

# 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 filer)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>City Council Member</i> <i>Jean</i> <i>None</i> NICKNAME LAST SUFFIX <i>Kelley</i>	OFFICE USE ONLY Date Received  Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>10219 Cedar Creek</i> <i>Houston, Texas</i> <i>77042</i>		
6 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Jean</i> <i>Kelley</i> NICKNAME LAST SUFFIX	5 CAMPAIGN TREASURER ADDRESS (Residence or business) <i>Same as above</i>	
7 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE AREA CODE PHONE NUMBER EXTENSION <i>(713) 781 0464</i>		
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>July / 1 / 2001</i> <i>Jan / 1 / 2002</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>City Council Dist. G</i>	12 OFFICE SOUGHT (if known)	
13 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**

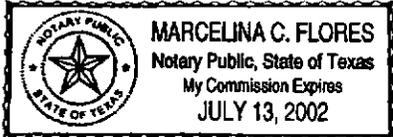
<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission files)
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<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / 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. --	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>17 NO REPORTABLE ACTIVITY</b>	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>    0    </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>    0    </u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>    </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4600.00</u>
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>    0    </u>

**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.

*Jean Kelley*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jean Kelley, this the 7th day of January, 20 02, to certify which, witness my hand and seal of office.

<i>Marcelina C. Flores</i> Signature of officer administering oath	Marcelina C. Flores Printed name of officer administering oath	Secretary (school) Title of officer administering oath
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**N/A**

**SCHEDULE A1  
(FOR FORMS C/OH & SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission file)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC 6 Contributor address: City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address: City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address: City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address: City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address: City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC Contributor address: City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B1**  
(FOR FORMS C10H & SPAC)

The instructions Guide explains how to complete this form. 1 Total pages this Schedule B1:

2 FILER NAME *Jean Kelley N/A* 3 ACCOUNT # (Ethics Commission Form)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code			

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Principal occupation (optional) Employer (optional)

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# LOANS

# SCHEDULE E

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> TOTAL OF UNITEMIZED LOANS:                   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y           N	<b>8</b> Lender address;   City;   State;   Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Description of Collateral <input type="checkbox"/> none		
<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;   City;   State;   Zip Code	<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation		<b>18</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC	Loan Amount (\$)
Is lender a financial institution?  Y           N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Jean Kelley*

3 ACCOUNT # (Ethics Commission file#)

4 Date

5 Payee name

7 Amount (\$)

*10-1-2001 Florence Newmeyer*

6 Payee address; City; State; Zip Code

*2710 Helberg  
Houston, TX 77092*

*4600.00*

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

*Political Consultation & Research*

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

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought / held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

*Jean Kelley*

3 ACCOUNT # (Ethics Commission files)

4 Date

*10-9-2001*

5 Payee name

*Spark Park*

6 Payee address; City; State; Zip Code

*10511 La Crosse  
Houston, TX 77029*

8 Amount (\$)

*115.73*

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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**CREDITS (optional)**

**SCHEDULE K**

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages Schedule K:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

*City Council Member Jean Kelley*

2 ACCOUNT # (Ethics Commission/ers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Jean Kelley*  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

### A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder