

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: |
|--|---|----------------------|

| | | |
|---------------------------------|-------------------------------------|-----------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE FIRST MI ANTHONY | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX Osso | |



| | |
|------------------------------------|--|
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 440 LOUISIANA, Ste 1730 HOUSTON, TX 77002 |
|------------------------------------|--|

Change of Address

| | | |
|---------------------------|--|-----------------|
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST MI Richard | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX Tholstrup | |

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| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE 440 LOUISIANA, Ste 1730 HOUSTON, TX 77002 |
|--|--|

| | |
|----------------------------|---|
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 225-1280 |
|----------------------------|---|

| | |
|---------------|--|
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runcoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) |
|---------------|--|

| | |
|------------------|--|
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 10 / 30 / 01 12 / 20 / 01 - FINAL |
|------------------|--|

| | |
|---------------------------------------|--|
| 10 ELECTION | ELECTION DATE ELECTION TYPE |
| Month Day Year 10 / 06 / 01 | <input type="checkbox"/> Primary <input type="checkbox"/> Runcoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |

| | |
|--------------------------------|---|
| 11 OFFICE OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) Houston City Council - Dist G |
|--------------------------------|---|

| | | |
|---|---|--|
| 13 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**

C/OH NAME

15 ACCOUNT # (Ethics Commission Mktg)

**16 SUPPORTING
POLITICAL
COMMITTEE(S)**

-- 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

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

\$

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

\$ 1,100-

**EXPENDITURE
TOTALS**

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 692.40

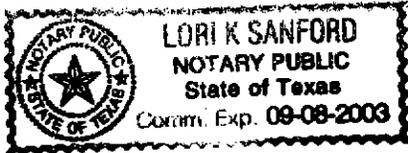
**OUTSTANDING
LOAN TOTALS**

5. 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.



Lori K Sanford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LORI K SANFORD this the 20 day of December 2001, to certify which, witness my hand and seal of office.

Lori K Sanford
Signature of officer administering oath

LORI K SANFORD
Print name of officer administering oath

Notary
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 Schedule A: 1 | |
| 2 FILER NAME ANTHONY OSSO | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 10/25/01 | 5 Full name of contributor TED Wright <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$500- | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code [REDACTED] Richmond TX 77469 | | | |
| 9 Principal occupation Businessman | | 10 Employer (optional) | |
| Date 10/30/01 | Full name of contributor Carolyn Gunther <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$100- | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code [REDACTED] Houston, TX 77063 | | | |
| Principal occupation Retired | | Employer (optional) | |
| Date 10/01/01 | Full name of contributor Leon Hirsch <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$100- | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code [REDACTED] Houston, TX 77079 | | | |
| Principal occupation Businessman | | Employer (optional) | |
| Date 11/06/01 | Full name of contributor DAVID MITCHEM <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$200- | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code [REDACTED] Houston, TX 77002 | | | |
| Principal occupation ATTORNEY | | Employer (optional) | |
| Date 11/6/01 | Full name of contributor William Konkus <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$200- | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code [REDACTED] Katy TX 77450 | | | |
| Principal occupation Pool construction | | 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 EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | |
|---|------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule G: <u>1</u> |
|---|------------------------------------|

| | |
|-------------------------------------|--|
| 2 FILER NAME <u>Anthony Osso</u> | 3 ACCOUNT # (Ethics Commission filers) |
|-------------------------------------|--|

| | | |
|--|---|---|
| 4 Date <u>11/01/01</u> | 5 Payee name <u>Robert LaPlant</u> 6 Payee address; City: State: Zip Code <u>[REDACTED]</u> <u>HOV TX 77092</u> | 8 Amount (\$) <u>\$500-</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure <u>web site designer - webmaster</u> | | |

| | | |
|--|--|---|
| Date <u>11/01/01</u> | Payee name <u>Mailboxes Etc</u> Payee address; City: State: Zip Code <u># 470</u> | Amount (\$) <u>\$199.40</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure <u>Postage</u> | | |

| | | |
|------------------------|--|---|
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure | | |

| | | |
|------------------------|--|---|
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure | | |

| | | |
|------------------------|--|---|
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure | | |

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