

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: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Tim	MI T.
	NICKNAME Shen	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 14125 Memorial, Suite 106	APT / SUITE #;	CITY; STATE; ZIP CODE Houston TX 77079
	AREA CODE (281)	PHONE NUMBER 679-0219	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Ms.	FIRST Donna	MI N.
6 CAMPAIGN TREASURER NAME	NICKNAME Shen	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14125 Memorial, Suite 106, Houston TX 77079		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 679-0219	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 90th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 03 9 / 25 / 03		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council, Dist G	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 N/A	Address / PO Box; Apt / Suite #; City; State; Zip Code	

OFFICE USE ONLY

Date Received
**RECEIVED
OCT 6 2003**

Date Hand-delivered or Date Postmarked
CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Tim Shen **16 ACCOUNT # (Ethics Commission files)**

17 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. **

<input type="checkbox"/> additional pages	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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,349.82
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 92.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,018.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,307.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim T. Shen, this the 16th day of October, 2003, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Printed name of officer administering oath
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-1-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST H. COCKRELL	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code HOUSTON, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-1-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN GROSS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-7-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEN D. BERGERON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-13-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE GEE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE GEE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-15-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Jarrett	7 Amount of contribution (\$) 50.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Quinn	Amount of contribution (\$) 25.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Dallas, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Hu	Amount of contribution (\$) 30.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annie Goedick	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-24-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Wolff	Amount of contribution (\$) 20.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME TIM SHEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-18-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAY PETERSON	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code HOUSTON, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BINH HO	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KURT W. STEINMANN	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDIA FROST	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL ROBERTS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME TIM SHEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-23-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID N. MILETI	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED] HOUSTON, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE GEE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD LANGENSTEIN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL LIU	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] SUGAR LAND, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENT PERILY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **16**

2 FILER NAME **TIM SHEN**

3 ACCOUNT # (Ethics Commission filers)

4 Date
7-23-03

5 Full name of contributor out-of-state PAC (ID#: _____)
SIDNEY SHEN

7 Amount of contribution (\$) **250.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
7-28-03

Full name of contributor out-of-state PAC (ID#: _____)
VICTOR MARZICO

Amount of contribution (\$) **300.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
7-29-03

Full name of contributor out-of-state PAC (ID#: _____)
DANA RUNGE

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
8-2-03

Full name of contributor out-of-state PAC (ID#: _____)
KENNETH LI

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
8-2-03

Full name of contributor out-of-state PAC (ID#: _____)
SIDNEY SHEN

Amount of contribution (\$) **40.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

EVENT REFRESHMENTS

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission files)	
4 Date 7-23-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beirne Maynard + Parsons LLP 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ Houston TX	7 Amount of contribution (\$) 1,444.82	8 In-kind contribution description (if applicable) event refreshments
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-31-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard V. Parent Contributor address: _____ City: _____ State: _____ Zip Code: _____ Houston TX	Amount of contribution (\$) 20.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tseng-Ying Fan Contributor address: _____ City: _____ State: _____ Zip Code: _____ Sugar Land TX	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-11-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Collings Contributor address: _____ City: _____ State: _____ Zip Code: _____ Houston TX	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
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 \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **16**

2 FILER NAME **TIM SHEN**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-2-03

5 Full name of contributor out-of-state PAC (ID#: _____)
TINA WU

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
8-2-03

Full name of contributor out-of-state PAC (ID#: _____)
DAWN LIN

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
8-2-03

Full name of contributor out-of-state PAC (ID#: _____)
DAVID YOUNG

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
8-2-03

Full name of contributor out-of-state PAC (ID#: _____)
LIEN CHUN CHEN

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
8-2-03

Full name of contributor out-of-state PAC (ID#: _____)
MING-CHUNG LO

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]
HOUSTON, TX [REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME TIM SHEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-2-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID WANG	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHING LEE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD HO	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAN MAO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] SUGAR LAND, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM CHEN	Amount of contribution (\$) 170.00	In-kind contribution description (if applicable) EVENT REFRESHMENTS
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME TIM SHEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-2-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK CHOU	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON WANG	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable) EVENT REFRESHMENTS
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-4-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TED WU	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-11-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAN OTT	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-11-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Y. J. LIU	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	16
2 FILER NAME TIM SITEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-11-03	5 Full name of contributor SUSAN LIU <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-11-03	Full name of contributor TED CARYL <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-14-03	Full name of contributor STELLA HSIEN <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-17-03	Full name of contributor SEAN LIU <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] SUGAR LAND, TX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-23-03	Full name of contributor LI-CHIEN SHEN <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] GAINESVILLE, TX	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission Bars)	
4 Date 8-29-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feng Gao	7 Amount of contribution (\$) 200.-	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code HOUSTON TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-30-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lachlan + Courtenay McNew	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 8-31-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Chang	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9-1-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry Loose	Amount of contribution (\$) 25.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9-3-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Taborda	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code HOUSTON TX			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 16

2 FILER NAME Tim Shen

3 ACCOUNT # (Ethics Commission Bars)

4 Date
9-8-03

5 Full name of contributor out-of-state PAC (ID#: _____)
Debra Dincher

7 Amount of contribution (\$)
100.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[Redacted]
Houston TX [Redacted]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
9-10-03

Full name of contributor out-of-state PAC (ID#: _____)
Michael Liu

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[Redacted]
Sugar Land TX [Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
9-10-03

Full name of contributor out-of-state PAC (ID#: _____)
Robert Su

Amount of contribution (\$)
250.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[Redacted]
Houston TX [Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
9-10-03

Full name of contributor out-of-state PAC (ID#: _____)
Kim S.C. Shien

Amount of contribution (\$)
200.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[Redacted]
Sugar Land TX [Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
9-10-03

Full name of contributor out-of-state PAC (ID#: _____)
George Gee

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[Redacted]
Houston TX [Redacted]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 16

2 FILER NAME

Tim Shen

3 ACCOUNT # (Ethics Commission file)

4 Date

9-12-03

5 Full name of contributor

Yun Chen Li

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

Sugar Land TX

7 Amount of contribution (\$)

100.-

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

9-12-03

Full name of contributor

Wea Lee

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Houston TX

Amount of contribution (\$)

250.-

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9-13-03

Full name of contributor

C.J. Kao

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Houston TX

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9-13-03

Full name of contributor

Shengkun Yao

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Sugar Land TX

Amount of contribution (\$)

250.-

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9-13-03

Full name of contributor

Lily + William Ling

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Houston TX

Amount of contribution (\$)

300.-

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 16	
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-13-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe J.H. Su	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston TX [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-13-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Liu	Amount of contribution (\$) 1,000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Carter	Amount of contribution (\$) 2,000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9-16-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne Bentzen	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9-16-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Turano	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston TX [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 16

2 FILER NAME
Tim Shen

3 ACCOUNT # (Ethics Commission files)

4 Date 5 Full name of contributor out-of-state PAC (ID#:

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

9-16-03 David Harold
6 Contributor address; City; State; Zip Code
Houston TX

500.-

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$) In-kind contribution description (if applicable)

9-20-03 Dan Nip
Contributor address; City; State; Zip Code
Houston TX

100.-

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$) In-kind contribution description (if applicable)

9-22-03 Jan Kish
Contributor address; City; State; Zip Code
Houston TX

100.-

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <i>16</i>	
2 FILER NAME <i>Tim Shen</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>7-1-03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Shen</i>	7 Amount of contribution (\$) <i>500-</i>	8 In-kind contribution description (if applicable) <i>office space + telephone</i>
6 Contributor address; City; State; Zip Code <i>HOUSTON TX</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8-1-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Shen</i>	Amount of contribution (\$) <i>500.-</i>	In-kind contribution description (if applicable) <i>office space + telephone</i>
Contributor address; City; State; Zip Code <i>HOUSTON TX</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-1-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Shen</i>	Amount of contribution (\$) <i>500.-</i>	In-kind contribution description (if applicable) <i>office space + telephone</i>
Contributor address; City; State; Zip Code <i>HOUSTON TX</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-2-03	5 Payee name Sprint Digital Printing	7 Amount (\$) 1,697.39
6 Payee address; City; State; Zip Code 10100 Clay Rd., Ste C Houston TX 77080		
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 7-2-03	Payee name Greg Ng	Amount (\$) 309.-
Payee address; City; State; Zip Code 12119 Wedgemoor Houston TX 77077		
Purpose of payment (See instructions regarding type of information required.) contract administrative servs.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7-2-03	Payee name Executive Baskets	Amount (\$) 71.45
Payee address; City; State; Zip Code 1391A S. VOSS Houston TX 77057		
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 7-4-03	Payee name Greg Gant	Amount (\$) 135.-
Payee address; City; State; Zip Code 22715 April Springs Katy TX 77494		
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date
7-9-03

5 Payee name
MJS Group
6 Payee address; City; State; Zip Code
**3502 Bellefontaine
Houston TX 77025**

7 Amount (\$)
6,140.92

8 Purpose of payment (See instructions regarding type of information required.)
Consulting, postage, printing

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

Date
7-3-03

Payee name
Office Max
Payee address; City; State; Zip Code
**10516-A Old Katy Rd.
Houston TX 77043**

Amount (\$)
15.-

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
7-17-03

Payee name
MJS Group
Payee address; City; State; Zip Code
**3562 Bellefontaine
Houston TX 77025**

Amount (\$)
10,000.-

Purpose of payment (See instructions regarding type of information required.)
consulting, printing + copying

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

Date
7-23-03

Payee name
Greg Ng
Payee address; City; State; Zip Code
**12119 Wedgemoor
Houston TX 77077**

Amount (\$)
405.-

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME

Tim Shen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

United States Post Office

7 Amount (\$)

7-31-03

6 Payee address; City; State; Zip Code

**10505 Town + Country Way
Houston TX 77024**

37.-

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

Stamps

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Greg Gant

Amount (\$)

7-31-03

Payee address; City; State; Zip Code

**22715 April Springs
Katy TX 77494**

142.-

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

Greg Ng

Amount (\$)

8-7-03

Payee address; City; State; Zip Code

**12119 Wedgemoor
Houston TX 77077**

297.-

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

Contract administrative services

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Kroger

Amount (\$)

8-16-03

Payee address; City; State; Zip Code

**1520 Eldridge
Houston TX 77077**

22.20

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

Stamps

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-21-03

5 Payee name
Eatez's
6 Payee address; City; State; Zip Code
**1702 Post Oak Blvd
Houston TX 77056**

7 Amount (\$)
73.07

8 Purpose of payment (See instructions regarding type of information required.)
lunch-campaign meeting

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

Date
8-26-03

Payee name
Greg Ng
Payee address; City; State; Zip Code
**12119 Wedgenill
Houston TX 77077**

Amount (\$)
315.-

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

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

Date
8-23-03

Payee name
Kinkos
Payee address; City; State; Zip Code
**12121 Westheimer
Houston TX 77077**

Amount (\$)
86.51

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

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

Date
8-29-03

Payee name
Office Max
Payee address; City; State; Zip Code
**10516 A Old Katy Rd
Houston TX 77043**

Amount (\$)
41.26

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

8-29-03

Printpak 2000 Inc.

6 Payee address; City; State; Zip Code

**6114 Aletha
Houston TX 77081**

779.40

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

Payee name

Amount (\$)

9-3-03

Sprint Digital Printing

Payee address; City; State; Zip Code

**10100 Clay Rd, Suite C
Houston TX 77080**

2,327.38

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

Payee name

Amount (\$)

9-1-03

Greg Gant

Payee address; City; State; Zip Code

**22715 April Springs
Katy TX 77494**

140.-

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

Amount (\$)

9-1-03

Office Depot

Payee address; City; State; Zip Code

**10960 Westheimer
Houston TX 77042**

68.37

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-8-03

5 Payee name
Printpak 2000 Inc.
6 Payee address; City; State; Zip Code
**6114 Aletta
Houston TX 77081**

7 Amount (\$)
1,428.90

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
9-10-03

Payee name
Chinese Community Center
Payee address; City; State; Zip Code
**5855 Sovereign
Houston TX 77036**

