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

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR.
FIRST: HECTOR
MI:
NICKNAME:
LAST: LONGORIA
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: P.O. BOX 627
APT / SUITE #:
CITY: HOUSTON
STATE: TEXAS
ZIP CODE: 77001-0627

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (713)
PHONE NUMBER: 528-8400
EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR
FIRST: OLIVER
MI:
NICKNAME:
LAST: PENNINGTON
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1301 MCKINNEY, SUITE 5100
APT / SUITE #:
CITY: HOUSTON,
STATE: TEXAS
ZIP CODE: 77010

8 CAMPAIGN TREASURER PHONE
AREA CODE: (713)
PHONE NUMBER: 651-3610
EXTENSION:

9 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)

10 PERIOD COVERED
Month Day Year: 10 / 25 / 2003 THROUGH Month Day Year: 1 / 15 / 04

11 ELECTION
ELECTION DATE Month Day Year: 11 / 04 / 2003
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): CITY COUNCIL DIST H

14 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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filed)

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 6750.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 19828.89
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 19828.89
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Helen Lowenia, this the 15TH day of January, 2004, to certify which, witness my hand and seal of office.

Elvira M Luna

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

ELVIRA M. LUNA
Notary Public, State of Texas
My Commission Expires
March 8, 2004

Revised 11/07/2003

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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 Schedule A:

2 FILER NAME HECTOR LONGORIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/26	CLIVE RUNNELLS [redacted]	100.00	

9 Principal occupa[redacted] (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26	MARIA SABIN [redacted]	50.00	

Principal occupati[redacted] e Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26	GLENN REX [redacted]	100.00	

Principal occupa[redacted] tructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26	OUTDOOR PAC [redacted]	500.00	

Principal occu[redacted] Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27	R CLUB PAC [redacted]	1000.00	

Principal occupation [redacted] structions)

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME HECTOR LONGORIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/27	BRAD TASHENBERG [redacted]	5000.00	

9 Principal occup[redacted] Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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:

2 FILER NAME HECTOR LONGORIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/29	IMS 915 Live Oak Houston, TX 77003	1971.27

8 Purpose of payment (See instructions regarding type of information required.): POSTAGE/Mailing Services

9 •• 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 ($)
10/29	Lee PADILLA 5740 Larkin Houston, TX 77007	2000.00

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

•• 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 ($)
10/29	ED VALENTINE 15662 PEBBLE LAKE Houston, TX 77095	329.75

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

•• 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 ($)
10/30	IMS 915 Live Oak Houston, TX 77003	5033.37

Purpose of payment (See instructions regarding type of information required.): POSTAGE/Mailing Services

•• 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

2 FILER NAME HECTOR LONGORIA

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/30	CAMPAIGN DATA SYSTEMS	1082.50

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

9 -- 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 ($)
10/30	BOLDFACE GRAPHICS 5006 JACKWOOD HOUSTON, TX 77096	$ 330.00

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

-- 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 ($)
10/31	LEE PADILLA 5290 LARKIN HOUSTON, TX 77007	900.00

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

-- 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 ($)
10/31	MIKE BRAND 3620 KATY FREEWAY, SUITE B HOUSTON, TX 77009	600.00

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

-- 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

2 FILER NAME: HECTOR LONGORIA

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/31	BOLDFACE GRAPHICS 5006 JACKWOOD HOUSTON, TX 77096	680.00

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

9 -- 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 ($)
10/31	ERNEST MCGOWEN 4836 Milwee St. HOUSTON, TX 77092	2907.00

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:

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:

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Revision 11/05/2003