

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)

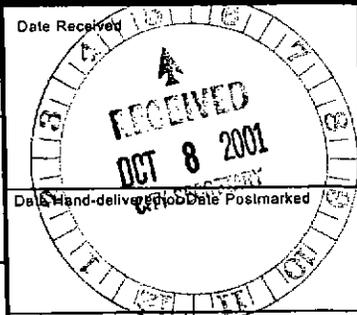
2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: CANDIDATE
FIRST: WILLIAM
MI: R.
NICKNAME: WR
LAST: MORRIS
SUFFIX:

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6530 LINDEN HOUSTON TX 77087

Change of Address

Date Received
Date Hand-delivered
Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: ANA
FIRST: ANA
MI: M
NICKNAME:
LAST: MORRIS
SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6530 LINDEN HOUSTON TX 77087

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 921-4500

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 THROUGH Month Day Year
7 / 1 / 01 THROUGH 9 / 27 / 01

10 ELECTION

ELECTION DATE: Month Day Year: 11 / 6 / 01
ELECTION TYPE:
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT "I"

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

WILLIAM R. MORRIS

15 ACCOUNT # (Ethics Commission files)

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

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,195.⁰⁰/₁₀₀

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,060.97

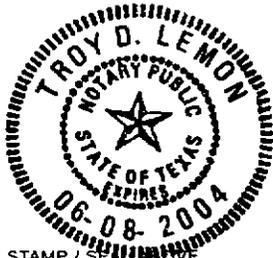
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



AFFIX NOTARY STAMP / SEAL AND SIGNATURE

William R. Morris
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *WILLIAM R. MORRIS*, this the *8th* day of *October* 20 *01*, to certify which, witness my hand and seal of office.

Troy D. Lemon
Signature of officer administering oath

Printed name of officer administering oath

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 WILLIAM R. MORRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/21/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PHILLIPA YOUNG	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77096			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9/4/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GABINO G. RODRIGUEZ JR.	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77062-5344			
Principal occupation (Optional)		Employer (Optional)	
Date 9/18/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DISCOS Y NOVEDADES MEMO	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77011			
Principal occupation (Optional)		Employer (Optional)	
Date 9/26/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANA MARIA MORRIS	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77087			
Principal occupation (Optional)		Employer (Optional)	
Date 9/28/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID J. LEAL	Amount of contribution (\$) 100.00	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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

WILLIAM R. MORRIS

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

9/26/01

7 Name of lender

ANA M. MORRIS

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

9 Loan Amount (\$)

\$ 600.00

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

6530 LINDEN HOUSTON, TX. 77087

10 Interest rate

11 Maturity date

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

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

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 **WILLIAM R. MORRIS** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/24/01	5 Payee name CITY OF HOUSTON	7 Amount (\$) \$500.00
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) FOR POSITION ON BALLOT	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/26/01	Payee name ALLIED ADVERTISING	Amount (\$) \$560.97
Payee address; City; State; Zip Code 3700 BLANCO RD. SAN ANTONIO TX 78212		

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

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

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
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>WILLIAM R. MORRIS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/22/01</i>	5 Payee name <i>CAMPAIGN DEPOSIT</i>	8 Amount (\$) <i>100.00</i>
6 Payee address; City; State; Zip Code		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>CAMPAIGN DEPOSIT - CASHERS CHECK</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED