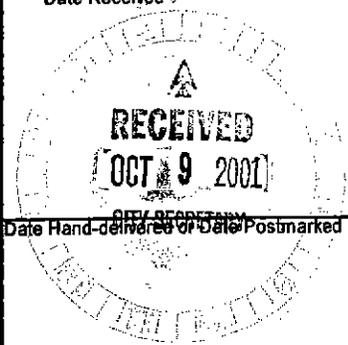


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Jan	MI Lang
	NICKNAME	LAST Kish	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	P. O. Box 890064, Houston, TX 77289-0064		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Rebecca	MI Gentry
	NICKNAME	LAST Richey	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	1802 Orchard Country Lane		Houston, Texas 77062
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	480-4789	
8 REPORT TYPE	<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 <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)		
	9 PERIOD COVERED		Month Day Year
		09 / 24 / 01 THROUGH 10 / 06 / 01	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
			City Council District E
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

14 C/OH NAME JAN LANG KISH	15 ACCOUNT # (Ethics Commission filers)
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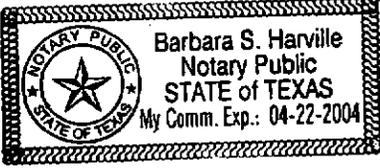
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,736.52
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

19 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Jan Lang Kish
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAN LANG KISH, this the 9th day of Oct, 2001, to certify which, witness my hand and seal of office.

Barbara S. Harville
Signature of officer administering oath

BARBARA S HARVILLE
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.				1 Total pages Schedule A1: 6
2 FILER NAME JAN LANG KISH			3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/03/01	5 Full name of contributor Franky & Vicky Yuan	<input type="checkbox"/> Out of state PAC	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] San Marino, CA 91108				
9 Principal occupation (Optional)			10 Employer (Optional)	
Date 10/03/01	Full name of contributor Chak & June Tam	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Arcadia CA 91006				
Principal occupation (Optional)			Employer (Optional)	
Date 10/03/01	Full name of contributor Harry G. & Gloria H. M. Pei	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Arcadia, CA 91006				
Principal occupation (Optional)			Employer (Optional)	
Date 10/03/01	Full name of contributor Kai Wing & Ming Patty Yim	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] encino, CA				
Principal occupation (Optional)			Employer (Optional)	
Date 10/04/01	Full name of contributor Ralph S. O'Connor	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002				
Principal occupation (Optional)			Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.		1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/04/01	5 Full name of contributor <input type="checkbox"/> Out of state PAC C. C. Lee	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Suite 808, Houston, TX 77074			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/04/01	Full name of contributor <input type="checkbox"/> Out of state PAC De-En Lang	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Seattle, WA 98125-6938			
Principal occupation (Optional)		Employer (Optional)	
Date 10/04/01	Full name of contributor <input type="checkbox"/> Out of state PAC Judy G. Chong	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478-3436			
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/01	Full name of contributor <input type="checkbox"/> Out of state PAC George Gee	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77006			
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/01	Full name of contributor <input type="checkbox"/> Out of state PAC Richard Chen	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.					1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH					3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/06/01	5 Full name of contributor Don Wang	<input type="checkbox"/> Out of state PAC		7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024						
9 Principal occupation (Optional)				Employer (Optional)		
Date 10/06/01	Full name of contributor Lily Ling	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024						
Principal occupation (Optional)				Employer (Optional)		
Date 10/06/01	Full name of contributor Ai-Ling Lin	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77095						
Principal occupation (Optional)				Employer (Optional)		
Date 10/06/01	Full name of contributor Chang Hsine Cheng	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77065						
Principal occupation (Optional)				Employer (Optional)		
Date 10/06/01	Full name of contributor Ray Sung Chan	<input type="checkbox"/> Out of state PAC		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479						
Principal occupation (Optional)				Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.		1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/06/01	5 Full name of contributor William Yeh <input type="checkbox"/> Out of state PAC	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Bellaire, TX 77401			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/06/01	Full name of contributor Steve Hsu <input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77273			
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/01	Full name of contributor Carol Chiu <input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77099			
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/01	Full name of contributor Daniel Yeh <input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479			
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/01	Full name of contributor Jean Lee <input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Mercer Island, WA 98040			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.				1 Total pages Schedule A1:	
2 FILER NAME JAN LANG KISH				3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/06/01	5 Full name of contributor De Yu Lang	<input type="checkbox"/> Out of state PAC	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code [REDACTED] Bellevue, WA 98006					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 10/06/01	Full name of contributor Eunice Lai	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77036					
Principal occupation (Optional)			Employer (Optional)		
Date 10/06/01	Full name of contributor Martha J. Wong	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77046					
Principal occupation (Optional)			Employer (Optional)		
Date 10/06/01	Full name of contributor Sara Lin	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062					
Principal occupation (Optional)			Employer (Optional)		
Date 10/06/01	Full name of contributor Grant Chen	<input type="checkbox"/> Out of state PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78759					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

See Instruction Guide for detailed instructions.

1 Total pages Schedule A1:

2 FILER NAME

JAN LANG KISH

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/06/01

5 Full name of contributor

C. K. Lee

Out of state PAC

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX 77036

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/06/01

Full name of contributor

Jack Lee

Out of state PAC

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77036

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

Out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

Out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

Out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

JAN LANG KISH

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date of loan

9/25/01.

7 Name of lender

Jan Lang Kish

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5,000

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

P. O. Box 890064, Houston, TX 77289-0064

10 Interest rate

0

11 Maturity date

9/25/02

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

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

1

2 FILER NAME
JAN LANG KISH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10/03/01	The Kaleidoscope, Inc.	2,736.52
	Payee address; City; State; Zip Code	
	5757 Woodway, Suite 250, Houston, TX 77057	

8 Purpose of expenditure Consultation & voters list	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
--	--

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

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
------------------------	--

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

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
------------------------	--

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

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office held / sought
------------------------	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED