

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:
31

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ada
NICKNAME LAST SUFFIX
Edwards

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 667307 Houston, TX 77266

Date Hand-delivered or Date Mailed

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Monica
NICKNAME LAST SUFFIX
Lamb

Date Processed

Date Imaged

7 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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 03 THROUGH 09 / 25 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 04 / 03 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Houston City Council, District D

13 OFFICE SOUGHT (if known)

Houston City Council, District D

14 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME
Ada Edwards

16 ACCOUNT # (Ethics Commission filers)

17 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 23,115.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 42,020.47

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

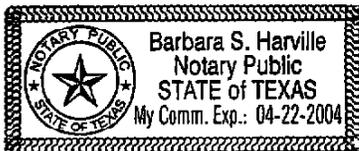
\$ 30,122.37

OUTSTANDING LOAN TOTALS

6. 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 6th day of October, 2003, to certify which, witness my hand and seal of office.

Barbara S. Harville **BARBARA S. HARVILLE** **NOTARY PUBLIC**
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/7/20035 Full Name of Contributor: out of state PAC
Wilmoth Loper Williams7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/7/20035 Full Name of Contributor: out of state PAC
Frances O. Burford7 Amount of
contribution (\$):
\$40.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/7/20035 Full Name of Contributor: out of state PAC
Welma Debose7 Amount of
contribution (\$):
\$10.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/7/20035 Full Name of Contributor: out of state PAC
Ann L. Bragdon MD7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/7/20035 Full Name of Contributor: out of state PAC
Emery Scott Harbers7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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 and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC A. M. Jackson	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Alden Randall PhD	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Byrdie F. Berell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Arthur Lopez	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lee T Loe	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 14
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William M. Walls	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 7/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Philip S Snyder	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 7/18/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George P. Mitchell	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 7/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ernesto C. Best	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 7/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Winstead Sechrest & Minick, P.C. PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/24/2003

5 Full Name of Contributor:

Bert Henry Golding out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/24/2003

5 Full Name of Contributor:

John S.W. Kellett out of state PAC

7 Amount of contribution (\$):

\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/25/2003

5 Full Name of Contributor:

Cynthia J. Webster out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/25/2003

5 Full Name of Contributor:

David L. Harris out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/29/2003

5 Full Name of Contributor:

William D. Morse Jr. out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/7/2003

5 Full Name of Contributor: out of state PAC
Gertie W Dickson

7 Amount of
contribution (\$):
\$50.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/8/2003

5 Full Name of Contributor: out of state PAC
Robert B. Cohen

7 Amount of
contribution (\$):
\$1,000.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/8/2003

5 Full Name of Contributor: out of state PAC
Charles G. Untermeyer

7 Amount of
contribution (\$):
\$100.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/25/2003

5 Full Name of Contributor: out of state PAC
Alvin Ignace Thomas PhD

7 Amount of
contribution (\$):
\$100.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/25/2003

5 Full Name of Contributor: out of state PAC
Jasbir Singh

7 Amount of
contribution (\$):
\$2,500.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 14

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/25/2003

5 Full Name of Contributor:

Tammy Tran out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/25/2003

5 Full Name of Contributor:

Walter D Davis out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/25/2003

5 Full Name of Contributor:

TREPAC out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/29/2003

5 Full Name of Contributor:

Yolanda Black Navarro out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/29/2003

5 Full Name of Contributor:

Teresa Jean Allen out of state PAC7 Amount of
contribution (\$):**\$15.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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 and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William James Hill	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. R. Thomas	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hemachandra Prasad Kolluru PE	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Joseph Smith Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janiece Maxeme Longoria	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/8/20035 Full Name of Contributor: out of state PAC
Borris Lee Miles7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/8/20035 Full Name of Contributor: out of state PAC
Karen Nelson Thomas PLLC7 Amount of
contribution (\$):
\$150.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/8/20035 Full Name of Contributor: out of state PAC
Brandt Corbitt Mannchen7 Amount of
contribution (\$):
\$30.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/8/20035 Full Name of Contributor: out of state PAC
James H. F. Williams7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/9/20035 Full Name of Contributor: out of state PAC
David I. Silverberg7 Amount of
contribution (\$):
\$30.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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 and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/9/20035 Full Name of Contributor: out of state PAC
Frances T. "Sissy" Farenthold7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/9/20035 Full Name of Contributor: out of state PAC
National Association of Minority Contractors7 Amount of
contribution (\$):
\$150.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/16/20035 Full Name of Contributor: out of state PAC
James Arthur Binkley7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/19/20035 Full Name of Contributor: out of state PAC
E. Elizabeth Collins7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/19/20035 Full Name of Contributor: out of state PAC
Linebarger Goggan Blair Pena & Sampson, LLP7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/19/2003

5 Full Name of Contributor: out of state PAC
Deborah Johnson Anders

7 Amount of contribution (\$):
\$25.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/23/2003

5 Full Name of Contributor: out of state PAC
Darryl B. Carter

7 Amount of contribution (\$):
\$1,000.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/24/2003

5 Full Name of Contributor: out of state PAC
Stanford J. Alexander

7 Amount of contribution (\$):
\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/24/2003

5 Full Name of Contributor: out of state PAC
Madeleine G. Appel

7 Amount of contribution (\$):
\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/24/2003

5 Full Name of Contributor: out of state PAC
ChaseCom Limited Partnership

7 Amount of contribution (\$):
\$500.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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 and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Martin Jay Fein	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen Beck Nielson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC CDMPAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R Gary Montgomery PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC RABA-KISTNER PAC, Inc.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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 and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 14	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William F. Fendley	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Turner Collie & Braden PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TSC Fund	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Wayne Klotz PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Anthony Eastwood	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **14**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/25/20035 Full Name of Contributor:
Joseph Mark Cibor PE out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/25/20035 Full Name of Contributor:
Trent James Slovak P.E. out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/25/20035 Full Name of Contributor:
Stephen Carl Costello PE out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/25/20035 Full Name of Contributor:
Jon N. Strange out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/25/20035 Full Name of Contributor:
Daniel David Organ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 14

2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/25/20035 Full Name of Contributor: out of state PAC
James Robert Ainsworth PE7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/25/20035 Full Name of Contributor: out of state PAC
Edwin Charles Friedrichs7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/25/20035 Full Name of Contributor: out of state PAC
CLR PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/25/20035 Full Name of Contributor: out of state PAC
James Forrest Thompson7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total: \$23,115.00

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POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

14

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$5,000.00

**P.O. Box 667307, Houston, TX
77266**

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

Consulting Fee

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

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$28.77

**P.O. Box 667307, Houston, TX
77266**

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

Event Expense

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

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$31.72

**P.O. Box 667307, Houston, TX
77266**

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

Office Supplies

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

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$441.41

**P.O. Box 667307, Houston, TX
77266**

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

Postage

**** Complete if direct expenditures 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.

Total pages Schedule F
14

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$110.47

**P.O. Box 667307, Houston, TX
77266**

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

Printing

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

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$22.27

**P.O. Box 667307, Houston, TX
77266**

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

Volunteer Refreshments

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

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$10.66

**P.O. Box 667307, Houston, TX
77266**

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

Web Site

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

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Dierdre Nzinga Rideaux

Amount
(\$)

Payee address

City;

State;

Zip Code

\$50.00

**4101 Dabney, Houston, TX
77026**

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

Bonus

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

Candidate / Officeholder name

Office sought

Office held

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 7/9/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$1,500.00

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

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

Date 7/14/2003	Payee Name Alan Walker	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK Blvd. Apt. 46, Houston, TX 77021	\$1,000.00

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

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

Date 7/14/2003	Payee Name Renita Davis	Amount (\$)
	Payee address City; State; Zip Code 11980 Overbrook, No. 110, Houston, TX 77077	\$1,000.00

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

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

Date 7/18/2003	Payee Name Renita Davis	Amount (\$)
	Payee address City; State; Zip Code 11980 Overbrook, No. 110, Houston, TX 77077	\$17.58

Purpose of payment (See instructions regarding type of information required)
Reimb-Volunteer Refreshments

**** Complete if direct expenditures 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.

Total pages Schedule F
14

FILER NAME
Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 7/18/2003	Payee Name Cingular Wireless	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 650574, Dallas, TX 77265	\$84.08

Purpose of payment (See instructions regarding type of information required) Cell Phone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 7/23/2003	Payee Name Ada Edwards	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$143.00

Purpose of payment (See instructions regarding type of information required) Reimb-Meeting Refreshments	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 7/25/2003	Payee Name Keith Wade	Amount (\$)
	Payee address City; State; Zip Code 4810 Old Spanish Trail, Houston, TX 77021	\$2,000.00

Purpose of payment (See instructions regarding type of information required) Consulting Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 7/25/2003	Payee Name Renita Davis	Amount (\$)
	Payee address City; State; Zip Code 11980 Overbrook, No. 110, Houston, TX 77077	\$1,000.00

Purpose of payment (See instructions regarding type of information required) Campaign Manager	** Complete if direct expenditures 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.

Total pages Schedule F
14

FILER NAME
Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 7/25/2003	Payee Name Alan Walker	City; State; Zip Code	Amount (\$) \$1,000.00
	Payee address 5400 MLK Blvd. Apt. 46, Houston, TX 77021		

Purpose of payment (See instructions regarding type of information required) Campaign Manager	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 7/29/2003	Payee Name Mike Easley	City; State; Zip Code	Amount (\$) \$300.00
	Payee address 10819 Cedarhurst Drive, Houston, TX 77096		

Purpose of payment (See instructions regarding type of information required) Rent Headquarters	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 7/29/2003	Payee Name The Page Group, Inc. by Esther Anderson T	City; State; Zip Code	Amount (\$) \$5,000.00
	Payee address 1002 Gemini Avenue, Suite 122, Houston, TX 77058		

Purpose of payment (See instructions regarding type of information required) Rent Headquarters	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 8/7/2003	Payee Name Marcie L. Keys Activity Center	City; State; Zip Code	Amount (\$) \$120.00
	Payee address 8302 Colonial Lane, Houston, TX 77056		

Purpose of payment (See instructions regarding type of information required) Sponsorship	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 8/11/2003	Payee Name Alan Walker	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK Blvd. Apt. 46, Houston, TX 77021	\$1,000.00

Purpose of payment (See instructions regarding type of information required) Campaign Manager	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/11/2003	Payee Name Alan Walker	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK Blvd. Apt. 46, Houston, TX 77021	\$153.96

Purpose of payment (See instructions regarding type of information required) Reimb-Volunteer Refreshments	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/11/2003	Payee Name Renita Davis	Amount (\$)
	Payee address City; State; Zip Code 11980 Overbrook, No. 110, Houston, TX 77077	\$1,000.00

Purpose of payment (See instructions regarding type of information required) Campaign Manager	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$100.00

Purpose of payment (See instructions regarding type of information required) Sponsorship Miles Rodriguez - community/youth even	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$5,000.00

Purpose of payment (See instructions regarding type of information required) Consulting Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$41.04

Purpose of payment (See instructions regarding type of information required) Copies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$9.00

Purpose of payment (See instructions regarding type of information required) Office Supplies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$12.48

Purpose of payment (See instructions regarding type of information required) Postage	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$350.00

Purpose of payment (See instructions regarding type of information required) Sponsorship Yale Women's Campaign School	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$4.17

Purpose of payment (See instructions regarding type of information required) Volunteer Refreshments	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$10.66

Purpose of payment (See instructions regarding type of information required) Web Site	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 8/12/2003	Payee Name Renita Davis	Amount (\$)
	Payee address City; State; Zip Code 11980 Overbrook, No. 110, Houston, TX 77077	\$26.76

Purpose of payment (See instructions regarding type of information required) Reimb - Supplies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 8/12/2003	Payee Name Renita Davis	Amount (\$)
	Payee address 11980 Overbrook, No. 110, Houston, TX 77077	\$11.91

Purpose of payment (See instructions regarding type of information required)
Reimb-Copies

