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 2001 CITY SECRETARY

Date Hand-delivered or Date 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: 10219 Cedar Creek APT / SUITE #: CITY: Houston, TX STATE: ZIP CODE 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): 10219 Cedar Creek APT / SUITE #: CITY: Houston, TX STATE: ZIP CODE 77042

7 CAMPAIGN TREASURER PHONE

AREA CODE (713) PHONE NUMBER 781-0464 EXTENSION

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: JAN / 1 / 2001 THROUGH Month Day Year: June / 30 / 2001

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 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 filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** 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. **

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	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	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 19,785
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, 2001, to certify which, witness my hand and seal of office.

ANNA RUSSELL
Notary Public, State of Texas
My Commission Exp. 7/7/04

Anna Russell

Signature of officer administering oath | Printed name of officer administering oath | 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 filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ 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.

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME John Kelley N/A

3 ACCOUNT # (Ethics Commission use)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledger ☐ out-of-state PAC 7 Pledger address: City: State: Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledger ☐ out-of-state PAC Pledger address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) Employer (optional)

Date	Full name of pledger ☐ out-of-state PAC Pledger address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) Employer (optional)

Date	Full name of pledger ☐ out-of-state PAC Pledger address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) Employer (optional)

Date	Full name of pledger ☐ out-of-state PAC Pledger address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) Employer (optional)

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

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Revised 11/11/1999

JAN 02 '01 11:39 FR CITY SECRETARY 713 247 1907 TO 97139774428 P.04/13

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LOANS

SCHEDULE E

The instructions guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME John Kelley N/A

3 ACCOUNT # (Ethics Commission Use)

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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Revised 11/1/1999

JAN 02 '01 11:39 FR CITY SECRETARY 713 247 1907 TO 97137772428 P.05/13

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME John Kelley

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-7-01	Friends of Robert Eckels Campaign 55 Waugh Drive Ste. 610 Houston Tx. 77007	5,000 00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-3-01	Councilman Mark Ellis Campaign 3323 Richmond Ave. Suite C Houston, Tx. 77098-3007	500 00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-12-01	Beverly Kaufman Campaign 1001 Preston 4th floor Houston Tx. 77002	100 00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-10-01	Sylvia Garcia Campaign 55 Waugh Drive Ste. 610 Houston, Tx. 77007	250 00

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

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:

2 FILER NAME Councilman John Kelley

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-11-01	Charles Bacarisse Campaign 55 Waugh Dr. Ste. 610 Houston, Tx. 77007	$500.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-28-01	Annette Galik Campaign 2648 Yorktown Pl. Houston, Tx. 77056	5,000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-30-01	Russell Austin Campaign 710 N. Post Oak Rd. Suite 107 Houston, Tx. 77024	250.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
1-17-'01	American Heart Assoc. 1415 La Concha Houston, Tx. 77054	Donation	250 00
1-26-'01	(R.B.I.) Recycled Baseball Items Foundation 1535 West Loop South Houston, Tx. 77027	Donation	85 00
3-7-'01	Westside High School P.T.O. 114201 Briar Forest Houston, Tx. 77077	Donation	200 00
3-7-'01	Ascension Episcopal School 2525 Seagler Houston, Tx. 77042	Donation	200 00
4-10-'01	the Sparks Park (Whittier elementary) 10511 LaCrosse Houston, Tx. 77029	Donation	500 00

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: Councilman John Kelley

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
4-17-01	The Korean Youth Center of Houston 9889 Harwin #404 Houston Tx 77036 Donation	1,000 00
4-19-01	Westside High School PTO 114201 Briar Forest Houston, Tx. 77077 Donation	1,000 00
6-10-01	N.F.L. Alumni 5757 Westheimer Box 3-111 Houston, Tx. 77057-5721 Donation	3,950 00
6-13-01	World Health & Golf Assoc. 601 Jefferson Suite 3600 Houston, Tx. 77002 Donation	1,000 00
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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