

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>31</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <b>Mr.</b>	FIRST <b>Tim</b>	MI <b>T.</b>
	NICKNAME	LAST <b>Shen</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	<b>14125 Memorial Dr., Ste. 106 Houston TX 77079</b>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST <b>Donna</b>	MI <b>N.</b>
	NICKNAME	LAST <b>Shen</b>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or business)	<b>14125 Memorial Dr., Ste. 106 Houston TX 77079</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(281)</b>	<b>589-1253</b>	
8 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 (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	<b>1</b>	<b>22</b>	<b>03</b>
	THROUGH		Month Day Year
			<b>6 / 30 / 03</b>
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<b>11</b>	<b>4</b>	<b>03</b>
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			<b>Houston City Council, Dist G</b>
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name <b>N/A</b>		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code <b>N/A</b>		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Tim Shen

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

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

\$ 60,209.80

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 14,590.12

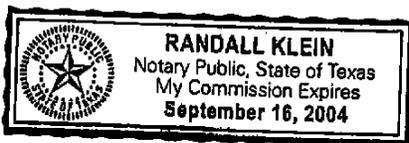
OUTSTANDING LOAN TOTALS

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

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim Shen, this the 14<sup>th</sup> day of July, 2003, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Randall Klein  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2-01-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Kaplan</b>	7 Amount of contribution (\$) <b>500.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>2-01-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diana Hudson</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-07-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yetter + Warden L.L.P.</b>	Amount of contribution (\$) <b>5000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-10-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Teixeira</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-18-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Mene</b>	Amount of contribution (\$) <b>525.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <span style="font-size: 1.5em; margin-left: 100px;">19</span>	
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Tim Shen</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date  <span style="font-size: 1.2em;">2-18-03</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em; margin-left: 20px;">Robert H. Whilden, Jr.</span> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$)  <span style="font-size: 1.2em;">250.</span>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date  <span style="font-size: 1.2em;">2-18-03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em; margin-left: 20px;">Frank C. Sung</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$)  <span style="font-size: 1.2em;">300.</span>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  <span style="font-size: 1.2em;">2-21-03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em; margin-left: 20px;">Scott F. Partridge</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$)  <span style="font-size: 1.2em;">500.</span>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  <span style="font-size: 1.2em;">2-22-03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em; margin-left: 20px;">Matthew + Julie Baker</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$)  <span style="font-size: 1.2em;">300.</span>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  <span style="font-size: 1.2em;">2-22-03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em; margin-left: 20px;">Barry J. Palmer</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$)  <span style="font-size: 1.2em;">500.</span>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **19**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2-23-03**

5 Full name of contributor  out-of-state PAC (ID#:  
**Marlene & Kurt Nondorf**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**500.**

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
**Stephanie + Patrick Tagtow**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2-23-03**

Contributor address; City; State; Zip Code

**500.**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
**Melinda + Howard Speight**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2-23-03**

Contributor address; City; State; Zip Code

**250.**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
**Richard Cunningham**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2-23-03**

Contributor address; City; State; Zip Code

**250.**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
**H. Cameron Haight**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2-23-03**

Contributor address; City; State; Zip Code

**250.**

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>19</u>	
2 FILER NAME <u>Tim Shen</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-23-03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Pamela Hohensec</u>	7 Amount of contribution (\$) <u>100.</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>2-23-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John Scofield</u>	Amount of contribution (\$) <u>100.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-23-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Catherine Wilde</u>	Amount of contribution (\$) <u>100.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-23-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Daniel Hu</u>	Amount of contribution (\$) <u>50.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-24-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>William + Rhonda Duey</u>	Amount of contribution (\$) <u>100.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **14**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2-23-03**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tom Adolph**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]

**50.**

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**2-23-03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bruce Ruzinsky**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

**100.**

Principal occupation (Optional)

Employer (Optional)

Date  
**2-21-03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jayne Partridge + Kalen Gralka**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

**250.**

Principal occupation (Optional)

Employer (Optional)

Date  
**2-22-03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Janece Blanche**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

**150.**

Principal occupation (Optional)

Employer (Optional)

Date  
**2-24-03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ron Collins**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

**250.**

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>19</u>	
2 FILER NAME <u>Tim Shen</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-28-03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kay M. Peterson</u>	7 Amount of contribution (\$) <u>100.</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>2-23-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Bailey + Kris Begnaud</u>	Amount of contribution (\$) <u>50.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-26-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Matthew Crow</u>	Amount of contribution (\$) <u>5000.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-26-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Valerie Crow</u>	Amount of contribution (\$) <u>5000.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-20-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ellen Stebbins</u>	Amount of contribution (\$) <u>100.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-6-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Boddie</b>	7 Amount of contribution (\$) <b>250.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>3-8-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard Frankel</b>	Amount of contribution (\$) <b>50.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-14-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ted Caryl</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-20-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lisa Brown</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-21-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kevin Lilly</b>	Amount of contribution (\$) <b>1000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **19**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date **3-24-03** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Brown**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

**3-24-03**

6 Contributor address; City; State; Zip Code

[REDACTED]

**250.**

9 Principal occupation (Optional)

10 Employer (Optional)

Date **3-8-03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tim + Linda Headley**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**3-8-03**

Contributor address; City; State; Zip Code

[REDACTED]

**250.**

Principal occupation (Optional)

Employer (Optional)

Date **3-25-03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Russell Wong**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**3-25-03**

Contributor address; City; State; Zip Code

[REDACTED]

**250.**

Principal occupation (Optional)

Employer (Optional)

Date **4-9-03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kathy Cook**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4-9-03**

Contributor address; City; State; Zip Code

[REDACTED]

**100.**

Principal occupation (Optional)

Employer (Optional)

Date **4-14-03** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ruey-Chu Shen**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4-14-03**

Contributor address; City; State; Zip Code

[REDACTED]

**2,500.**

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4-29-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James D'Agostino, Jr.</b>	7 Amount of contribution (\$) <b>1,000.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>5-9-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Li-Chien Shen</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-12-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Wang</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-10-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris + Anne Skidmore</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-10-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tim Green</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-16-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary &amp; Greg Sergeketter</b>	7 Amount of contribution (\$) <b>200.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>5-19-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jayne Partridge</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-20-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TSC Fund</b>	Amount of contribution (\$) <b>200.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-21-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephanie + Patrick Tagtow</b>	Amount of contribution (\$) <b>200.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-21-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert + Bonnie Gordon</b>	Amount of contribution (\$) <b>50.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-21-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ted Louie</b>	7 Amount of contribution (\$) <b>100.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>5-23-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Chiang</b>	Amount of contribution (\$) <b>1000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-27-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>E. William Barnett</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jackson Chang</b>	Amount of contribution (\$) <b>300.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kouh Liao</b>	Amount of contribution (\$) <b>300.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

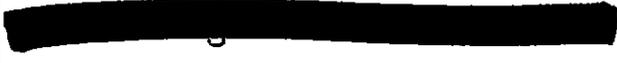
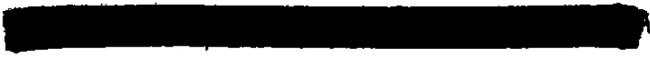
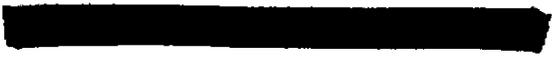
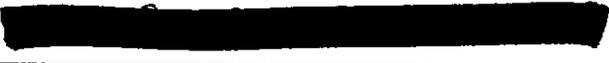
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-28-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yu Chih Jeng</b>	7 Amount of contribution (\$) <b>300.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>5-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glen Hou</b>	Amount of contribution (\$) <b>300.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wen-Shing Wu</b>	Amount of contribution (\$) <b>300.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Tai</b>	Amount of contribution (\$) <b>1000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pem Li Wu</b>	Amount of contribution (\$) <b>300.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-28-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ming-Chung Lo</b>	7 Amount of contribution (\$) <b>300.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>5-30-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wellington Yu</b>	Amount of contribution (\$) <b>1000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-31-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Ng Shen</b>	Amount of contribution (\$) <b>5000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-5-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Turano + Joe Turano</b>	Amount of contribution (\$) <b>2000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-9-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Philip John</b>	Amount of contribution (\$) <b>200.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6-17-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janet Chafin</b>	7 Amount of contribution (\$) <b>150.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6-10-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randy McClanahan</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-10-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Neslage</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-10-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ronald Woods</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-12-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul &amp; Patricia Yetter</b>	Amount of contribution (\$) <b>750.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6-12-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David &amp; Lucia Warden</b>	7 Amount of contribution (\$) <b>750.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6-19-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Coats Rose PAC</b>	Amount of contribution (\$) <b>1000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-16-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael Towns</b>	Amount of contribution (\$) <b>150.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>5-22-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charlanne Zindler</b>	Amount of contribution (\$) <b>150.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-16-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Sanford</b>	Amount of contribution (\$) <b>150.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <i>19</i>	
2 FILER NAME <i>Tim Shen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6-23-03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Morris</i>	7 Amount of contribution (\$) <i>100.</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>6-25-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Mene</i>	Amount of contribution (\$) <i>275.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6-23-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Cates</i>	Amount of contribution (\$) <i>100.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6-26-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Martz</i>	Amount of contribution (\$) <i>150.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6-25-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Sheely</i>	Amount of contribution (\$) <i>100.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6-25-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Chris Tripoli</b>	7 Amount of contribution (\$) <b>259.80</b>	8 In-kind contribution description (if applicable) <b>Event refreshments</b>
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6-25-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joyce + Derek Ng</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-24-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Gillis</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-26-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Judy Seligman</b>	Amount of contribution (\$) <b>200.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-27-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Daryl Bristow</b>	Amount of contribution (\$) <b>250.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>19</b>	
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6-26-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Beirne, Maynard, Parsons, LLP</b>	7 Amount of contribution (\$) <b>2500.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Larry Jacobs</b>	Amount of contribution (\$) <b>1000.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-29-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Susan Stanton</b>	Amount of contribution (\$) <b>500.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-29-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jeremy Aber</b>	Amount of contribution (\$) <b>50.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6-30-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim Easterling</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <span style="float: right; font-size: 1.2em;">19</span>	
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Tim Shen</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em; margin-left: 10px;">6-30-03</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em; margin-left: 20px;">Tim Shen</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 20px;">7000.</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>			
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **10**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2-1-03**

5 Payee name  
**Barnes & Noble**  
6 Payee address; City; State; Zip Code  
**12850 MEMORIAL, Ste. 1600  
HOUSTON, TX 77024**

7 Amount (\$)  
**35.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**Supplies**

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

Date  
**2-3-03**

Payee name  
**Gemini Graphics**  
Payee address; City; State; Zip Code  
**11906 RIVERVIEW DR  
HOUSTON, TX 77077**

Amount (\$)  
**630.00**

Purpose of payment (See instructions regarding type of information required.)  
**WEB SITE**

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

Date  
**2-3-03**

Payee name  
**Berings**  
Payee address; City; State; Zip Code  
**6102 WESTHEIMER  
HOUSTON, TX 77057**

Amount (\$)  
**289.19**

Purpose of payment (See instructions regarding type of information required.)  
**Invitations**

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

Date  
**2-3-03**

Payee name  
**Alvin Gee Photography**  
Payee address; City; State; Zip Code  
**911 TOWN & COUNTRY BLVD.  
HOUSTON, TX 77024**

Amount (\$)  
**364.81**

Purpose of payment (See instructions regarding type of information required.)  
**Photos**

