

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME James (Jim) R. (Red) Murphy **16 ACCOUNT # (Ethics Commission file#)**

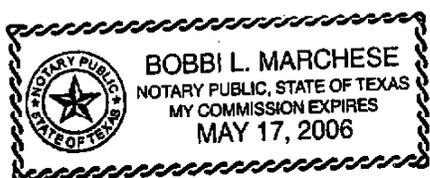
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

| | | |
|--|---|-----------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | N.A. |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

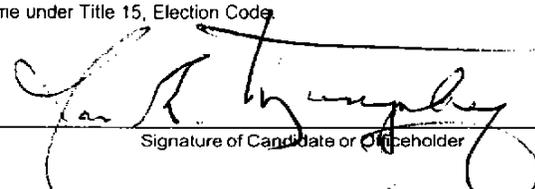
| | | |
|--------------------------------|---|--------------------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ N.A. |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ N.A. |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ N.A. |
| | 4. TOTAL POLITICAL EXPENDITURES SELF-FUNDED | this time span \$ 12,253.34 |
| 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 | \$ -0- |

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said James R. Murphy, this the 27th day of October, 2003, to certify which, witness my hand and seal of office.

Bobbi L. Marchese
Signature of officer administering oath

Bobbi Marchese
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A: | |
| 2 FILER NAME <p style="text-align: center;">N.A.</p> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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) | |

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 B

| | | | |
|--|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule B: | |
| 2 FILER NAME <p style="text-align: center;">N.A.</p> | | 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#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 10 Principal occupation \ Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

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LOANS

SCHEDULE E

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

| | |
|---|--|
| 2 FILER NAME <p style="text-align:center">N.A.</p> | 3 ACCOUNT # (Ethics Commission filers) |
|---|--|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | \$ |
|---|----|

| | | |
|--|---|--------------------|
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |

| |
|---|
| 12 Description of Collateral <input type="checkbox"/> none |
|---|

| | | |
|---|---|---------------------------|
| 13 GUARANTOR INFORMATION <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> none |
|--|

| | | |
|--|---|------------------------|
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
|--|---|------------------------|

| | |
|----------------------|----------|
| Principal Occupation | Employer |
|----------------------|----------|

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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 <p style="text-align: center;">N.A.</p> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code | 7 Amount (\$) |
| 8 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 |
| 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 |
| 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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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

| | | |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: 1 of 2 |
| 2 FILER NAME Jim "Red" Murphy | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10-15-03 | 5 Payee name Houston Chronicle 6 Payee address; City; State; Zip Code 801 Texas Avenue Houston TX 77002 7 Purpose of expenditure (See instructions regarding type of information required.) 10/26 4-page ad to voters | 8 Amount (\$) 9,605.50 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 10-16-03 | Payee name Vietnamese veterans Payee address; City; State; Zip Code 11215 Bellaire Blvd. Houston TX 77072 Purpose of expenditure (See instructions regarding type of information required.) forum | Amount (\$) \$62.00 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 10-19-03 | Payee name The Cenacle Payee address; City; State; Zip Code 401 N. Kirkwood Houston 77077 Purpose of expenditure (See instructions regarding type of information required.) campaigning @ festival | Amount (\$) \$203.00 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 10-21-03 | Payee name U.S. Postal Service Payee address; City; State; Zip Code 401 Franklin Houston TX 77002 Purpose of expenditure (See instructions regarding type of information required.) postage | Amount (\$) \$1196.91 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 10-21-03 | Payee name Print Mart Payee address; City; State; Zip Code 3823 Synott Houston TX 77082 Purpose of expenditure (See instructions regarding type of information required.) plastic signs | Amount (\$) \$956.56 <input type="checkbox"/> Reimbursement from political contributions intended |

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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: 2/2 |
| 2 FILER NAME James R. Murphy | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10-26-03 | 5 Payee name Officemax | 8 Amount (\$) \$229.37 |
| 6 Payee address; City; State; Zip Code 10516 Old Katy Rd. Houston TX 77043 | | |
| 7 Purpose of expenditure (See instructions regarding type of information required.) office supplies | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule H: |
| 2 FILER NAME <p style="text-align: center;">N.A.</p> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Business name 6 Business address; City; State; Zip Code | 7 Amount (\$) |
| 8 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 |
| Date | Business name Business 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 | Business name Business 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 | Business name Business 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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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 <p style="text-align: center;">N.A.</p> | | 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 (\$) |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |

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CREDITS (optional)

SCHEDULE K

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule K: |
| 2 FILER NAME <p style="text-align: center;">N.A.</p> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payor name <hr style="border-top: 1px dotted black;"/> 6 Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> 7 Reason for credit | 8 Amount (\$) |
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit | Amount (\$) |
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit | Amount (\$) |
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit | Amount (\$) |
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit | Amount (\$) |

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