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

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address P.O. Box 667307, Houston, TX 77266	\$12.75

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

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

Date 8/19/2003	Payee Name Cingular Wireless	Amount (\$)
	Payee address P.O. Box 650574, Dallas, TX 77265	\$84.08

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

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

Date 8/19/2003	Payee Name Houston Image Group	Amount (\$)
	Payee address 901 Bagby #100, Houston, TX 77002	\$600.00

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

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 8/19/2003	Payee Name Sheila B. Savannah	Amount (\$)
	Payee address City; State; Zip Code 3910 Cherly Lane, Houston, TX 77058	\$450.00

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

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

Date 8/25/2003	Payee Name Keith Wade	Amount (\$)
	Payee address City; State; Zip Code 4810 Old Spanish Trail, Houston, TX 77021	\$2,000.00

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

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

Date 8/26/2003	Payee Name Alan Walker	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK Blvd. Apt. 46, Houston, TX 77021	\$1,000.00

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

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

Date 8/26/2003	Payee Name Renita Davis	Amount (\$)
	Payee address City; State; Zip Code 11980 Overbrook, No. 110, Houston, TX 77077	\$1,000.00

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

**** Complete if direct expenditures 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.

Total pages Schedule F

14

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 8/28/2003	Payee Name Sandra Massie Hines Jr. Achiever's Inc.	Amount (\$) \$100.00
Payee address 4421 Alvin St., Houston, TX 77051		
City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required) Sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/3/2003	Payee Name Camp Esteem, Inc.	Amount (\$) \$100.00
Payee address 4979 MLK Blvd., Houston, TX 77021		
City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required) Sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/3/2003	Payee Name R.J.'s Rib Joint	Amount (\$) \$150.00
Payee address 2515 Riverside Drive, Houston, TX 77004		
City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required) Event Expense	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$) \$5,000.00
Payee address P.O. Box 667307, Houston, TX 77266		
City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required) Consulting Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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Revised 09/01/2003

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$1,358.06

Purpose of payment (See instructions regarding type of information required) Insurance Headquarters	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$222.86

Purpose of payment (See instructions regarding type of information required) Office Supplies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$370.00

Purpose of payment (See instructions regarding type of information required) Plumbing Repair Headquarters	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$514.84

Purpose of payment (See instructions regarding type of information required) Postage	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$116.50

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

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

Date 9/7/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$131.36

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

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

Date 9/9/2003	Payee Name CSP-IWFR	Amount (\$)
	Payee address City; State; Zip Code 2506 Sutherland, Houston, TX 77023	\$100.00

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

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

Date 9/9/2003	Payee Name Houston Citizens Chamber of Commerce	Amount (\$)
	Payee address City; State; Zip Code 2808 Wheeler St. < Houston, TX 77004	\$60.00

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

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
14

FILER NAME **Ada Edwards** ACCOUNT # (Ethics Commission filers)

Date 9/23/2003	Payee Name Alan Walker	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK Blvd. Apt. 46, Houston, TX 77021	\$54.17

Purpose of payment (See instructions regarding type of information required) Reimb-Volunteer Refreshments	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 9/23/2003	Payee Name Alan Walker	Amount (\$)
	Payee address City; State; Zip Code 5400 MLK Blvd. Apt. 46, Houston, TX 77021	\$15.91

Purpose of payment (See instructions regarding type of information required) Reimb-Postage	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/25/2003	Payee Name Keith Wade	Amount (\$)
	Payee address City; State; Zip Code 4810 Old Spanish Trail, Houston, TX 77021	\$2,000.00

Purpose of payment (See instructions regarding type of information required) Consulting Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Schedule F Report Total: \$42,020.47

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 1

FILER NAME **Ada Edwards**

ACCOUNT # (Ethics Commission filers)

Date 7/23/2003	Payee Name Ada Edwards	Amount (\$) \$143.00			
	Payee address P.O. Box 667307		City: Houston	State: TX	Zip Code 77266
	Purpose of payment (See instructions regarding type of information required) Meeting Refreshments				<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Schedule G Report Total: \$143.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003