

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)
00000000
2 Total pages this report:

1/6

**3 CANDIDATE /
OFFICEHOLDER
NAME**

TITLE	FIRST	MI
Mrs.	Cleo	

NICKNAME	LAST	SUFFIX
	Glenn-Johnson	

OFFICE USE ONLY

Date Received



RECEIVED
NOV 1 2001
CITY SECRETARY

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1051 Cottage Oak				
<input type="checkbox"/> Change of Address				
Houston TX	77091			

Date Hand-delivered or Date Postmarked

**5 CAMPAIGN
TREASURER
NAME**

TITLE	FIRST	MI
	Velika	

NICKNAME	LAST	SUFFIX
	Hines	

Receipt #

Amount

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3442 Kennonview				
Houston TX	77068			

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE	PHONE NUMBER	EXTENSION
() -		

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 C/OH - FR)

**9 PERIOD
COVERED**

Month	Day	Year	THROUGH	Month	Day	Year
		10/02/0001				10/28/0001

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11/06/0001	

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)**13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt / Suite #; City; State; Zip Code

 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file#)

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

additional pages

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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7800.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

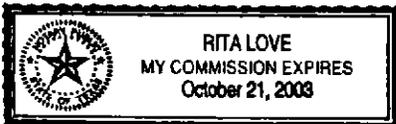
4. TOTAL POLITICAL EXPENDITURES \$ 8387.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Cleo Glenn Johnson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cleo Glenn Johnson, this the 28th day of October, 2001, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

RITA LOVE
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/6	
2 FILER NAME Mrs. Cleo Glenn-Johnson		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/20/0001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Felix Glenn 6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77020	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/13/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Terry Green Contributor address; City; State; Zip Code [REDACTED] Houston TX 77051	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) Data entry
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rose Moore Contributor address; City; State; Zip Code [REDACTED] Houston TX 77057	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/18/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Ruth Omondi Contributor address; City; State; Zip Code [REDACTED] Houston TX 77020	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/03/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Sadaqah Osborne Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 1200.00	In-kind contribution description (if applicable) Office assistant
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/6	
2 FILER NAME Mrs. Cleo Glenn-Johnson		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/23/0001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr Sam Osemene 6 Contributor address; City; State; Zip Code [REDACTED] Missouri City TX 77459	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/17/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Michelle Pollard Contributor address; City; State; Zip Code [REDACTED] Laguna Niguel CA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/03/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Yarbrough Contributor address; City; State; Zip Code [REDACTED] TX	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) consulting
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/6
2 FILER NAME Mrs. Cleo Glenn-Johnson		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/17/0001	5 Payee name Frenchy's 6 Payee address; City; State; Zip Code I-10 Houston TX 77020	7 Amount (\$) 185.00
8 Purpose of expenditure (See instructions regarding type of information required.) Lunch for workers		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/03/0001	Payee name Horatio Smith Payee address; City; State; Zip Code 1823 Benfer Houston TX 77014	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) Block walkers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/12/0001	Payee name Office Depot Payee address; City; State; Zip Code 10311 Highway 45 North Houston TX 77037	Amount (\$) 568.00
Purpose of expenditure (See instructions regarding type of information required.) cell phones, copier, office supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/16/0001	Payee name Sprint Print Payee address; City; State; Zip Code 3612 Mangum Houston TX 77090	Amount (\$) 1834.00
Purpose of expenditure (See instructions regarding type of information required.) Signs		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/6**2** FILER NAME
Mrs. Cleo Glenn-Johnson**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
10/27/0001**5** Payee name
Texas Blues**7** Amount
(\$)
1000.00**6** Payee address; City; State; Zip Code
1524 De Soto
Houston TX 77091**8** Purpose of expenditure (See instructions regarding type of information required.)
Festival**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/21/0001Payee name
Volume Inc.Amount
(\$)
2300.00Payee address; City; State; Zip Code
1113 Vino
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
mail outComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held