

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 file)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Shelley		
	NICKNAME	LAST	SUFFIX
	Sekula-Gibbs, MD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	PO Box 890954 Houston, TX 77289-0954		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	480-5633	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Graciela		
	NICKNAME	LAST	SUFFIX
	Saenz		
7 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	650-2737	
9 REPORT TYPE	<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 (incarcerator 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)		
10 PERIOD COVERED	Month	Day	Year
	1 /	1 /	04
		THROUGH	Month Day Year
			6 / 30 / 04
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		/ /	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known)
	Houston City Council, At Large		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	Pos. 3 ** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

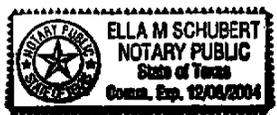
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Shelley Sekula-Gibbs, MD	16 ACCOUNT # (Ethics Commission files)
---	---

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46,572.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,245.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 36,753.42
OUTSTANDING LOAN TOTALS	6. 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.

Shelley Sekula-Gibbs
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs MD, this the 10th day of July, 2004, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
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.	Total pages this Schedule A: pg 1 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 1-12-2004	Full name of contributor out of state PAC ID# _____ J. James Rohack, MD	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

Date 1-12-2004	Full name of contributor out of state PAC ID# <u>C00103549</u> Parsons Corporation PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-12-2004	Full name of contributor out of state PAC ID# _____ Chris Richardson	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Blazer Residential Inc.	

Date 1-14-2004	Full name of contributor out of state PAC ID# _____ CenterPoint Energy PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-16-2004	Full name of contributor out of state PAC ID# _____ Winstead, Sechrest & Minick PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 2 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 1-16-2004	Full name of contributor out of state PAC ID# S. Conrad Weil, Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: [REDACTED]		
Principal occupation Job title (See Instructions) Attorney		Employer (See Instructions) Information requested	

Date 1-19-2004	Full name of contributor out of state PAC ID# Brian Brand	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: [REDACTED]		
Principal occupation Job title (See Instructions) Information requested		Employer (See Instructions) Information requested	

Date 1-19-2004	Full name of contributor out of state PAC ID# Paul Carter	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: [REDACTED]		
Principal occupation Job title (See Instructions) Information requested		Employer (See Instructions) Information requested	

Date 1-20-2004	Full name of contributor out of state PAC ID# Henry Holeman	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address: [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-20-2004	Full name of contributor out of state PAC ID# Kenneth Ulmer	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 3 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 1-20-2004	Full name of contributor out of state PAC ID# Andrews & Kurth Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-20-2004	Full name of contributor out of state PAC ID# Rita Cook	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-20-2004	Full name of contributor out of state PAC ID# Donna King	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-25-2004	Full name of contributor out of state PAC ID# Nancy S. Dunlap	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-26-2004	Full name of contributor out of state PAC ID# Stanford Alexander	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 4 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission files)

Date 1-26-2004	Full name of contributor out of state PAC ID# R. Bruce LaBoon	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation and title (See instructions) Attorney		Employer (See instructions) Locke, Liddell & Sapp, LLP	

Date 1-26-2004	Full name of contributor out of state PAC ID# Stan Marek	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation and title (See instructions)		Employer (See instructions)	

Date 1-27-2004	Full name of contributor out of state PAC ID# Norman D. Frede	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation and title (See instructions) Owner		Employer (See instructions) Norman Frede Chevrolet	

Date 1-27-2004	Full name of contributor out of state PAC ID# Harriet Calvin Latimer	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation and title (See instructions)		Employer (See instructions)	

Date 1-28-2004	Full name of contributor out of state PAC ID# Patricia K. Joiner	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation and title (See instructions)		Employer (See instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 5 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 1-28-2004	Full name of contributor out of state PAC ID# _____ Robert C.C. Lin	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation - Job title (See instructions) Engineer		Employer (See Instructions) Lin Engineering, Inc.	

Date 1-28-2004	Full name of contributor out of state PAC ID# _____ Houston Citizens PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation - Job title (See instructions)		Employer (See Instructions)	

Date 1-28-2004	Full name of contributor out of state PAC ID# _____ Jim Paulin Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation - Job title (See instructions)		Employer (See Instructions)	

Date 1-29-2004	Full name of contributor out of state PAC ID# _____ E.P. White	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation - Job title (See instructions)		Employer (See Instructions)	

Date 1-30-2004	Full name of contributor out of state PAC ID# _____ Walter Negley	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation - Job title (See instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 6 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 1-30-2004	Full name of contributor out of state PAC ID# _____ Dudley Smith	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-31-2004	Full name of contributor out of state PAC ID# _____ Robert H. Marshall	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-2-2004	Full name of contributor out of state PAC ID# _____ Beime, Maynard & Parsons, LLP	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-2-2004	Full name of contributor out of state PAC ID# _____ C.M. Garver	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) BRH-Garver, Inc.	

Date 2-2-2004	Full name of contributor out of state PAC ID# _____ TX Friends of Time Warner Cable	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 7 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-2-2004	Full name of contributor out of state PAC ID# _____ "C" Club PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation _____		Employer (See Instructions)	

Date 2-2-2004	Full name of contributor out of state PAC ID# _____ Kathleen Cross	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation _____		Employer (See Instructions)	

Date 2-3-2004	Full name of contributor out of state PAC ID# _____ CDM PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation _____ Engineer		Employer (See Instructions) Camp Dresser & McKee, Inc.	

Date 2-3-2004	Full name of contributor out of state PAC ID# _____ Jerry Brady	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation _____ Owner		Employer (See Instructions) Liberty Cab Company	

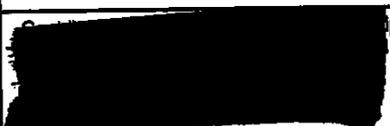
Date 2-3-2004	Full name of contributor out of state PAC ID# _____ Ric Campo	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation _____ Owner		Employer (See Instructions) Camden	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 8 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-3-2004	Full name of contributor out of state PAC ID# _____ Harold Hidalgo	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions) CPA		Employer (See Instructions) Hidalgo, Banfill, Zlotnik & Kermali, PC	

Date 2-3-2004	Full name of contributor out of state PAC ID# _____ Jeanette Rash	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-3-2004	Full name of contributor out of state PAC ID# _____ Russell Ybarra	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Gringo's Mexican Kitchen	

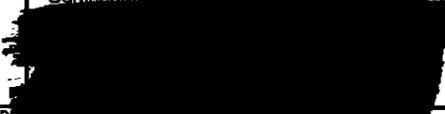
Date 2-4-2004	Full name of contributor out of state PAC ID# _____ Howard Lederer	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) ATEC	

Date 2-4-2004	Full name of contributor out of state PAC ID# _____ Ruby L. Cubley	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 9 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-5-2004	Full name of contributor out of state PAC ID# Mr. James Martin Hill, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-5-2004	Full name of contributor out of state PAC ID# David L. Baird, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-5-2004	Full name of contributor out of state PAC ID# Dan C. Arnold	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-5-2004	Full name of contributor out of state PAC ID# Linebarger Goggan Blair & Sampson LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-6-2004	Full name of contributor out of state PAC ID# Wayne Klotz	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 10 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-6-2004	Full name of contributor out of state PAC ID# _____ PBS&J PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation and title (See instructions)		Employer (See instructions)	

Date 2-6-2004	Full name of contributor out of state PAC ID# _____ André Crispin	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation and title (See instructions)		Employer (See instructions)	

Date 2-10-2004	Full name of contributor out of state PAC ID# _____ D. Fred Martinez	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation and title (See instructions) Engineer		Employer (See instructions) ATSER LLC	

Date 2-10-2004	Full name of contributor out of state PAC ID# _____ Orlando Teran	Amount of contribution (\$) \$622.01	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation and title (See instructions) Engineer		Employer (See instructions) Sunland Engineering Company	

Date 2-12-2004	Full name of contributor out of state PAC ID# _____ Rep. Garnet Coleman Campaign	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation and title (See instructions)		Employer (See instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 11 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-15-2004	Full name of contributor out of state PAC ID# _____ TREPAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) [REDACTED]		Employer (See Instructions)	

Date 2-16-2004	Full name of contributor out of state PAC ID# _____ J.A. Elkins, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Retired		Employer (See Instructions)	

Date 2-16-2004	Full name of contributor out of state PAC ID# _____ Barry Silverman	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Investments		Employer (See Instructions) Self	

Date 2-16-2004	Full name of contributor out of state PAC ID# _____ James Hunter	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Partner		Employer (See Instructions) Royce Builders	

Date 2-17-2004	Full name of contributor out of state PAC ID# _____ Nathelyne A. Kennedy	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) [REDACTED]		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

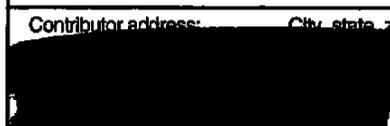
SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 12 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-17-2004	Full name of contributor out of state PAC ID# _____ Vinson & Elkins Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation (See Instructions)		Employer (See Instructions)	

Date 2-19-2004	Full name of contributor out of state PAC ID# _____ Texas Weston PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation (See Instructions)		Employer (See Instructions)	

Date 2-25-2004	Full name of contributor out of state PAC ID# _____ Regina Kyles, MD	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation (See Instructions)		Employer (See Instructions)	

Date 2-25-2004	Full name of contributor out of state PAC ID# _____ Columbia HCA Texas Good Govt. Fund	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation (See Instructions)		Employer (See Instructions)	

Date 2-26-2004	Full name of contributor out of state PAC ID# _____ Clive Runnells	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code 		
Principal occupation (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 13 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 2-26-2004	Full name of contributor out of state PAC ID# Jon Strange	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions) Owner		Employer (See instructions) JNS Consulting Engineers	

Date 2-27-2004	Full name of contributor out of state PAC ID# Chris Claunch	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions) Owner		Employer (See instructions) Claunch & Miller, Inc.	

Date 2-27-2004	Full name of contributor out of state PAC ID# Coats Rose PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions)		Employer (See instructions)	

Date 2-27-2004	Full name of contributor out of state PAC ID# J. Steve Ford	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions) Information requested		Employer (See instructions) Information requested	

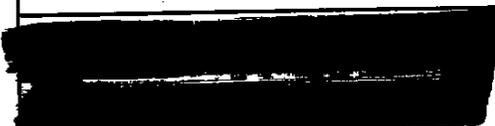
Date 3-1-2004	Full name of contributor out of state PAC ID# Bob Tramuto	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions)		Employer (See instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 14 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 3-1-2004	Full name of contributor out of state PAC ID# _____ George Wooming	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code _____ 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-1-2004	Full name of contributor out of state PAC ID# _____ Ramesh Gunda	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-4-2004	Full name of contributor out of state PAC ID# _____ Wayne Webber	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address: _____ City, state, zip code _____ 		
Principal occupation Job title (See Instructions) Information requested		Employer (See Instructions) Information requested	

Date 3-6-2004	Full name of contributor out of state PAC ID# _____ Lela Milas	Amount of contribution (\$) \$600.00	In-kind contribution description (if available)
	 zip code _____		
Principal occupation Job title (See Instructions) Homemaker		Employer (See Instructions)	

Date 3-15-2004	Full name of contributor out of state PAC ID# _____ C. Harold Cobb	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	 City, state, zip code _____		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

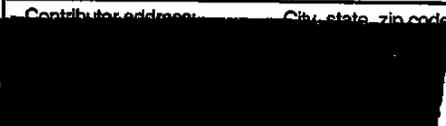
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 15 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission file#)

Date 3-17-2004	Full name of contributor out of state PAC ID# Bracewell & Patterson Committee	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-24-2004	Full name of contributor out of state PAC ID# Epi Salazar	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-28-2004	Full name of contributor out of state PAC ID# Roberto Gonzalez	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-30-2004	Full name of contributor out of state PAC ID# Ned Holmes	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Parkway Investments	

Date 3-30-2004	Full name of contributor out of state PAC ID# David I. Saperstein	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Five S Capital, Ltd.	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 18 of 16
FILER NAME: Shelley Sekula-Gibbs	ACCOUNT # (Ethics Commission filers)

Date 3-31-2004	Full name of contributor out of state PAC ID# Giti Zarinkelk	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions)		Employer (See instructions)	

Date 3-31-2004	Full name of contributor out of state PAC ID# J. Murry Bowden	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions)		Employer (See instructions)	

Date 3-31-2004	Full name of contributor out of state PAC ID# Walter Wainwright	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions)		Employer (See instructions)	

Date 4-1-2004	Full name of contributor out of state PAC ID# Houston Firefighters PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions)		Employer (See instructions)	

Date 4-1-2004	Full name of contributor out of state PAC ID# David Peacock	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address: City, state, zip code 		
Principal occupation Job title (See instructions) Car dealer		Employer (See instructions) Tom Peacock Nissan/Cadillac	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
1/2/04	Catalina Mena	10302 Sagecanyon Houston, TX 77089	\$370.15

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
1/2/04	Andrea Ramirez	725 FM 1959 Rd. #1516 Houston, TX 77034	\$404.61

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
1/2/04	Paychex	11777 Katy Frwy. #200 Houston, TX 77079	\$175.72

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
1/12/04	Paychex	11777 Katy Frwy. #200 Houston, TX 77079	\$119.36

Purpose of expenditure (See instructions regarding type of information required.) Payroll services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
1/13/04	Shelley Sekula-Gibbs	17300 El Camino Real, Ste. 103 Houston, TX 77058	\$737.22

Purpose of expenditure (See instructions regarding type of information required.) HQ rent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
1/14/04	ROBWEC	2807 Plumb St. Houston, TX 77005-3055	\$300.00

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date	Payee name	Payee address	Amount (\$)
1/20/04	Living God NDC/ Pier Plus Youth Ministry	8019 Record Houston, TX 77028	\$100.00

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date	Payee name	Payee address	Amount (\$)
1/20/04	US Postmaster	14917 El Camino Real Houston, TX 77062	\$370.00

Purpose of expenditure (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date	Payee name	Payee address	Amount (\$)
1/21/04	Catalina Mena	10302 Sagecanyon Houston, TX 77089	\$101.81

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date	Payee name	Payee address	Amount (\$)
1/21/04	Andrea Ramirez	725 FM 1959 Rd. #1516 Houston, TX 77034	\$345.94

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 3 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 1/21/04	Payee name Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Payee address	Amount (\$) \$85.65
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 1/22/04	Payee name Assoc. of Business & Professional Women 1331 Gemini, Ste. 290 Houston, TX 77058	Payee address	Amount (\$) \$275.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 1/22/04	Payee name City of Houston 611 Walker, 22nd floor Houston, TX 77002	Payee address	Amount (\$) \$404.91
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for telephone usage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 1/22/04	Payee name Houston Realty Breakfast Club PO Box 27095 Houston, TX 77227-7097	Payee address	Amount (\$) \$180.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 1/22/04	Payee name Bruce Tatro 1505 Whispering Pines Houston, TX 77055	Payee address	Amount (\$) \$500.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for technology expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 1/24/04	Payee name Beth Claude 10323 Briar Dr. Houston, TX 77063	Payee address	Amount (\$) \$50.00
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for advertisement expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 1/24/04	Payee name Catalina Mena 10302 Sagecanyon Houston, TX 77089	Payee address	Amount (\$) \$452.90
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for postage, copies, office supplies & misc. expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 1/24/04	Payee name Andrea Ramirez 725 FM 1959 Rd. #1516 Houston, TX 77034	Payee address	Amount (\$) \$621.21
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for reception decorations, courier fees and misc. expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 1/30/04	Payee name Catalina Mena 10302 Sagecanyon Houston, TX 77089	Payee address	Amount (\$) \$135.76
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 1/30/04	Payee name Andrea Ramirez 725 FM 1959 Rd. #1516 Houston, TX 77034	Payee address	Amount (\$) \$277.05
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 5 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 1/30/04	Payee name Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Payee address	Amount (\$) \$74.78
------------------------	--	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 2/5/04	Payee name Acres Home Citizens Chamber of Commerce 6130 Wheatley Houston, TX 77091	Payee address	Amount (\$) \$50.00
-----------------------	--	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event tickets	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 2/10/04	Payee name Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Payee address	Amount (\$) \$165.19
------------------------	--	----------------------	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 2/13/04	Payee name Wanda Robinson 5514 Tidewater Houston, TX 77085	Payee address	Amount (\$) \$80.00
------------------------	--	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 2/15/04	Payee name Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Payee address	Amount (\$) \$32.48
------------------------	---	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Graphic design	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 6 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 2/15/04	Payee name The Citizen 17511 El Camino Real Houston, TX 77058	Payee address	Amount (\$) \$36.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Subscription	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 2/15/04	Payee name SBC PO Box 4706 Houston, TX 77210	Payee address	Amount (\$) \$62.19
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Campaign phone service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 2/15/04	Payee name HAUL/ AAL 2601 Arbor Houston, TX 77004	Payee address	Amount (\$) \$500.00
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 2/16/04	Payee name LULAC Council #402 PO Box 30498 Houston, TX 77249-0498	Payee address	Amount (\$) \$80.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event tickets	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 2/22/04	Payee name Harris County Republican Party 3311 Richmond, Ste. 218 Houston, TX 77098	Payee address	Amount (\$) \$500.00
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event tickets	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 7 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 2/22/04	Payee name Payee address Hispanic Women in Leadership PO Box 701065 Houston, TX 77270-1065	Amount (\$) \$35.00
------------------------	---	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 2/25/04	Payee name Payee address Acres Home Citizens Chamber of Commerce 6130 Wheatley Houston, TX 77091	Amount (\$) \$60.00
------------------------	---	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event ticket	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 2/26/04	Payee name Payee address Lisa Dimond 4001 Fannin #4120 Houston, TX 77004	Amount (\$) \$5.00
------------------------	---	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for parking expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 2/26/04	Payee name Payee address Friends of Bay Area Turning Point PO Box 590784 Houston, TX 77259	Amount (\$) \$125.00
------------------------	---	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Program advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 2/26/04	Payee name Payee address Village Republican Women's Club 1227 W. Hunters Creekway Houston, TX 77055	Amount (\$) \$25.00
------------------------	--	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 8 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 2/26/04	Payee name Magic Circle Republican Women 2216 Fulham Ct. Houston, TX 77063	Payee address	Amount (\$) \$17.00
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
--	---	-----------------

Date 2/26/04	Payee name Magic Circle Republican Women 5201 Austin Houston, TX 77004	Payee address	Amount (\$) \$100.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Program advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
--	---	-----------------

Date 2/26/04	Payee name Leedy Graphics PO Box 680826 Houston, TX 77268-0826	Payee address	Amount (\$) \$1,034.87
-----------------	---	---------------	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
---	---	-----------------

Date 2/26/04	Payee name Gulf Coast Hot Shot PO Box 720569 Houston, TX 77272-0569	Payee address	Amount (\$) \$14.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Courier fees	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
---	---	-----------------

Date 2/26/04	Payee name Dot Snyder for Congress PO Box 23349 Waco, TX 76702	Payee address	Amount (\$) \$100.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
---	---	-----------------

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 9 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 2/26/04	Payee name Kingwood Area RWC PO Box 5906 Kingwood, TX 77345	Payee address	Amount (\$) \$15.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 2/26/04	Payee name Harris County Republican Party 3311 Richmond, Ste. 218 Houston, TX 77098	Payee address	Amount (\$) \$800.00
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) San Jacinto Club membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
---	---	----------------------

Date 2/26/04	Payee name Houston Hispanic Forum 3315 Sul Ross Houston, TX 77098	Payee address	Amount (\$) \$35.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 2/26/04	Payee name US Postmaster 910 Franklin Houston, TX 77002	Payee address	Amount (\$) \$74.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 2/29/04	Payee name US Postmaster 14917 El Camino Real Houston, TX 77062	Payee address	Amount (\$) \$68.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) PO Box rent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 10 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 3/2/04	Payee name AVANCE Houston 4281 Dacoma Houston, TX 77092	Payee address	Amount (\$) \$505.00
----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/4/04	Payee name Andrea Ramirez 725 FM 1959 Rd. #1516 Houston, TX 77034	Payee address	Amount (\$) \$109.60
----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 3/9/04	Payee name LULAC Council #4688 PO Box 30498 Houston, TX 77249-0498	Payee address	Amount (\$) \$250.00
----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/10/04	Payee name Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Payee address	Amount (\$) \$68.91
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/11/04	Payee name Jose Pulido 24218 Hamptonshire Ln. Houston, TX 77494	Payee address	Amount (\$) \$25.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 11 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 3/15/04	Payee name GENTS Scholarship Fund 119 39th St. Houston, TX 77018	Payee address	Amount (\$) \$40.00
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/22/04	Payee name Assistance League of the Bay Area PO Box 591131 Houston, TX 77259-1131	Payee address	Amount (\$) \$150.00
-----------------	--	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/22/04	Payee name The Smart Cookie 26005 Loop West, Ste. 300Y Houston, TX 77054	Payee address	Amount (\$) \$281.45
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/22/04	Payee name SBC PO Box 4706 Houston, TX 77210	Payee address	Amount (\$) \$131.45
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Campaign phone service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/23/04	Payee name Denver Harbor Little League 6402 Market St. Houston, TX 77002	Payee address	Amount (\$) \$50.00
-----------------	---	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 12 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
3/25/04	Jewish Herald Voice	PO Box 153 Houston, TX 77001-0153	\$75.00

Purpose of expenditure (See instructions regarding type of information required.) Subscription	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
3/25/04	Jori Zemel Children's Bone Cancer	16014 Greenwood Pines Houston, TX 77062	\$500.00

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
3/29/04	Kight Printing	5750 Bintliff, Ste. 202 Houston, TX 77036	\$70.36

Purpose of expenditure (See instructions regarding type of information required.) Graphic design	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
3/29/04	Houston Business Journal	PO Box 36188 Charlotte, NC 28254-3764	\$122.00

Purpose of expenditure (See instructions regarding type of information required.) Subscription	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
3/30/04	OfficeMax	1576 W. Gray Houston, TX 77019	\$23.14

Purpose of expenditure (See instructions regarding type of information required.) Office supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 13 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 3/31/04	Payee name Glamours Variety 711 Louisiana Houston, TX 77002	Payee address	Amount (\$) \$8.12
------------------------	---	----------------------	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Envelopes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 3/31/04	Payee name Randalls 2225 Louisiana Houston, TX 77002	Payee address	Amount (\$) \$7.78
------------------------	--	----------------------	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Breakfast meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 4/2/04	Payee name HAHMP PO Box 273394 Houston, TX 77277	Payee address	Amount (\$) \$1,500.00
-----------------------	--	----------------------	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation to scholarship fund	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 4/9/04	Payee name Dan G. Sekula PO Box 4797 McAllen, TX 78502	Payee address	Amount (\$) \$25.00
-----------------------	--	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation in memory of PFC Dustin Michael Sekula USMC	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 4/9/04	Payee name The Last Alarm Club 1907 Freeman St. Houston, TX 77009	Payee address	Amount (\$) \$200.00
-----------------------	---	----------------------	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
4/9/04	Daughters of Liberty 10670 Northbook Houston, TX 77043-4126	\$20.00

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name Payee address	Amount (\$)
4/9/04	Incarnate Word Academy 609 Crawford Houston, TX 77002	\$150.00

