

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 liters)	2 Total pages filed: <div style="font-size: 24pt; text-align: center;">52</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt;">Mike Howard</div>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 19284 Houston, TX 77224	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt;">Diane Webb</div>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 19284 Houston, TX 77224		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 752-8043		
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 checked="" 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 1 / 1 / 03 6 / 30 / 03		
10 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 03	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Houston City Council, District G	
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

Mike Howard

15 ACCOUNT # (Ethics Commission files)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 79,381.22

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 27,434.08

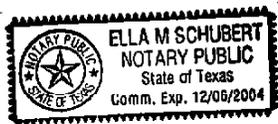
OUTSTANDING LOAN TOTALS

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.



Michael Howard
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Howard, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
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 & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 1-31-2003	Full name of contributor <input type="checkbox"/> out of state PAC Paul I. Cook, MD	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 2-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC J. Richard Hall	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 2-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Epi Salazar, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 2-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jeanette Rash	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 2-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC J.R. Jones	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 2-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Paul Kwan	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stuart Kensinger	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edmund Fountain, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC A.L. Keller	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC John W.H. Chiang	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC C.M. Garver	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Nancy Kinder	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert H. Lightfoot	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Louis A. Macey	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Fulbright & Jaworski L.L.P. Texas Committee	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 3-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mary Spain	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Centerpoint Energy, Inc PAC Multi-Candidate Committee	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dennis Sander	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Half Associates State PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Herbert Lum	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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Date 3-11-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edward L. Boswell	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ruma Acharya	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC James C. Box	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mark L. Boyer	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Roudolph H. Bruhns	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Burney & Foreman Attorney-At-Law	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC CDMPAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC John O. Cobb	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC C.M. Garver	Amount of contribution (\$) \$700.00	In-kind contribution description (if available) Event expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC TX Friends of Time Warner Cable	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC M.L. Kershman	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] 9		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Wayne Klotz	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Helen Knox	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Tom Kvinta	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC W.D. Kvinta	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Michael D. Lacy	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Wm. James Miller	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ronald L. Mullinax	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ronald James Nielsen	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC PHCG Investments (a Partnership)	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Trinh Pham	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Walter P. Sass	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Trent J. Slovak	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] 00		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Texas Coalition for Good Government	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Orlando J. Teran	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC James F. Thompson	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Larry Thyssen	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Vonn B. Tran	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Turner, Collie, Braden PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC F. William Othon	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 3-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC HOME-PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC R. Jack Linville	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sidney S. Lindley	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Sam Barbar	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC W.T. Dickey	Amount of contribution (\$) \$400.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

