

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 4</p>						
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>TITLE: Mr. FIRST: Lenard MI: m. NICKNAME: LAST: Polk SUFFIX:</p>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">Date Received ▲</p> <p style="text-align: center; font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="text-align: center; font-size: 1.1em; margin: 0;">JUL 15 2003</p> <p style="text-align: center; margin: 0;">CITY SECRETARY</p> <p style="text-align: center; font-size: 0.8em; margin: 0;">Date Hand-delivered or Date Postmarked</p> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
<p>4 CANDIDATE / OFFICEHOLDER ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>13030 Northborough #1906 Houston TX 77067</p>								
<p>5 CAMPAIGN TREASURER NAME</p>	<p>TITLE: FIRST: Bryan MI: C. NICKNAME: LAST: Thompson SUFFIX:</p>								
<p>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>2400 South Loop West #1718 Houston, TX 77054</p>								
<p>7 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(713) 669-0225</p>								
<p>8 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) </p>								
<p>9 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>5 / 13 / 03 7 / 15 / 03</p>								
<p>10 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p>11 / 04 / 03</p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>							
<p>11 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p>_____</p>	<p>12 OFFICE SOUGHT (if known)</p> <p>City Council Dist. D</p>							
<p>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>.. 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. ..</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Lenard Polk

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

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)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,728.91

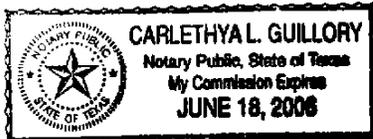
OUTSTANDING LOAN TOTALS

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.



Lenard M. Polk

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lenard M. Polk* this the *15th* day of *July*, 20 *03*, to certify which, witness my hand and seal of office.

Carlethya L. Guillory
Signature of officer administering oath

Carlethya L. Guillory
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Lenard Polk		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/16/03	5 Payee name U.S. Postal	8 Amount (\$) \$63.00
6 Payee address; City; State; Zip Code Houston, TX		
7 Purpose of expenditure (See instructions regarding type of information required.) P.O. Box		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/27/03	Payee name Monarch	Amount (\$) 299.96
Payee address; City; State; Zip Code 6605 McGrew Street Houston, TX 77087		
Purpose of expenditure (See instructions regarding type of information required.) Door Hangers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/29/03	Payee name Sign mart of Texas	Amount (\$) 335.03
Payee address; City; State; Zip Code 8222 Lockheed Ave; Houston, TX 77061		
Purpose of expenditure (See instructions regarding type of information required.) Yard signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/29/03	Payee name Sprint Digital Print	Amount (\$) 299.51
Payee address; City; State; Zip Code 10100 Clay Rd Houston TX 77080		
Purpose of expenditure (See instructions regarding type of information required.) T-shirts		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/4/03	Payee name Monarch	Amount (\$) 219.14
Payee address; City; State; Zip Code 6605 McGrew St. Houston, TX 77087		
Purpose of expenditure (See instructions regarding type of information required.) Envelopes, Letterhead...		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Lenard Polk		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/6/03	5 Payee name Sprint Digital Print	8 Amount (\$) 64.95
6 Payee address; City; State; Zip Code 10100 clay Ad. Houston, TX 77080		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) magnetic Signs		
Date 6/6/03	Payee name Sign Mart of Texas	Amount (\$) 37.89
Payee address; City; State; Zip Code 8222 Lockheed Ave. Houston, TX 77061		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Art-work		
Date 6/23/03	Payee name Manarch	Amount (\$) 220.13
Payee address; City; State; Zip Code 6605 mc Grew St. Houston, TX 77087		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Printing Remittance Letterhead...		
Date 6/7/03	Payee name Next Episode Technology	Amount (\$) 189.50
Payee address; City; State; Zip Code P.O. Box 770961 Houston, TX		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Web Service/creation		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		