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 10
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-5-03	5 Payee name Parcel Plus 6 Payee address; City; State; Zip Code 1510 Eldridge PKWY. HOUSTON, TX 77077	7 Amount (\$) 80.00
8 Purpose of payment (See instructions regarding type of information required.) Postage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-5-03	Payee name Chinese Professional Club Payee address; City; State; Zip Code 11302 FALLBROOK DR., STE 304 HOUSTON, TX 77065	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Scholarship Ball Ticket		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-8-03	Payee name Spec's Payee address; City; State; Zip Code 11990 WESTHEIMER HOUSTON, TX	Amount (\$) 79.37
Purpose of payment (See instructions regarding type of information required.) EVENT EXPENSE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-16-03	Payee name Arne's Payee address; City; State; Zip Code 2830 HICKS HOUSTON, TX 77077	Amount (\$) 51.75
Purpose of payment (See instructions regarding type of information required.) EVENT EXPENSE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **10**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2-16-03</b>	5 Payee name <b>Fiesta</b>	7 Amount (\$) <b>59.40</b>
6 Payee address; City; State; Zip Code <b>1005 Blalock HOUSTON, TX 77055</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Event Expense</b>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>2-17-03</b>	Payee name <b>Bening's</b>	Amount (\$) <b>206.22</b>
Payee address; City; State; Zip Code <b>6102 WESTHEIMER HOUSTON, TX 77057</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Supplies</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>2-18-03</b>	Payee name <b>TAX Assessor OFFICE</b>	Amount (\$) <b>20.00</b>
Payee address; City; State; Zip Code <b>1001 PRESTON, Rm 200 HOUSTON, TX 77002</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Voter Info</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>2-19-03</b>	Payee name <b>French Gourmet Bakery</b>	Amount (\$) <b>20.94</b>
Payee address; City; State; Zip Code <b>12504 MEMORIAL HOUSTON, TX 77024</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Event Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 10
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-20-03	5 Payee name Southwest Bank of Texas 6 Payee address; City; State; Zip Code P.O. Box 27459 HOUSTON, TX 77227-7459	7 Amount (\$) 43.04
8 Purpose of payment (See instructions regarding type of information required.) Checks		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-22-03	Payee name Fiesta Payee address; City; State; Zip Code 1005 Blalock HOUSTON, TX 77055	Amount (\$) 120.16
Purpose of payment (See instructions regarding type of information required.) Event Expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-25-03	Payee name Office Max Payee address; City; State; Zip Code 2320 SOUTH HIGHWAY 6 HOUSTON, TX 77077	Amount (\$) 25.73
Purpose of payment (See instructions regarding type of information required.) Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-25-03	Payee name Tax Assessor Office Payee address; City; State; Zip Code 1001 PRESTON, Rm 200 HOUSTON, TX 77002	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) District Map		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10

2 FILER NAME

Tim Shen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Alvin Gee Photography

7 Amount (\$)

3-03-03

6 Payee address; City; State; Zip Code

911 TOWN + COUNTRY Blvd., Ste 100  
HOUSTON, TX 77024

81.19

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

Photography

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Executive Baskets

Amount (\$)

3-05-03

Payee address; City; State; Zip Code

1391A S. VOSS  
HOUSTON, TX 77057

115.50

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

Appreciation gifts for  
Contributors

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Burt Levine

Amount (\$)

3-07-03

Payee address; City; State; Zip Code

17003 ENCHANTED CIRCLE EAST  
SUGARLAND, TX 77478

200.06

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

Contract Services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Greater Houston Pachyderm Club

Amount (\$)

