004	
7 Purpose of expenditure (See instructions regarding type of information required.)		
Date 6/01	Payee name NAACP	Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address: City: State: Zip Code Missouri City Branch, Missouri City, Texas 77489	
Purpose of expenditure (See instructions regarding type of information required.)		
Date 6/01	Payee name Sam's Warehouse	Amount (\$) \$79.20  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address: City: State: Zip Code 1615 South West Loop Houston, Tx 77054	
Purpose of expenditure (See instructions regarding type of information required.)		
Date 6/01	Payee name Maggie West	Amount (\$) \$38.00  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address: City: State: Zip Code 2028 Gray @ Dowling Houston, Tx 77004	
Purpose of expenditure (See instructions regarding type of information required.)		
Date 7/05/01	Payee name Relax, Read, and Read Board Co.	Amount (\$) \$78.00  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address: City: State: Zip Code 5427 B. Shepherd Houston Texas 77091	
Purpose of expenditure (See instructions regarding type of information required.)		

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME **FLORIDA "FLO" COOPER** 3 ACCOUNT # (Ethics Commission filers)  
**764003 553 765**

4 Date <b>1/01</b>	5 Payee name <b>Checks and Service Charge</b> 6 Payee address: City: State: Zip Code <b>Chase Bank 5445 Alameda Houston Texas 77004</b>	8 Amount (\$) <b>\$ 67.00</b>  <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

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