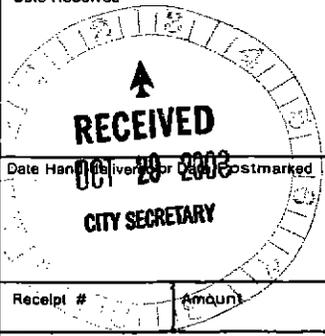


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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; font-weight: bold;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: MR.      FIRST: AL NICKNAME:      LAST:      SUFFIX: <div style="text-align: center; font-size: 1.5em; font-weight: bold;">HOANG</div>	<b>OFFICE USE ONLY</b> Date Received:  Date Hand Delivered or 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: 1900 N. LOOP WEST, SUITE 500 HOUSTON, TX 77018		
5 CAMPAIGN TREASURER NAME	TITLE: MRS.      FIRST: MELISA NICKNAME:      LAST:      SUFFIX: <div style="text-align: center; font-size: 1.5em; font-weight: bold;">HOANG</div>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE: P.O. BOX 8877 HOUSTON, TX 77249		
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION: (713) 446-5852		
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)		
9 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 09 / 04 / 03      10 / 27 / 03		
10 ELECTION	ELECTION DATE Month      Day      Year 11 / 4 / 03	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) COUNCIL MAN AT LARGE # 5	
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 <u>AL HOANG</u>	15 ACCOUNT #(Ethics Commission files)
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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. <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. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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)	\$ 3,958.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 468.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,542.56
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.



  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALOYSIUS HOANG, this the 27 day of OCTOBER, 20 03, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

TAN NGUYEN  
 Printed name of officer administering oath

Notary Public  
 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 <i>A L HOANG</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/2</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ORGENA M. LEWIS</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANONYMOUS</i>	Amount of contribution (\$) <i>58.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DAVID DOAN</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>XUAN NGOC TRAN; DINH DUY TRAN</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/19/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HUE VO; KIM QUY VO</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
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 *AL HOANG* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DUONG DU HAI</i>	7 Amount of contribution (\$) <i>2000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>10/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SANG TRAN</i>	Amount of contribution (\$) <i>1,000</i>	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)

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)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

AL HOANG

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/10

TAMMY TRAN CANDIDATE EVENT

6 Payee address; City; State; Zip Code

2915 FANNIN  
HOUSTON, TX 77002

\$ 500.00

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

CONTRIBUTION

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/27

SPRINT DIGITAL

Payee address; City; State; Zip Code

10100 CLAY RD., SUITE C  
HOUSTON, TX 77080

1542.56

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

YARD SIGNS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/27

BURT LEVINE

Payee address; City; State; Zip Code

500.00

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

POLITICAL CONSULTATION

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED