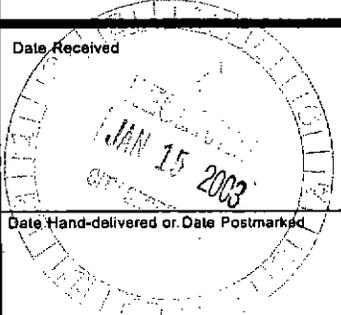


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 24pt; font-weight: bold;">5</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE FIRST MI <div style="text-align: center; font-size: 18pt; font-weight: bold;">Ada</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt; font-weight: bold;">Edwards</div> | OFFICE USE ONLY  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston, TX 77266 | | |
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST MI <div style="text-align: center; font-size: 18pt; font-weight: bold;">Monica</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt; font-weight: bold;">Lamb</div> | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT. / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston, TX 77266 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 523-1762 | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07 / 01 / 02 12 / 31 / 02 | | |
| 10 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Houston City Council, District D | 12 OFFICE SOUGHT (if known) | |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

| | |
|------------------------------------|--|
| 14 C/OH NAME Ada Edwards | 15 ACCOUNT # (Ethics Commission filers) |
|------------------------------------|--|

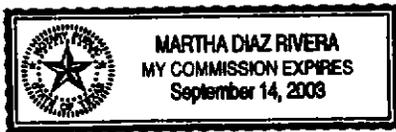
| | | |
|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 163.36 |
| 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.



Ada J. Edwards
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ada J. Edwards, this the 15th day of January 20 03, to certify which, witness my hand and seal of office.

Martha Diaz Rivera Martha D. Rivera Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

| Date | Payee Name | | | | | Amount (\$) |
|----------|---------------|---------|--------|----------|----------|-------------|
| 7/8/2002 | Ada Edwards | | | | | |
| | Payee address | City: | State: | Zip Code | | |
| | 5514 Griggs | Houston | TX | 77021 | \$158.76 | |

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

Reimb-Office Supply

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| Date | Payee Name | | | | | Amount (\$) |
|-----------|-------------------------|---------|--------|------------|------------|-------------|
| 7/10/2002 | Grant Martin Consulting | | | | | |
| | Payee address | City: | State: | Zip Code | | |
| | P.O. Box 667307 | Houston | TX | 77266-7307 | \$1,224.93 | |

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

Consulting

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| Date | Payee Name | | | | | Amount (\$) |
|-----------|----------------------|---------|--------|----------|---------|-------------|
| 7/23/2002 | Gittings Photography | | | | | |
| | Payee address | City: | State: | Zip Code | | |
| | 1111 Uptown Park | Houston | TX | 77056 | \$75.00 | |

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

Photographs

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| Date | Payee Name | | | | | Amount (\$) |
|-----------|---------------|---------|--------|----------|----------|-------------|
| 7/25/2002 | Ada Edwards | | | | | |
| | Payee address | City: | State: | Zip Code | | |
| | 5514 Griggs | Houston | TX | 77021 | \$125.00 | |

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

Reimb-Travel Expense

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