3-08-03

Payee address; City; State; Zip Code

P.O. Box 22531  
HOUSTON, TX 77227

40.00

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

Annual Dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <b>Tim Shen</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3-09-03</b>	5 Payee name <b>Tim Shen</b> 6 Payee address; City; State; Zip Code <b>14125 Memorial, Ste. 106 Houston TX 77079</b>	7 Amount (\$) <b>31.77</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>reimbursement for office supplies</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>3-10-03</b>	Payee name <b>Office Max</b> Payee address; City; State; Zip Code <b>10516-A Old Katy Rd. Houston TX 77042</b>	Amount (\$) <b>86.04</b>
Purpose of payment (See instructions regarding type of information required.) <b>Office supplies</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>3-26-03</b>	Payee name <b>Printing Dimensions</b> Payee address; City; State; Zip Code <b>2937 Westhollow Dr. Houston TX 77082</b>	Amount (\$) <b>785.90</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>4-1-03</b>	Payee name <b>Executive Baskets</b> Payee address; City; State; Zip Code <b>1391A S. Voss Houston TX 77057</b>	Amount (\$) <b>149.39</b>
Purpose of payment (See instructions regarding type of information required.) <b>Appreciation Gifts for Contributors</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 10
2 FILER NAME: Tim Shen		3 ACCOUNT # (Ethics Commission filers)
4 Date: 4-01-03	5 Payee name: Burt Levine 6 Payee address: 17003 ENCHANTED CIRCLE EAST SUGAR LAND, TX 77478	7 Amount (\$): 200.00
8 Purpose of payment (See instructions regarding type of information required.): Contract Services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
4-03-03	ALVIN GEE PHOTOGRAPHY 911 TOWN + COUNTRY BLVD., STE 100 HOUSTON, TX 77024	503.36
Photography		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
4-10-03	HARRIS COUNTY REPUBLICAN PARTY 3405 EDLOE ST., STE 380 HOUSTON, TX 77027	500.00
Lincoln Day Dinner Tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
4-14-03	ALBERT CHENG 5914 RUTHERGLENN HOUSTON, TX 77096	3000.00
Consulting Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 10
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-08-03	5 Payee name Printing Dimensions 6 Payee address; City; State; Zip Code 2937 Westhollow Dr. Houston TX 77082	7 Amount (\$) 859.63
8 Purpose of payment (See instructions regarding type of information required.) Printing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-08-03	Payee name Kroger Payee address; City; State; Zip Code 1520 Eldridge Houston TX 77077	Amount (\$) 37.00
Purpose of payment (See instructions regarding type of information required.) postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-13-03	Payee name Tim Shen Payee address; City; State; Zip Code 14125 Memorial, Ste 106 Houston TX 77079	Amount (\$) 41.30
Purpose of payment (See instructions regarding type of information required.) reimbursement for postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-14-03	Payee name Gemini Graphics Payee address; City; State; Zip Code 11906 Riverview Houston TX 77077	Amount (\$) 1271.58
Purpose of payment (See instructions regarding type of information required.) consulting expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME *Tim Shen*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*5-28-03*

5 Payee name  
*Capital Promotions*  
6 Payee address; City; State; Zip Code  
*P.O. Box 231  
Glenside, PA 19038*

7 Amount (\$)  
*182.01*

8 Purpose of payment (See instructions regarding type of information required.)  
*Campaign promotional items*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*5-29-03*

Payee name  
*Nova Design & Fine Printing*  
Payee address; City; State; Zip Code  
*11781 Barwood Bend Dr.  
Houston TX 77065*

Amount (\$)  
*951.21*

Purpose of payment (See instructions regarding type of information required.)  
*printing*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*6-08-03*

Payee name  
*C.A. Thorpe Studio Inc.*  
Payee address; City; State; Zip Code  
*121 E. 16th St., Ste 100  
Houston TX 77008*

Amount (\$)  
*541.25*

Purpose of payment (See instructions regarding type of information required.)  
*Graphic Design*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*6-10-03*

Payee name  
*Printing Dimensions*  
Payee address; City; State; Zip Code  
*2937 Westhollow Dr.  
Houston TX 77082*

Amount (\$)  
*1450.55*

Purpose of payment (See instructions regarding type of information required.)  
*printing*

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6-16-03**

5 Payee name  
**Greg Ng**

7 Amount (\$)

6 Payee address; City; State; Zip Code  
**12119 WEDGEHILL  
HOUSTON, TX 77077**

**378.00**

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

**Contract Services**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**6-11-03**

**Tim Shen**

Payee address; City; State; Zip Code  
**14125 MEMORIAL, STE 106  
HOUSTON, TX 77079**

**443.83**

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

**Reimbursement for Campaign Promotional Items**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**6-24-03**

**Tim Shen**

Payee address; City; State; Zip Code  
**14125 MEMORIAL, STE 106  
HOUSTON, TX 77079**

**600.00**

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

**Reimbursement for Event Expense**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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