Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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)

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED JUL 9 2003 CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Councilman FIRST: John MI: H.

NICKNAME LAST: Kelley SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

10219 Cedar Creek
Houston, TX. 77042

5 CAMPAIGN TREASURER NAME

TITLE FIRST: John MI: H.

NICKNAME LAST: Kelley SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

10219 Cedar Creek Houston, TX. 77042

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 781-0464

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 1 / 1 / '03 THROUGH Month Day Year: 6 / 30 / '03

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Former Councilman

12 OFFICE SOUGHT (if known): None

13 NOTICE OF 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

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

COMMITTEE NAME

COMMITTEE ADDRESS

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	$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	$ 2221 16
	4. TOTAL POLITICAL EXPENDITURES	$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

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

John Kelley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Kelley, this the 9th day of July, 20 03 to certify which, witness my hand and seal of office.

Anna Russell
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

ANNA RUSSELL
Notary Public, State of Texas
My Commission Exp. 7/7/06

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
2-9-03	Tex. Fed Rep. Women TFRW 4838 Lake Village Dr. Fulshear, Tx. 77441	250 00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Donation	

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
2-18-03	H.C.R.P. Harris County Rep. Party 3511 Richmond Houston, Tx. 77098	1,000 00

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
Donation San Jacinto Club	

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
3-25-03	H.C.R.P. 3405 Edloe Houston, Tx. 77027	100 00

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
Lincoln Day Dinner Donation	

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
4-14-03	Harris County Clerk 710 N. Post Oak Rd Suite 107 Houston, Tx. 77024	21 16

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
Disc Copy	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 04/04/2000

Printed on recycled paper

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Stamp)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
4-14-03	Beverly Kaufman Campaign 710 N. Post Oak Rd. Suite 107 Houston, TX 77024	500 00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Donation Campaign	

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
5-13-03	Tommy Thomas for Sheriff 4838 Lake Village Dr. Fulshear, TX. 77441	100 00

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
Donation Campaign	

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
5-14-03	Chuck Rosenthal 3405 Edloe Suite 380 Houston, TX. 77027-6523	100 00

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
Donation Campaign	

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
5-27-03	Leadership Houston 3015 Richmond Ave. Houston, TX. 77098	150 00

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
Luncheon Donation	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED