

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: MR. FIRST: BERNARD MI: A
NICKNAME: LAST: MARISTANY SUFFIX: —

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 890212 Houston TX 77289

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: MDR. FIRST: ROSITA MI: M
NICKNAME: LAST: MARISTANY SUFFIX: —

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 890212 Houston TX 77289

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(281) 486-4014

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: 05 / 21 / 2001 THROUGH Month Day Year: 06 / 30 / 2001

10 ELECTION

ELECTION DATE: Month Day Year: 01 / 06 / 2001
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Houston City Council District E

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

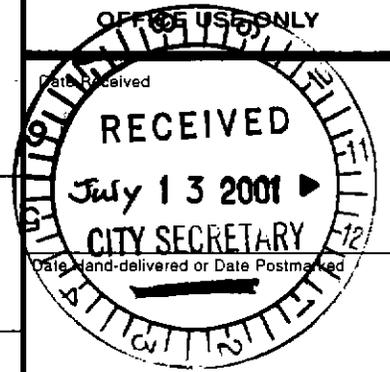
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2



Receipt # Amount
Date Processed
Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

BERNARD A. MARISTANY

15 ACCOUNT # (Ethics Commission filers)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

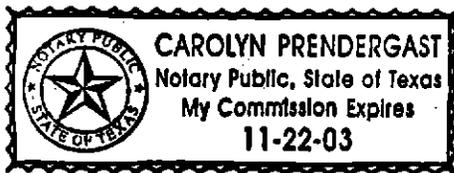
17 NO REPORTABLE ACTIVITY

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	\$ —
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>799.00</i>
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,734.39</i>
OUTSTANDING LOAN TOTALS	
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>10,650</i> <i>11,771.80</i>

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.

Bernard A. Maristany
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BERNARD MARISTANY, this the 9th day of July, 2001, to certify which, witness my hand and seal of office.

Carolyn Prendergast
Signature of officer administering oath

CAROLYN PRENDERGAST
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Bernard A. Montano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/22/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terese H. Lopez</i>	7 Amount of contribution (\$) <i>\$40.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <i>Miami, FL 33135</i>			
9 Principal occupation (Optional) <i>translator</i>		10 Employer (Optional) <i>self employed</i>	
Date <i>6/21/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesús Chao</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Sugar Land, TX 77478</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/21/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Alvarado</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, TX 77057</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/21/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Isabel Suarez</i>	Amount of contribution (\$) <i>\$34.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, TX 77062</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/27/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Valdes</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Texas City, TX 77590</i>			
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 C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: _____	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$ _____
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 (ID#: _____)	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 (ID#: _____)	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 (ID#: _____)	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 (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
.....			
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Bernard A Maritz</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/29/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Virginia Mitaly</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77059</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>6/30/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carlos Ponce</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Nassau Bay, TX 77058</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/29/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Miguel Hughes</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] League City, TX 77573</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/30/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Amibal Simin</i>	Amount of contribution (\$) <i>\$25.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Sugar Land, TX 77479</i>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
--	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 (ID#: _____)	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 (ID#: _____)	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 (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State;		

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Bernard A Moritany

3 ACCOUNT # (Ethics Commission filers)

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

\$ 1,121.⁸⁰

5 Date of loan

6/4/01

7 Name of lender

Bernard A Moritany

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

9 Loan Amount (\$)

\$500.⁰⁰

6 is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

*2819 Amber Dale Court
Houston, TX 77059-3571*

10 Interest rate

5%

11 Maturity date

open ended.

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

6/20/01

Name of lender

Bernard A Moritany

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

Loan Amount (\$)

\$750.⁰⁰

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

*2819 Amber Dale Court
Houston, TX 77059-3571*

Interest rate

5%

Maturity date

open ended

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *Bernard A Moritang* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan *6/22/01* 7 Name of lender *Bernard A Moritang* 9 Loan Amount (\$) *\$9,000.⁰⁰*

6 Is lender a financial Institution? *Y* 8 Lender address; City; State; Zip Code *2819 Amber Dale Court
Houston, TX 77059-3571* 10 Interest rate *5%*

11 Maturity date *open ended*

12 Description of Collateral none

13 GUARANTOR INFORMATION 14 Name of guarantor 16 Amount Guaranteed (\$)

not applicable 15 Guarantor address; City; State; Zip Code

17 Principal Occupation 18 Employer

Date of loan *6/27/01* Name of lender *Bernard A Moritang* Loan Amount (\$) *\$400.⁰⁰*

Is lender a financial Institution? *Y* Lender address; City; State; Zip Code *2819 Amber Dale Court
Houston, TX 77059-3571* Interest rate *5%*

Maturity date *open ended*

Description of Collateral none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)

not applicable Guarantor address; City; State; Zip Code

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:
2 FILER NAME <i>Bernard Antonio Mouristany</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/22</i>	5 Payee name <i>Office Depot</i>	7 Amount (\$) <i>\$18.³⁹</i>
6 Payee address; City; State; Zip Code <i>1020 W. Moore Rd 1, suite 228 Webster, TX 77598</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>name tag</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>5/29</i>	Payee name <i>City of Houston</i>	Amount (\$) <i>\$2.³⁰</i>
Payee address; City; State; Zip Code <i>City Hall Annex, office of City Secretary</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Copies</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/6/11</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>\$5.⁵⁷</i>
Payee address; City; State; Zip Code <i>Office Depot 1020 W. Moore Rd 1, suite 228 Webster, TX 77598</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies for the campaign</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/7/01</i>	Payee name <i>City of Houston</i>	Amount (\$) <i>\$33.²⁰</i>
Payee address; City; State; Zip Code <i>City Hall - Walker - Planning Dep.</i>		
Purpose of payment (See instructions regarding type of information required.) <i>District E map.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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 <i>Bernadette Montano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/7/01</i>	5 Payee name <i>Office Depot</i> 6 Payee address; City; State; Zip Code <i>1020 W. New Rd. 1 Wehtv, TX 77598</i>	7 Amount (\$) <i>24.⁸⁰ =</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>office supplies for the campaign</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/8/01</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>1020 W. New Rd. 1 Wehtv, TX 77598</i>	Amount (\$) <i>\$3.²⁵ =</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/14/01</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>1020 W. New Rd. 1 Wehtv, TX 77598</i>	Amount (\$) <i>\$32.⁵⁰ =</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/14/01</i>	Payee name <i>Alpha One Studios</i> Payee address; City; State; Zip Code <i>16402 El Camino Real - Suite 1F Houston, TX 77058</i>	Amount (\$) <i>\$32.⁴⁸ =</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign photographs</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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 <i>Bernadette McIntyre</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>6/27/01</i>	5 Payee name <i>Party N' More</i>	7 Amount (\$) <i>\$19.95</i>
6 Payee address; City; State; Zip Code <i>Wheeler, TX (281-338-1436)</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>office supplies for the campaign</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/29/01</i>	Payee name <i>USPS</i>	Amount (\$) <i>\$68.00</i>
Payee address; City; State; Zip Code <i>Albert Thomas Station Houston, TX 77019</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign mailings</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>7/2/01</i>	Payee name <i>City of Houston</i>	Amount (\$) <i>\$36.36</i>
Payee address; City; State; Zip Code <i>Annex City Hall, Houston</i>		
Purpose of payment (See instructions regarding type of information required.) <i>budget documentation + copies</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Kinko's</i>	Amount (\$) <i>\$620.22</i>
Payee address; City; State; Zip Code <i>495 Bay Area Blvd. Houston, TX 77058</i>		
Purpose of payment (See instructions regarding type of information required.) <i>note pads</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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 <i>Bernard G. Maritang</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/18/01</i>	5 Payee name <i>Commercial Business Service, Inc.</i>	7 Amount (\$) <i>\$1,509.⁰⁰ =</i>
6 Payee address; City; State; Zip Code <i>1111 Adkins Houston, TX 77055</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>junk cards</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/15/01</i>	Payee name <i>Commercial Business Service Inc.</i>	Amount (\$) <i>\$201.⁹⁰ =</i>
Payee address; City; State; Zip Code <i>1111 Adkins Houston, TX 77055</i>		
Purpose of payment (See instructions regarding type of information required.) <i>contributions + support cards</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/4/01</i>	Payee name <i>Commercial Business Service Inc.</i>	Amount (\$) <i>\$110.⁹² =</i>
Payee address; City; State; Zip Code <i>1111 Adkins Houston, TX 77055</i>		
Purpose of payment (See instructions regarding type of information required.) <i>name tags</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>5/21/01</i>	Payee name <i>Office Max</i>	Amount (\$) <i>\$16.⁵² =</i>
Payee address; City; State; Zip Code <i>11546 Gulf Freeway Houston, TX 77034</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED