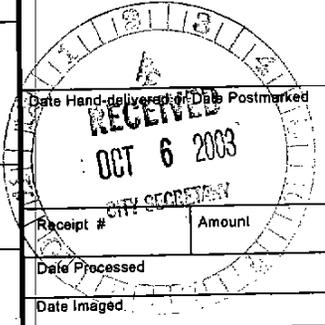


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 30</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI Ms. Solanda F.</p> <p>NICKNAME LAST SUFFIX "Jo" Jones</p>	<div style="border: 2px solid black; padding: 10px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p>  <p>Date Hand-delivered / Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>P.O. Box 88324 Houston, TX 77288</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(713) 661-9884</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI Mrs. Leslie D.</p> <p>NICKNAME LAST SUFFIX Epps Latham</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>21603 Longcastle Dr, Spring, TX 77388</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(281) 350-2544</p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>7 / 2 / 2003 9 / 25 / 2003</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p> <p>11 / 4 / 2003</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) Houston City Council At-Large Pos #3</p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>** 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. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 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

Across The Trak Park

SPECIFIC

COMMITTEE ADDRESS

1418 Heatherwild Street
Sugarland, Tx 77479

COMMITTEE CAMPAIGN TREASURER NAME

Francis Cook

COMMITTEE CAMPAIGN TREASURER ADDRESS

4418 Heatherwild Street
Sugarland, Tx 77479

additional pages

18 CONTRIBUTION TOTALS

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

\$ 1,540.00

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

\$ 43,497.89

EXPENDITURE TOTALS

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

\$ 1,963.38

4. TOTAL POLITICAL EXPENDITURES

\$ 25,444.48

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,183.35

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jolanda Jones, this the 06th day of October, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers) NA
4 Date 9/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Airport Express Mgmt, Ltd.	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX		8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)
Date 8/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alfred Meyerson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Houston, Texas		In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)
Date 7/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alois Sterling Blackwell	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [REDACTED] Houston, Texas		In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)
Date 9/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alphonse & Elise Triplett	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Las Angeles, California		In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Engelman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Sugarland, TX		In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/9/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Martin	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code Houston, Texas			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Toubin	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Audrey & Keith West	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Galena Park, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barbara Haley	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Binion & Sims P.C.	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Sones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/10/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos Alvarez	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Tallahassee, FL		10 Employer (See Instructions)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chip Nash	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX		10 Employer (See Instructions)	
Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher & Barbara Howard	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Cambridge, MA		10 Employer (See Instructions)	
Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daucie Shefman	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX		10 Employer (See Instructions)	
Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deandre Sam	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX		10 Employer (See Instructions)	
Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Era Land	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ Houston, TX _____			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Errol & Sylvia Brooks	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ Houston, TX _____			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Essie Harrison	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ Sugarland, TX _____			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferdinand Boudreau & Tamsen De Valois	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ Alvin, TX _____			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald & Marsherria Wilson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code _____ Katy, TX _____			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

18

2 FILER NAME

Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/15/03

5 Full name of contributor

Gordon Anderson

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

8/12/03

Full name of contributor

Grant Martin

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/23/03

Full name of contributor

Harlon & Freddie Brooks

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Nacogdoches, TX

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

7/11/03

Full name of contributor

Herbert & Deborah Rothchild

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

7/21/03

Full name of contributor

Holden & Amelia Shannon

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Solanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/5/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Irvin & Company	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
9 Principal occupation \ Job title (See instructions)		10 Employer (See instructions)	
Date 7/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James & Joyce Montgomery	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 7/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Leitner	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 7/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jason Phillips	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 7/6/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jayne Raguepau	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Isolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Burns Bail Bond	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code Houston, Tx			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/4/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph & Barbara Romig	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code Lafayette County, La			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph may s	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code Missouri City, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce Titus	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code Galena Park, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kara Kellog	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code Houston, Tx			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Solanda Felicia Jones "So"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/2/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Kellog 6 Contributor address: City: State: Zip Code [Redacted] Houston, TX [Redacted]	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Kellog Contributor address: City: State: Zip Code [Redacted] Houston, TX [Redacted]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Armbuster Contributor address: City: State: Zip Code [Redacted] Houston, TX [Redacted]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Armbuster Contributor address: City: State: Zip Code [Redacted] Houston, TX [Redacted]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Frost Contributor address: City: State: Zip Code [Redacted] Houston, TX [Redacted]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/15/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lawell Motorsport	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX			
9 Principal occupation \ Job title (See instructions)		10 Employer (See instructions)	
Date 7/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leon Toubin	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Brenham, TX			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 7/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Kelly	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lori Hood	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Malinda Shaver	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See instructions)		Employer (See instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolana Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/9/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Gauthier	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] New York, N [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew & Linda White	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matrix Financial Group	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moor Development	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Timothy Brown	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/30/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. & Mrs. Richard Johnson	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Beren & Larry Jefferson	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Beren & Larry Jefferson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Oliver & Mary Luck	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Resource One	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Dallas, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	3 ACCOUNT # (Ethics Commission filers)	
2 FILER NAME Jolanda Felicia Jones "Jo"				
4 Date 7/19/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Elliot	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code Tucson, Arizona				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)		
Date 7/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Lee Galloway	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code Houston, TX				
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Walker	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code Houston, TX				
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		
Date 9/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruth Yvonne Burton	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code Houston, TX				
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		
Date 7/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Solutions to Changing Lives	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code Houston, TX				
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Solanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/11/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Kherkher	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tracy Faultry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/1/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Urvian King	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/6/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W.C. Smith	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Stickney	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/30/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Across The Trak Park 6 Contributor address; City; State; Zip Code Sugarland, TX	7 Amount of contribution (\$) \$972.89	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byron Burnett Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Eaglin Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Brown Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melanie Wilcox Miles Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/15/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pearl Lanes	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/15/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick - Top 10 Salon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pearl Lanes	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Perry Grey	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Perry	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, Texas [Redacted]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/5/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Perry	7 Amount of contribution (\$) \$5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Kruger	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Warrick Guidry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry Kessler	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Computers, phones, answering machine and cords.
Contributor address; City; State; Zip Code [Redacted] Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Across The Trak Pak	Amount of contribution (\$) \$2,100	In-kind contribution description (if applicable) 4x8 Signs
Contributor address; City; State; Zip Code [Redacted] Sugarland, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 18	
2 FILER NAME Solanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/9/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dennis Haskin	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Cheryl Howard	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dusty West	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward Ron	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DeAndre Sam	Amount of contribution (\$) \$315.00	In-kind contribution description (if applicable) Office Furniture (Used)
Contributor address; City; State; Zip Code Houston, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

18

2 FILER NAME

Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/12/03

5 Full name of contributor out-of-state PAC (ID#:

Kharla Sowell

7 Amount of contribution (\$)

\$3000.00

8 In-kind contribution description (if applicable)

Office Space

6 Contributor address; City; State; Zip Code

Missouri City, [redacted]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

8/15/03

Full name of contributor out-of-state PAC (ID#:

Pearl Lanes

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Shelves, stands, refrigerator and microwave

Contributor address; City; State; Zip Code

Houston, TX [redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

7/2/03-
9/25/03

Full name of contributor out-of-state PAC (ID#:

Uchenna Conley

Amount of contribution (\$)

\$3,500

In-kind contribution description (if applicable)

Consultation Services

Contributor address; City; State; Zip Code

Freino, TX [redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/24/03

Full name of contributor out-of-state PAC (ID#:

Karena Polk

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Consultation Services

Contributor address; City; State; Zip Code

Houston, TX [redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/10/03

5 Payee name

A-Profile

6 Payee address; City; State; Zip Code

411 Sue Ellen
Houston, TX 77057

7 Amount (\$)

\$219.29

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

T-shirts

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/22/03

Payee name

City of Houston - Mayor's Office

Payee address; City; State; Zip Code

901 Bagby
Houston, TX 77002

Amount (\$)

\$505.00

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

Filing Fee for Name on Ballot

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

8/23/03

Payee name

Deluxe Checks

Payee address; City; State; Zip Code

P.O. Box 1186
Lancaster, CA 93534-1186

Amount (\$)

\$200.00

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

Check order - Desk Size

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

8/10/03

Payee name

Deluxe Checks

Payee address; City; State; Zip Code

P.O. Box 1186
Lancaster, CA 93534-1186

Amount (\$)

\$51.50

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

Check Order - Personal Size

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/11/03	5 Payee name Advantage Communication Consultants 6 Payee address; City; State; Zip Code P.O. Box 131743 Houston, Texas 77219	7 Amount (\$) \$1850.00
8 Purpose of payment (See instructions regarding type of information required.) Consultation Fees	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 7/18/03	Payee name Advantage Communication Consultants Payee address; City; State; Zip Code P.O. Box 131743 Houston, Tx 77219	Amount (\$) \$650.00
Purpose of payment (See instructions regarding type of information required.) Consultation Fee	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 8/5/03	Payee name Freelance Media Group Payee address; City; State; Zip Code 4812 Saxon Bellaire, TX 77401	Amount (\$) \$1200.00
Purpose of payment (See instructions regarding type of information required.) Advertising	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 7/22/03	Payee name Freelance Media Group Payee address; City; State; Zip Code 4812 Saxon Bellaire, TX 77401	Amount (\$) \$1750.00
Purpose of payment (See instructions regarding type of information required.) Advertising	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/19/03	5 Payee name Harris County Democratic Party 6 Payee address; City; State; Zip Code 2404 La Branch Street Houston, TX 77004	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Johnson/Rayburn Dinner		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/30/03	Payee name Jimmy Adams Payee address; City; State; Zip Code 14003 Muirfield Lane Houston, TX 77095	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Display Signs Graphic Layout		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/31/03	Payee name Jimmy Adams Payee address; City; State; Zip Code 14003 Muirfield Lane Houston, TX 77095	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Display Signs Graphic Layout		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/19/03	Payee name Larry Kessler Payee address; City; State; Zip Code 1783 Long Acre Drive Houston, TX 77055	Amount (\$) \$57.37
Purpose of payment (See instructions regarding type of information required.) Reimbursement for FAX Ink		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME Solanda Felicia Jones "S"		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/12/03	5 Payee name Larry Kessler 6 Payee address; City; State; Zip Code 1733 Long Acree Drive Houston, TX 77055	7 Amount (\$) \$50.83
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Office Phones		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 9/19/03	Payee name Pearl Lanes Payee address; City; State; Zip Code 3120 Kelling Houston, TX 77045	Amount (\$) \$504.51
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Office Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 9/19/03	Payee name Pure Platinum Music Group Payee address; City; State; Zip Code 4802 Martin Luther King Blvd Houston, TX 77021	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 8/22/03	Payee name Charlotte Hawkins Payee address; City; State; Zip Code 3428 Please Houston, TX 77003	Amount (\$) \$240.00
Purpose of payment (See instructions regarding type of information required.) Weekly Salary Expense (Om)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8/29/03

Charlotte Hawkins

7 Amount (\$)

\$240.00

6 Payee address; City; State; Zip Code

3428 Pease
Houston, TX 77003

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

Weekly Salary Expense (Office mgr)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

9/5/03

Charlotte Hawkins

Amount (\$)

\$240.00

Payee address; City; State; Zip Code

3428 Pease
Houston, TX 77003

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

Weekly Salary Expense (Office mgr)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

9/12/03

Charlotte Hawkins

Amount (\$)

\$240.00

Payee address; City; State; Zip Code

3428 Pease
Houston, TX 77003

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

Wkly Salary Expense (Office mgr)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

9/19/03

Charlotte Hawkins

Amount (\$)

\$240.00

Payee address; City; State; Zip Code

3428 Pease
Houston, TX 77003

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

Weekly Salary Expense (Office mgr)

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME <i>Jolanda Felicia Jones "Jo"</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/3/03	5 Payee name <i>Charlotte Hawkins</i> 6 Payee address; City; State; Zip Code <i>3428 Pease Houston, TX 77003</i>	7 Amount (\$) \$240.00
8 Purpose of payment (See instructions regarding type of information required.) <i>Wkly Salary Expense (Office mgr)</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/19/03	Payee name <i>Southwestern Bell Corporation</i> Payee address; City; State; Zip Code <i>P.O. Box 650487 Dallas, TX 75265-0487</i>	Amount (\$) \$298.43
Purpose of payment (See instructions regarding type of information required.) <i>Telephone Service</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/1/03	Payee name <i>Yes Printing</i> Payee address; City; State; Zip Code <i>4711 main street Houston, TX 77002</i>	Amount (\$) \$979.50
Purpose of payment (See instructions regarding type of information required.) <i>Yard Signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/18/03	Payee name <i>Yes Printing</i> Payee address; City; State; Zip Code <i>4711 main street Houston, TX 77002</i>	Amount (\$) \$5500.00
Purpose of payment (See instructions regarding type of information required.) <i>Yard Signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

Solanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/17/03

5 Payee name

Yes Printing

7 Amount (\$)

\$4676.50

6 Payee address; City; State; Zip Code

1711 Main Street
Houston, TX 77002

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

Yard Signs

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/22/03

Payee name

Uchenna Conley

Amount (\$)

\$134.13

Payee address; City; State; Zip Code

4503 Park Breeze
Fresno, Texas 77545

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

Reimbursement for Easel + Markers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/29/03

Payee name

Dezel Lanes

Amount (\$)

\$70.36

Payee address; City; State; Zip Code

3130 Kelling
Houston, TX 77045

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

Reimbursement for Telmart PhoneLine

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

9/27/03

Payee name

Uchenna Conley

Amount (\$)

\$75.00

Payee address; City; State; Zip Code

4503 Park Breeze
Fresno, TX 77545

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

Alpha Kappa Alpha Program Ad.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

Jolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/12/03

5 Payee name

Uchenna Conley

6 Payee address; City; State; Zip Code

4503 Park Breeze
Fresno, Texas 77545

7 Amount (\$)

\$276.35

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

Reimbursement for personal use of cell phone minutes on campaign business

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

Candidate / Officeholder name

Office sought

Office held

Date

8/14/03

Payee name

Leslie Lathan

Payee address; City; State; Zip Code

21603 Longcastle Dr.
Spring, Tx 77388

Amount (\$)

\$100.00

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

Reimbursement for volunteer walk-a-thon refreshments + supplies

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Jolanda Felicia Jones "Jo"		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/7/03	5 Payee name Sprint Digital Print 6 Payee address; City; State; Zip Code 10100 Clay Rd #C Houston, TX 77080 7 Purpose of expenditure (See instructions regarding type of information required.) Business Cards	8 Amount (\$) \$193.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/9/03	Payee name Kinko's Payee address; City; State; Zip Code 2000 Southwest Freeway Houston, TX 77098 Purpose of expenditure (See instructions regarding type of information required.) Pushcards / Flyers	Amount (\$) \$354.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/12/03	Payee name Saltgrass Steakhouse Payee address; City; State; Zip Code 520 Meyerland Plaza Houston, TX 77096 Purpose of expenditure (See instructions regarding type of information required.) Lunch	Amount (\$) \$51.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/7/03	Payee name Mia's Restaurant Payee address; City; State; Zip Code 3403 Milam St. Houston, TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Lunch	Amount (\$) \$55.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/20/03	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Dr. Houston, TX 77098 Purpose of expenditure (See instructions regarding type of information required.) Toner / Paper / Supplies	Amount (\$) \$194.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

Tolanda Felicia Jones "Jo"

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Pappas Seafood	8 Amount (\$)
8/23/03	6 Payee address; City; State; Zip Code 3001 S. Shephard Drive Houston, TX 77098	\$54.86
	7 Purpose of expenditure (See instructions regarding type of information required.) Luncheon	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Kinko's	Amount (\$)
8/20/03	Payee address; City; State; Zip Code 2200 SW Frwy Houston, TX 77098	\$310.37
	Purpose of expenditure (See instructions regarding type of information required.) Flyers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Houston Energy	Amount (\$)
8/15/03	Payee address; City; State; Zip Code 5631 Dorbrandt Houston, TX 77023	\$250.00
	Purpose of expenditure (See instructions regarding type of information required.) Advertisement / Ad in Program	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Kinko's	Amount (\$)
8/14/03	Payee address; City; State; Zip Code 2200 SW Frwy Houston, TX 77098	\$78.21
	Purpose of expenditure (See instructions regarding type of information required.) Flyers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED