

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME **BILL JONES**

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 12,050.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,599.02

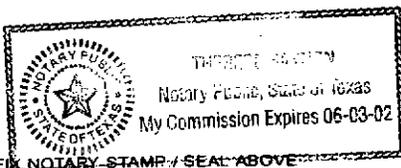
OUTSTANDING LOAN TOTALS

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

\$ 5,000.00

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.



AFFIDAVIT NOTARY STAMP / SEAL ABOVE

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BILL JONES, this the 26th day of October, 20 01, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Therese Hannon
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 2	
2 FILER NAME BILL JONES		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/27/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. BURGE	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code [REDACTED] HOUSTON, TX			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Applewhite	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] HOUSTON TX			
Principal occupation (Optional)		Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. BURGE	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] HOUSTON, TX			
Principal occupation (Optional)		Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John SANTASIERO	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] HOUSTON TX			
Principal occupation (Optional)		Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES Bunham	Amount of contribution (\$) 3000.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] HOUSTON TX			
Principal occupation (Optional)		Employer (Optional)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2 of 2	
2 FILER NAME BILL JONES		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/27/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIE FLICKENGER	7 Amount of contribution (\$) 1,800.00	8 In-kind contribution description (if applicable) SERVICES
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY SCHELL	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable) SERVICES
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX			
Principal occupation (Optional)		Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID FLICKENGER	Amount of contribution (\$) 1,250.00	In-kind contribution description (if applicable) SERVICES
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX.			
Principal occupation (Optional)		Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON REICH	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable) SERVICES
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX			
Principal occupation (Optional)		Employer (Optional)	
Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL JONES	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable) SERVICES
Contributor address; City; State; Zip Code [REDACTED] SUGARLAND TX			
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>BILL JONES</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>10/27/01</u>	5 Payee name <u>WC MANAGEMENT</u>	7 Amount (\$) <u>2,054.02</u>
6 Payee address; City; State; Zip Code <u>402 West 16th Houston Tx</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>SERVICES</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>10/27/01</u>	Payee name <u>DAVID WASSON</u>	Amount (\$) <u>75.00</u>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <u>RESEARCH</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>10/27/01</u>	Payee name <u>FREELY CREATIVE, INC</u>	Amount (\$) <u>470.00</u>
Payee address; City; State; Zip Code <u>Box 1363 Stowe, VT 05672</u>		
Purpose of payment (See instructions regarding type of information required.) <u>PRINTING</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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