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Date 3-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC David B. George	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC Vinson & Elkins Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC John Van De Wiele	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-17-2003	Full name of contributor <input type="checkbox"/> out of state PAC Law Offices of Jeffrey Newport	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Judge Russell Austin	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 4-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Louis Macey	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Tahtouh	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC D. Fred Martinez	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Epi Salazar, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Melvin Spinks	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 4-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Orlando J. Teran	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC LAN-PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC J.R. Jones	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC Carl Marquardsen	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Becky Darcy	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edwin Friedrichs	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Alfredo Gutierrez	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edna Pattie Jard	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Hollie M. Stanley, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Robert S. Taylor, Jr.	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
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The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC J.L. Diffenderfer	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC James G. Skelly	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mark W. Adam	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC Varinder (Bobby) P. Singh	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dionel Avilés	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Chris Claunch	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Dannenbaum	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC John W. Fedorko	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Hugh Rawl	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC CLR/PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Larry Barfield	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC TSC Fund	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Cibor	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Glenn Johnson	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC HCEC GAC PAC	Amount of contribution (\$) \$590.49	In-kind contribution description (if available) Event expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ranney McDonough	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Squire	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC Charles J. Tamborello	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-7-2003	Full name of contributor <input type="checkbox"/> out of state PAC ARCADIS G&M, Inc. Texas PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jana Bassett	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Charles R. Church	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC George R. King	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-9-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jon N. Strange	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC James R. Jard	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-12-2003	Full name of contributor <input type="checkbox"/> out of state PAC Audrey J. Middlebrooke	Amount of contribution (\$) \$10.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC William King	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-13-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ron Kronberg	Amount of contribution (\$) \$600.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-14-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mr. Charles Penland	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-15-2003	Full name of contributor <input type="checkbox"/> out of state PAC Bob G. Herring	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Agnes Perkins	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jeff Ross	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dionel Aviles	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Gatton	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Helen Knox	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-19-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ginny Nelson	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-20-2003	Full name of contributor <input type="checkbox"/> out of state PAC Stephen Costello	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Donna Carraba	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC E.P. Claude	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Harold Cobb	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Leslie Dickey	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Beckenhouse Partners	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ronald Dubroc	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Judith Ellis	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Thor Hanson	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Kirkpatrick	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC James Lloyd	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Karen Parker	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Jo Anne Scott	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Shawn Wall	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Conrad Walton	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC M. Carolina Weitzman	Amount of contribution (\$) \$553.00	In-kind contribution description (if available) Event expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Bill Westbrook	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-21-2003	Full name of contributor <input type="checkbox"/> out of state PAC Julie Wood	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Charles Alcorn	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Envirotest LTD.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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SCHEDULE A1
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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mr. Gene F. Gardner	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC Paul D. Scott	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-22-2003	Full name of contributor <input type="checkbox"/> out of state PAC C. Donald Van Wart	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC A.L. Keller	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Michael Lewis	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 5-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC George Yvon Nino	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] 03 [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dorothy P. Denike	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ruma Acharya	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC Archie Pizini	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 5-31-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edwin C. Friedrichs	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC Dilip Advani	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC Billie N. Curtis	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC Samuel K. Eaton	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC John M. Kirksey	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC Tina Snelling	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC John W. H. Chiang	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC J.L. Davenport	Amount of contribution (\$) \$75.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC J. Brad Fillmore	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Barry M. Goodman	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Gus A. Kanakis	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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FILER NAME: Mike Howard			ACCOUNT # (Ethics Commission filers)

Date 6-3-2003	Full name of contributor Ron Kronberg <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available) Event Expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor Kudela & Weinheimer L.P. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor Tan La <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$3,870.00	In-kind contribution description (if available) Event expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor Jose R. Lopez II <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor William M. Mosley, Jr. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Daniel L. Quinlan	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Edward E. Taravella	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Vonn Tran	Amount of contribution (\$) \$257.73	In-kind contribution description (if available) Event Expenses
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Chi Tran Luu	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC Samantha Ho Truong	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC Geoffrey Berg	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC Ann E. Benton	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-10-2003	Full name of contributor <input type="checkbox"/> out of state PAC Carter & Burgess, Inc., Political Committee	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Henry J. Blum	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC Joe W. Mahler	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-16-2003	Full name of contributor <input type="checkbox"/> out of state PAC M. Carolina Weitzman	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-18-2003	Full name of contributor <input type="checkbox"/> out of state PAC Houston Contractor PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-23-2003	Full name of contributor <input type="checkbox"/> out of state PAC Irene E. Foxhall	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-24-2003	Full name of contributor <input type="checkbox"/> out of state PAC Margorie Lott	Amount of contribution (\$) \$300.00	In-kind contribution description (if available) Accounting services
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Rick G. Castaneda	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

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FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-26-2003	Full name of contributor <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Patricia Oakes	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC Mr. Michael S. Stevens	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC Thomas L. Kennedy	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 6-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC Peter C. Peltier	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 36
FILER NAME: Mike Howard	ACCOUNT # (Ethics Commission filers)

Date 6-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC Cynthia Kelsch	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
1-31-2003	Compass Bank 12649 Memorial Drive Houston, TX 77024	\$20.00
Purpose of expenditure (See instructions regarding type of information required.) Bank fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-6-2003	Jenni Sellers 2700 Woodland Park Drive #1424 Houston, TX 77082	\$500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-6-2003	Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	\$431.44
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-11-2003	Compass Bank 12649 Memorial Drive Houston, TX 77024	\$25.82
Purpose of expenditure (See instructions regarding type of information required.) Bank fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-13-2003	Jenni Sellers 2700 Woodland Park Drive #1424 Houston, TX 77082	\$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
3-13-2003	Office Depot 10960 Westheimer Houston, TX 77042	\$40.00
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-14-2003	Harris County Republican Party 3311 Richmond Ave., Ste. 208 Houston, TX 77098	\$50.00
Purpose of expenditure (See instructions regarding type of information required.) Lists		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3/16/2003	Circuit City 2680 South Hwy. 6 Houston, TX 77077	\$638.62
Purpose of expenditure (See instructions regarding type of information required.) Computer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-16-2003	Comp USA 12230 Westheimer Houston, TX 77077	\$224.53
Purpose of expenditure (See instructions regarding type of information required.) Printer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-17-2003	Compass Bank 12649 Memorial Drive Houston, TX 77024	\$10.00
Purpose of expenditure (See instructions regarding type of information required.) Bank fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 3-18-2003	Payee name Payee address Compass Bank 12649 Memorial Drive Houston, TX 77024	Amount (\$) \$15.15
Purpose of expenditure (See instructions regarding type of information required.) Bank fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3-25-2003	Payee name Payee address Best Buy 2480 South Hwy. 6 Houston, TX 77077	Amount (\$) \$535.83
Purpose of expenditure (See instructions regarding type of information required.) Computer supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3-25-2003	Payee name Payee address SK Stategies 55 Waugh Drive, Ste. 610 Houston, TX 77007	Amount (\$) \$4,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and fundraising fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-1-2003	Payee name Payee address Jenni Sellers 2700 Woodland Park Drive #1424 Houston, TX 77082	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-2-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$18.08
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 4-3-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$40.62
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-6-2003	Payee name Payee address TV Max PO Box 650591 Houston, TX 75265	Amount (\$) \$52.94
Purpose of expenditure (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-8-2003	Payee name Payee address SBC PO Box 3025 Houston, TX 77097	Amount (\$) \$109.98
Purpose of expenditure (See instructions regarding type of information required.) Phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-10-2003	Payee name Payee address David Bray Photography 4212 San Felipe # 398 Houston, TX 77077	Amount (\$) \$216.50
Purpose of expenditure (See instructions regarding type of information required.) Campaign photographs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-11-2003	Payee name Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$395.87
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 4-11-2003	Payee name Payee address SK Stategies 55 Waugh Drive, Ste. 610 Houston, TX 77007	Amount (\$) \$4,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and fundraising fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-11-2003	Payee name Payee address TV Max PO Box 650591 Houston, TX 75265	Amount (\$) \$28.20
Purpose of expenditure (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-15-2003	Payee name Payee address Jenni Sellers 2700 Woodland Park Drive #1424 Houston, TX 77082	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-15-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$14.80
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-15-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$11.33
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 4-15-2003	Payee name Payee address US Postmaster River Oaks Station Houston, TX 77019	Amount (\$) \$74.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-15-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$26.00
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-18-2003	Payee name Payee address TV Max PO Box 650591 Houston, Tx 75256	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-18-2003	Payee name Payee address Harris County Tax Assessor's Office 1001 Preston Houston, TX 77002	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Maps		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-23-2003	Payee name Payee address Best Buy 2480 South Hwy. 6 Houston, TX 77077	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Computer supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 4-25-2003	Payee name Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$124.50
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-25-2003	Payee name Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$886.56
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-28-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$51.98
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-28-2003	Payee name Payee address Best Buy 2480 South Hwy. 6 Houston, TX 77077	Amount (\$) \$48.02
Purpose of expenditure (See instructions regarding type of information required.) Computer Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4-30-2003	Payee name Payee address Circuit City 2680 South Hwy. 6 Houston, TX 77077	Amount (\$) \$230.00
Purpose of expenditure (See instructions regarding type of information required.) Computer monitor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 4-30-2003	Payee name Payee address US Postmaster 10505 Town & Country Way Houston, TX 77024	Amount (\$) \$36.00
Purpose of expenditure (See instructions regarding type of information required.) Post office box fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-1-2003	Payee name Payee address Jenni Sellers 2700 Woodland Park Drive #1424 Houston, TX 77082	Amount (\$) \$1,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-1-2003	Payee name Payee address Office Depot 10960 Westheimer Houston, TX 77042	Amount (\$) \$51.00
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-1-2003	Payee name Payee address TX Max PO Box 650591 Houston, TX 75265	Amount (\$) \$51.99
Purpose of expenditure (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-7-2003	Payee name Payee address SBC P.O. Box 3025 Houston, TX 77097	Amount (\$) \$33.79
Purpose of expenditure (See instructions regarding type of information required.) Phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 5-7-2003	Payee name TV Max PO Box 650591 Houston, TX 75265	Payee address	Amount (\$) \$69.36
Purpose of expenditure (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 5-7-2003	Payee name Schlotzsky's Deli 12485 Westheimer Houston, TX 77077	Payee address	Amount (\$) \$4.50
Purpose of expenditure (See instructions regarding type of information required.) Campaign lunch meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 5-9-2003	Payee name Greater Houston Preservation Alliance 712 Main Street, Ste. 110 Houston, TX 77098	Payee address	Amount (\$) \$60.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign lunch meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 5-16-2003	Payee name Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Payee address	Amount (\$) \$339.61
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 5-16-2003	Payee name SK Stategies 55 Waugh Drive, Ste. 610 Houston, TX 77007	Payee address	Amount (\$) \$4,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and fundraising fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 5-16-2003	Payee name Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$58.72
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-19-2003	Payee name Payee address Magic Circle RWC 6131 Pipingrock Houston, TX 77057	Amount (\$) \$61.50
Purpose of expenditure (See instructions regarding type of information required.) Tickets to campaign event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-24-2003	Payee name Payee address Best Buy 2480 South Hwy. 6 Houston, TX 77077	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Computer supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-27-2003	Payee name Payee address Greater Houston Pachyderm Club 5102 Austin Houston, TX 77004	Amount (\$) \$21.50
Purpose of expenditure (See instructions regarding type of information required.) Campaign lunch meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5-28-2003	Payee name Payee address La Griglia Resturant 2002 West Gray Houston, TX 77019	Amount (\$) \$78.31
Purpose of expenditure (See instructions regarding type of information required.) Campaign lunch meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
5-30-2003	Office Depot 10960 Westheimer Houston, TX 77042	\$47.90
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
5-30-2003	Village Republican Women 9 Legend Lane Houston, TX 77024	\$300.00
Purpose of expenditure (See instructions regarding type of information required.) Tickets to campaign event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-1-2003	Jenni Sellers 2700 Woodland Park Drive #1424 Houston, TX 77082	\$1,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-3-2003	Texas Federation of Republican Women 803 Buchview Houston, TX 77584	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Ticket to campaign event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-5-2003	SBC P.O. Box 3025 Houston, TX 77097	\$33.78
Purpose of expenditure (See instructions regarding type of information required.) Phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 6-12-2003	Payee name Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Payee address	Amount (\$) \$46.63
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 6-12-2003	Payee name Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Payee address	Amount (\$) \$110.34
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 6-12-2003	Payee name SK Stategies 55 Waugh Drive, Ste. 610 Houston, TX 77007	Payee address	Amount (\$) \$2,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and fundraising fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 6-12-2003	Payee name Copy.Com 1201-F Westheimer Houston, TX 77006	Payee address	Amount (\$) \$11.56
Purpose of expenditure (See instructions regarding type of information required.) Campaign copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 6-12-2003	Payee name More Than Paper 2035 Post Oak Houston, TX 77056	Payee address	Amount (\$) \$75.78
Purpose of expenditure (See instructions regarding type of information required.) Invitations to campaign reception		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date 6-12-2003	Payee name Payee address US Postmaster River Oaks Station Houston, TX 77019	Amount (\$) \$115.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6-16-2003	Payee name Payee address Compass Bank 12649 Memorial Drive Houston, TX 77024	Amount (\$) \$5.00
Purpose of expenditure (See instructions regarding type of information required.) Bank fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6-16-2003	Payee name Payee address Houston BOMA 5847 San Felipe, Ste. 1260 Houston, TX 77057	Amount (\$) \$40.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign lunch meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6-16-2003	Payee name Payee address HEB 11815 Westheimer Houston, TX 77077	Amount (\$) \$21.25
Purpose of expenditure (See instructions regarding type of information required.) Blockwalking supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6-18-2003	Payee name Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$247.95
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14
FILER NAME: Mike Howard	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
6-18-2003	Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	\$119.08
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-18-2003	Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	\$171.76
Purpose of expenditure (See instructions regarding type of information required.) Printing expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-23-2003	Taco Milagro 2555 Kirby Houston, TX 77019	\$26.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign lunch meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held