

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: 2em;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.5em;">THEA M</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">FABIO</div>		<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">JAN 18 2002</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CITY SECRETARY</div> </div>
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">4543 POST OAK PLACE, SUITE 120</div> <div style="text-align: center; font-size: 1.2em;">HOUSTON, TX 77027</div>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.5em;">RICHARD L</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">MERRILL</div>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">4543 POST OAK PLACE, SUITE 120</div> <div style="text-align: center; font-size: 1.2em;">HOUSTON, TX 77027</div>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(713) 961-0408</div>		
8 REPORT TYPE	<input 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 <div style="text-align: center; font-size: 1.2em;">07 / 01 / 2001 12 / 31 / 2001</div>		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em;">/ /</div>		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 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 THEA M. FABIO	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S)	-- This listing includes political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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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	\$ —
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,550 ⁰⁰

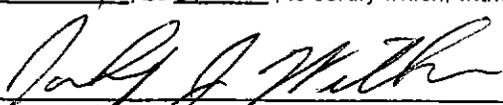
19 AFFIDAVIT

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said THEA M. FABIO, this the 15th day of JANUARY, 2001, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	JOHNNY J. WILLIAMS MY COMMISSION EXPIRES July 5, 2003	NOTARY PUBLIC Title of officer administering oath
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FABIO & MERRILL
4543 POST OAK PLACE, SUITE 120
HOUSTON, TEXAS 77027

TEL: (713) 961-0408
FAX: (713) 961-2934
E-MAIL: fabiomerrl@aol.com

THEA M. FABIO
Attorney-at-Law
-Licensed in Massachusetts and Texas

RICHARD L. MERRILL
Attorney-at-Law/Mediator
-Licensed in Massachusetts, New Hampshire and Texas

January 15, 2002

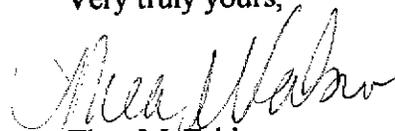
Ms. Anna Russell, City Secretary
City Hall Annex
900 Bagby
Houston, Texas 77002

Dear Ms. Russell:

Enclosed please find an original of my Campaign Finance Report for the period from July 01, 2001 through December 31, 2001.

Please feel free to call me with any questions in this regard. Thank you for your usual courtesy in this matter.

Very truly yours,


Thea M. Fabio

