Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received: RECEIVED JAN 15 2003 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: SHELLEY | MI

NICKNAME | LAST: SEKULA-GIBBS | SUFFIX: MD

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

14222 GOLF VIEW TRAIL HOUSTON TX 77059

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: GRACIELA | MI

NICKNAME | LAST: SAENZ | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

440 LOUISIANA, STE 200
HOUSTON, TX 77002

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(713)650-2737

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: 7 / 01 / 2002 THROUGH Month Day Year: 12 / 31 / 2002

10 ELECTION

ELECTION DATE Month Day Year: 11 / 06 / 2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): CITY COUNCIL AT-LARGE #3

12 OFFICE SOUGHT (if known)

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
SHELLEY SEKULA-GIBBS, MD

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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	$ 0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 403.94
4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,351.25

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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.

LOUIS A. GONZALEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 01-21-2004

AFFIX NOTARY STAMP / SEAL

Shelley Sekula-Gibbs, M.D.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, this the 15th day of Jan, 20 03, to certify which, witness my hand and seal of office.

Louis Gonzalez — Signature of officer administering oath

Louis Gonzalez — Printed name of officer administering oath

Notary — Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/9/02	HOUSTON HISPANIC CHAMBER OF COMMERCE 2900 WOODBRIDGE DR. HOUSTON, TX 77087	30.00

8 Purpose of payment (See instructions regarding type of information required.): LUNCHEON FEE

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 ($)
7/29/02	HOUSTON HISPANIC CHAMBER OF COMMERCE 2900 WOODBRIDGE DR. HOUSTON, TX 77087	150.00

Purpose of payment (See instructions regarding type of information required.): MEMBERSHIP DUES

•• 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 ($)
8/05/02	CAKES TO REMEMBER 2003 W. 14TH ST. HOUSTON, TX 77008	86.19

Purpose of payment (See instructions regarding type of information required.): SERVICES - FOOD

•• 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 ($)
8/05/02	ST. ANNE'S CATHOLIC SCHOOL 2120 WESTHEIMER RD. HOUSTON, TX 77099	100.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

•• 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

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1 Total pages Schedule F: 8

2 FILER NAME SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15/02	KEEP HOUSTON BEAUTIFUL P.O. BOX 460648 HOUSTON, TX 77056-8648	100.00

8 Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

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 ($)
8/22/02	MAYOR PRO-TEM GORDON QUAN 900 BAGBY HOUSTON, TX 77002	100.00

Purpose of payment (See instructions regarding type of information required.): DUES

•• 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 ($)
8/22/02	FIESTAS PATRIAS P.O. BOX 262871 HOUSTON, TX	200.00

Purpose of payment (See instructions regarding type of information required.): PARADE DUES

•• 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 ($)
9/14/02	LA MEXICANA 1018 FAIRVIEW HOUSTON, TX 77006	65.60

Purpose of payment (See instructions regarding type of information required.): COUNCIL BREAKFAST

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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Printed on recycled paper

POLITICAL EXPENDITURES

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1 Total pages Schedule F: 8

2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/4/02	OFFICEMAX 1576 W. GRAY HOUSTON, TX 77019	59.53

8 Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES

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 ($)
9/4/02	FRIENDS OF CLEAR LAKE AREA TAXPAYERS 3231 ALMOND CREEK HOUSTON, TX 77059	100.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
9/9/02	JOHN CORNYN FOR SENATE P.O. BOX 13026 AUSTIN, TX 78711	250.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
9/25/02	LOYOLA UNIVERSITY 7214 ST. CHARLES AVE. BOX 909 NEW ORLEANS, LA 70118	70.00

Purpose of payment (See instructions regarding type of information required.): LUNCHEON FEE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 8

2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/3/02	NAACP HOUSTON BRANCH 2002 WHEELER AVE. HOUSTON, TX 77004	100.00

8 Purpose of payment (See instructions regarding type of information required.): ADVERTISING

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 ($)
10/3/02	TREES FOR HOUSTON P.O. BOX 13096 HOUSTON, TX 77219	100.00

Purpose of payment (See instructions regarding type of information required.): DUES-MEMBERSHIP

-- 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 ($)
10/12/02	HOUSTON HISPANIC FORUM 3315 SUL ROSS HOUSTON, TX 77098	50.00

Purpose of payment (See instructions regarding type of information required.): CONFERENCE DUES

-- 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 ($)
10/22/02	MUSEUM OF FINE ARTS HOUSTON 2718 ST. ANNE'S DR. SUGAR LAND, TX 77479	200.00

Purpose of payment (See instructions regarding type of information required.): POLAND EXHIBIT

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 8

2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/02	PETTY CASH 900 BAGBY HOUSTON, TX 77002	100.00

8 Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES

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 ($)
10/31/02	AMERICAN HEART ASSOC. P.O BOX 15186 AUSTIN, TX 78761-5186	50.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
10/31/02	HOUSTON LIVESTOCK SHOW P.O. BOX 20070 HOUSTON, TX 77225	53.93

Purpose of payment (See instructions regarding type of information required.): ADVERTISING

-- 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 ($)
10/31/02	CRAWFORD ZBANEK SCHOLARSHIP P.O. BOX 58355 WEBSTER, TX 77598-8355	50.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/31/02	ADRIANNA DIBELLO 2 EASTWOOD HOUSTON, TX 77011	50.00

8 Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

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 ($)
11/8/02	LA ROSA P.O. BOX 16042 HOUSTON, TX 77222	200.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

•• 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 ($)
11/12/02	ABPW 1040 HERCULES HOUSTON, TX 77058	70.00

Purpose of payment (See instructions regarding type of information required.): LUNCHEON FEE

•• 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 ($)
11/18/02	CZ - SUSAN VAUGHN 14822 TUMBLING FALLS COURT HOUSTON, TX 77062	50.00

Purpose of payment (See instructions regarding type of information required.): LUNCHEON FEE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 8

2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/2/02	HOUSTON ACADEMY OF MEDICINE 1515 HERMANN DR. HOUSTON, TX 77004-7126	1,000.00

8 Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

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 ($)
12/11/02	AMBASSADORS INTERNATIONAL BALLET FOLKLORICO 5501 BRADY HOUSTON, TX 77011-3301	66.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
12/18/02	MD ANDERSON CANCER CENTER 1020 HOLCOMBE BLVD., #1201 HOUSTON, TX 77030	500.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
12/18/02	LIFE OPTIONS 1203 HEIGHTS BLVD. HOUSTON, TX 77008	50.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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2 FILER NAME: SHELLEY SEKULA-GIBBS, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/18/02	HOPE THROUGH GRACE 3323 FLOWER FIELD LANE PEARLAND, TX 77584	100.00

8 Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

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 ($)
12/18/02	RIVERSIDE GENERAL 3204 ENID HOUSTON, TX 77004	50.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
12/18/02	HOUSTON, JUNIOR WOMEN'S CLUB 1205 ARCHLEY DR. HOUSTON TX 77055	100.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
12/18/02	THE 100 CLUB 1602 STATE STREET HOUSTON, TX 77007	100.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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