Purpose of expenditure (See instructions regarding type of information required.) Donation for golf tournament	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name Payee address	Amount (\$)
4/9/04	Alief Community Assoc. Inc. 10222 Huntington Dale Houston, TX 77099	\$25.00

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name Payee address	Amount (\$)
4/9/04	Trees for Houston PO Box 13096 Houston, TX 77219-3096	\$50.00

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name Payee address	Amount (\$)
4/9/04	St. Anne Catholic Community 2140 Westheimer Houston, TX 77098-1496	\$50.00

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 15 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
4/12/04	Paychex	11777 Katy Frwy. #200 Houston, TX 77079	\$37.31

Purpose of expenditure (See instructions regarding type of information required.) Payroll services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
4/19/04	Cingular	1001 West Loop South, Ste. 300 Houston, TX 77027	\$298.00

Purpose of expenditure (See instructions regarding type of information required.) Cell phone service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
4/20/04	Lisa Dimond	4001 Fannin #4120 Houston, TX 77004	\$37.69

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for lunch meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
4/21/04	Mexican Women's Initiative	2617-C West Holcombe Blvd., No. 542 Houston, TX 77025	\$2,500.00

Purpose of expenditure (See instructions regarding type of information required.) Sponsorship of table at event	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
4/30/04	Dan Pederson	315 Hadley, No. 3327 Houston, TX 77002	\$10.00

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for event parking expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 16 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 4/30/04	Payee name Payee address Cakes to Remember 2003 W. 14th Street Houston, TX 77008	Amount (\$) \$97.48
------------------------	---	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Inauguration reception expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 4/30/04	Payee name Payee address Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Amount (\$) \$1.38
------------------------	---	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 5/6/04	Payee name Payee address Lisa Dimond 4001 Fannin #4120 Houston, TX 77004	Amount (\$) \$14.08
-----------------------	---	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for event parking expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 5/7/04	Payee name Payee address Elysse Greenberg 14222 Golf View Trail Houston, TX 77059	Amount (\$) \$36.94
-----------------------	--	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 5/7/04	Payee name Payee address Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Amount (\$) \$6.69
-----------------------	---	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 17 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5/10/04	Paychex	11777 Katy Frwy. #200 Houston, TX 77079	\$43.71

Purpose of expenditure (See instructions regarding type of information required.) Payroll services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
5/17/04	Cakes to Remember	2003 W. 14th Street Houston, TX 77008	\$257.84

Purpose of expenditure (See instructions regarding type of information required.) Inauguration reception expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
5/17/04	Shelley Sekula-Gibbs	17300 El Camino Real, Ste. 103 Houston, TX 77058	\$1,159.90

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for political/ officeholder expenses, including parking, supplies and meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
5/17/04	Shelley Sekula-Gibbs	17300 El Camino Real, Ste. 103 Houston, TX 77058	\$848.95

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for political/ officeholder travel expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
5/21/04	Andrea Ramirez	725 FM 1959 Rd. #1516 Houston, TX 77034	\$90.04

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 18 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5/21/04	Paychex	11777 Katy Frwy. #200 Houston, TX 77079	\$16.31

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
5/24/04	Daughters of Liberty	10670 Northbook Houston, TX 77043-4126	\$200.00

Purpose of expenditure (See instructions regarding type of information required.) Event tickets	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
5/26/04	Aaron Brothers	4027 West Bay Area Blvd. Webster, TX 77598	\$181.05

Purpose of expenditure (See instructions regarding type of information required.) Frames of event materials	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
5/27/04	Women Professionals in Govt.	PO Box 1278 Houston, TX 77251-1278	\$30.00

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
5/27/04	Jewish Herald Voice	PO Box 153 Houston, TX 77001-0153	\$375.00

Purpose of expenditure (See instructions regarding type of information required.) Advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 19 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5/27/04	Houston Golf Association	5810 Wilson Rd., Ste. 112 Humble, TX 77396	\$74.10
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Shell Houston Open Birdies for Charity			
5/27/04	Foundation for Modern Music	1915 Commonwealth, Ste. 204 Houston, TX 77006	\$25.00
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Donation			
5/27/04	League of Women Voters	2650 Fountain View, Ste. 328 Houston, TX 77057-7631	\$25.00
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Membership dues			
6/3/04	Boy Scouts of America	PO Box 924528 Houston, TX 77292-4528	\$60.00
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Event tickets			
6/4/04	Physician Organization of Women	1515 Hermann Dr. Houston, TX 77004	\$25.00
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Membership dues			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 20 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 6/4/04	Payee name Elysse Greenberg 14222 Golf View Trail Houston, TX 77059	Payee address	Amount (\$) \$77.57
-----------------------	---	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 6/4/04	Payee name Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Payee address	Amount (\$) \$14.06
-----------------------	--	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes - US Treasury	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 6/10/04	Payee name Paychex 11777 Katy Frwy. #200 Houston, TX 77079	Payee address	Amount (\$) \$117.37
------------------------	--	----------------------	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Payroll services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 6/16/04	Payee name Alonti Cafe 777 Walker Houston, TX 77002	Payee address	Amount (\$) \$23.26
------------------------	---	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Lunch meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 6/17/04	Payee name Kroger 1938 W. Gray Houston, TX 77019	Payee address	Amount (\$) \$13.98
------------------------	--	----------------------	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) Office supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 21 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 6/21/04	Payee name YMCA Greater Houston 14650 Hwy. 3 Webster, TX 77598	Payee address	Amount (\$) \$150.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event tickets	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 6/21/04	Payee name Museum of Fine Arts PO Box 4606 Houston, TX 77210-9865	Payee address	Amount (\$) \$65.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 6/21/04	Payee name Lunar Rendezvous Festival 14311 Golf View Trl. Houston, TX 77059	Payee address	Amount (\$) \$50.00
-----------------	--	---------------	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
---	---	----------------------

Date 6/21/04	Payee name Daughters of Liberty 10670 Northbook Houston, TX 77043-4126	Payee address	Amount (\$) \$100.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Program advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 6/25/04	Payee name SBC PO Box 4706 Houston, TX 77210	Payee address	Amount (\$) \$119.00
-----------------	---	---------------	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Campaign phone service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
---	---	----------------------

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 22 of 22
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 5/27/44	Payee name Jose Pulido 24218 Hamptonshire Ln. Houston, TX 77494	Payee address	Amount (\$) \$16.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for event parking expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 2-26-2004	Payee name Willie G.'s Seafood 1605 Post Oak Blvd. Houston, TX 77056	Payee address	Amount (\$) \$65.00
Purpose of expenditure (See instructions regarding type of information required.) Reception expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 6-10-2004	Payee name Asian American Health Coalition 6220 Westpark, Ste. 228 Houston, TX 77057	Payee address	Amount (\$) \$75.00
Purpose of expenditure (See instructions regarding type of information required.) Event tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 1/2/04	Payee name Hard Rock Café 502 Texas Houston, TX 77002	Payee address	Amount (\$) \$261.34 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Inauguration event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 1/14/04	Payee name Fed-Ex 3610 Hacks Cross, Bldg. A Memphis, TN 38312	Payee address	Amount (\$) \$26.83 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Delivery charges		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 2/4/04	Payee name JW Marriott Hotel 5150 Westheimer Houston, TX 77056	Payee address	Amount (\$) \$5.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Event parking fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 2/20/04	Payee name Macys 2727 Sage Rd. Houston, TX 77056	Payee address	Amount (\$) \$86.49 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 2/27/04	Payee name Hilton Americas Hotel 1600 Lamar Houston, TX 77010	Payee address	Amount (\$) \$5.00 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Event parking fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
3/30/04	Walmart	150 El Dorado Blvd. Houston, TX 77062	\$87.09 <small>(x) Reimbursement from political contributions intended</small>
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>	
3/30/04	Amazon.Com		\$96.94 <small>(x) Reimbursement from political contributions intended</small>
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>	
3/31/04	Amazon.Com		\$52.82 <small>(x) Reimbursement from political contributions intended</small>
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>	
4/1/04	Amazon.Com		\$44.12 <small>(x) Reimbursement from political contributions intended</small>
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>	
4/3/04	Houston Chronicle	801 Texas Ave. Houston, TX 77002	\$405.00 <small>(x) Reimbursement from political contributions intended</small>
Purpose of expenditure (See instructions regarding type of information required.) Officeholder expenses		<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>	

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 4/4/04	Payee name JW Marriott Hotel 5150 Westheimer Houston, TX 77056	Payee address	Amount (\$) \$7.00 (x) Reimbursement from political contributions intended
----------------	---	---------------	--

Purpose of expenditure (See instructions regarding type of information required.) Event parking fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 4/7/04	Payee name Heights Floral Show 401 W. 20th Houston, TX 77008	Payee address	Amount (\$) \$96.34 (x) Reimbursement from political contributions intended
----------------	---	---------------	---

Purpose of expenditure (See instructions regarding type of information required.) Officeholder expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 4/12/04	Payee name Ampco System Parking 1019 Congress Houston, TX 77002	Payee address	Amount (\$) \$7.50 (x) Reimbursement from political contributions intended
-----------------	--	---------------	--

Purpose of expenditure (See instructions regarding type of information required.) Event parking fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 4/13/04	Payee name Teotihuacan Mexican Restaurant 1511 Airline Houston, TX 77009	Payee address	Amount (\$) \$19.98 (x) Reimbursement from political contributions intended
-----------------	---	---------------	---

Purpose of expenditure (See instructions regarding type of information required.) Lunch meeting expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
--	---	----------------------

Date 4/18/04	Payee name Neiman Marcus 10615 Town & Country Way Houston, TX 77024	Payee address	Amount (\$) \$706.87 (x) Reimbursement from political contributions intended
-----------------	--	---------------	--

Purpose of expenditure (See instructions regarding type of information required.) Props for fashion show for La Rosa Mex. Amer. Hispanic Women	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought / held
---	---	----------------------

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 4/20/04	Payee name Payee address Kenny & Ziggy's Restaurant 2327 Post Oak Blvd. Houston, TX 77056	Amount (\$) \$11.74 (x) Reimbursement from political contributions intended
------------------------	--	--

Purpose of expenditure (See instructions regarding type of information required.) Lunch meeting expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 4/21/04	Payee name Payee address Farrago World Cusine 302 Gray Houston, TX 77002	Amount (\$) \$81.50 (x) Reimbursement from political contributions intended
------------------------	---	--

Purpose of expenditure (See instructions regarding type of information required.) Dinner meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 4/22/04	Payee name Payee address Lexis Florists 5785 San Felipe Houston, TX 77057	Amount (\$) \$151.55 (x) Reimbursement from political contributions intended
------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) Officeholder expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 4/26/04	Payee name Payee address Amazon.Com	Amount (\$) \$84.55 (x) Reimbursement from political contributions intended
------------------------	--	--

Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 4/27/04	Payee name Payee address Nordstrom 5192 Hildalgo Houston, TX 77056	Amount (\$) \$99.00 (x) Reimbursement from political contributions intended
------------------------	---	--

Purpose of expenditure (See instructions regarding type of information required.) Staff luncheon	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
4/27/04	DoubleTree Guest Suites	5353 Westheimer Houston, TX 77056	\$1.00 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Event parking fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Payee address	Amount (\$)
4/27/04	Amazon.Com		\$71.13 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
4/30/04	El Prado Bakery Café	515 Patton Houston, TX 77009	\$259.95 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Breakfast meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
5/1/04	Willard Inter-Continental Hotel	1401 Pennsylvania Ave. NW Washington, DC 20004	\$180.88 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Officeholder travel expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Payee address	Amount (\$)
5/2/04	Definitely Different	515 15th St. Washington, DC 20003	\$6.32 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Officeholder expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5/3/04	Fort America	The Pentaon Concorse Washington, DC 20301	\$73.05 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Officeholder expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date	Payee name	Payee address	Amount (\$)
5/3/04	Coach.com		\$71.29 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date	Payee name	Payee address	Amount (\$)
5/4/04	Hotel Washington	15th St. & Pennsylvania Ave. Washington, DC 20001	\$630.57 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Officeholder travel expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date	Payee name	Payee address	Amount (\$)
5/12/04	Perry's Italian Kitchen	1100 Pineloch Houston, TX 77062	\$73.47 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Dinner meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date	Payee name	Payee address	Amount (\$)
5/12/04	Zula's	Main & Fannin Houston, TX 77002	\$25.15 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Lunch meeting expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5/13/04	Regency Parking	611 Clay Houston, TX 77002	\$9.00 <small>(x) Reimbursement from political contributions intended</small>

Purpose of expenditure (See instructions regarding type of information required.) Event parking fee	<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>
--	---

Date	Payee name	Payee address	Amount (\$)
5/13/04	Clear Lake Flowers	907 El Dorado Blvd. Houston, TX 77062	\$98.40 <small>(x) Reimbursement from political contributions intended</small>

Purpose of expenditure (See instructions regarding type of information required.) Officeholder expenses	<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>
--	---

Date	Payee name	Payee address	Amount (\$)
5/18/04	Zula's	Main & Fannin Houston, TX 77002	\$157.48 <small>(x) Reimbursement from political contributions intended</small>

Purpose of expenditure (See instructions regarding type of information required.) Dinner meeting expenses	<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>
--	---

Date	Payee name	Payee address	Amount (\$)
5/22/04	ABC Flowers	7801 Westheimer Houston, TX 77063	\$21.65 <small>(x) Reimbursement from political contributions intended</small>

Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent	<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>
---	---

Date	Payee name	Payee address	Amount (\$)
5/25/04	DoubleTree Guest Suites	5353 Westheimer Houston, TX 77056	\$2.00 <small>(x) Reimbursement from political contributions intended</small>

Purpose of expenditure (See instructions regarding type of information required.) Event parking fee	<small>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held</small>
--	---

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 8
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
5/25/04	Einstein Bros Bagels	7300 Kirby Houston, TX 77005	\$10.99 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Breakfast meeting expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
6/3/04	Pottery Barn Kids	4047 Westheimer Houston, TX 77027	\$53.04 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
6/19/04	Dillards	4925 Westheimer Houston, TX 77056	\$83.30 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
6/28/04	Bering's	6102 Westheimer Houston, TX 77057	\$126.92 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Gift for constituent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	