Amount (\$)
75.-

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

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

Date
9-14-03

Payee name
Printpak 2000, Inc.
Payee address; City; State; Zip Code
**6114 Aletta
Houston TX 77081**

Amount (\$)
541.25

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
9-16-03

Payee name
City of Houston
Payee address; City; State; Zip Code
**900 Bagby
Houston TX 77002**

Amount (\$)
500.-

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME Tim Shen

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-16-03

5 Payee name
Amy Wang
6 Payee address; City; State; Zip Code
9720 Town Park Dr., Ste 108
Houston TX 77031

7 Amount (\$)
166.89

8 Purpose of payment (See instructions regarding type of information required.)
reimbursement - event refreshments

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

Date
9-17-03

Payee name
Sidelines Sports Bar
Payee address; City; State; Zip Code
2016 Main
Houston TX 77083

Amount (\$)
215.-

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

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **4**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date 7-14-03	5 Payee name A+E Products	8 Amount (\$) 61.69
	6 Payee address; City; State; Zip Code P.O. Box 27286 Houston TX 77227	
7 Purpose of expenditure (See instructions regarding type of information required.) printing		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7-18-03	Payee name Home Depot	Amount (\$) 52.50
	Payee address; City; State; Zip Code 2828 S. Hwy 6 Houston TX 77082	
Purpose of expenditure (See instructions regarding type of information required.) supplies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7-18-03	Payee name Lowes	Amount (\$) 28.04
	Payee address; City; State; Zip Code 2610 S. Kirkwood Houston TX	
Purpose of expenditure (See instructions regarding type of information required.) supplies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7-21-03	Payee name Anchor Box	Amount (\$) 10.81
	Payee address; City; State; Zip Code 5889 S. Geesner Houston TX 77036	
Purpose of expenditure (See instructions regarding type of information required.) supplies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7-30-03	Payee name Buy.com	Amount (\$) 85.90
	Payee address; City; State; Zip Code 85 Enterprise Aliso Viejo, CA 92656	
Purpose of expenditure (See instructions regarding type of information required.) contributor appreciation		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **4**

2 FILER NAME **Tim Shen**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8-4-03	Lowes 2610 S. Kirkwood Houston TX	Supplies	34.48
8-4-03	U-Haul 14900 Westheimer Houston TX 77082	truck rental	55.06
8-4-03	Chevron 1603 Hwy 6 S Houston TX 77077	Gas for truck rental	29.85
8-5-03	Fate Express 780 W. Sam Houston #100 Houston TX 77024	lunch meeting	27.06
8-13-03	Office Max 2320 South highway 6 Houston TX 77077	Supplies	69.90

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Tim Shen		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-14-03	5 Payee name United States Post Office 6 Payee address; City; State; Zip Code Ashford West Houston TX 77077 7 Purpose of expenditure (See instructions regarding type of information required.) postage	8 Amount (\$) 44.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8-23-03	Payee name Subway Payee address; City; State; Zip Code 1100 Wilcrest, Ste 200 Houston TX 77042 Purpose of expenditure (See instructions regarding type of information required.) lunch for meeting	Amount (\$) 16.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8-28-03	Payee name United States Post Office Payee address; City; State; Zip Code Ashford West Houston TX 77077 Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) 1,295.- <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8-29-03	Payee name Kroger Payee address; City; State; Zip Code 14344 Memorial Houston TX 77079 Purpose of expenditure (See instructions regarding type of information required.) event refreshments	Amount (\$) 12.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8-30-03	Payee name Beck's Prime Payee address; City; State; Zip Code 1202 Dairy Ashford Houston TX 77079 Purpose of expenditure (See instructions regarding type of information required.) lunch for volunteers	Amount (\$) 27.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 4

2 FILER NAME *Tim Shen*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9-7-03</i>	5 Payee name <i>Hong Kong Market</i>	8 Amount (\$) <i>18.37</i>
	6 Payee address; City; State; Zip Code <i>11205 Bellaire Blvd Houston TX 77072</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Contributor appreciation</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>9-12-03</i>	Payee name <i>Hong Kong Market</i>	Amount (\$) <i>36.78</i>
	Payee address; City; State; Zip Code <i>11205 Bellaire Blvd Houston TX 77072</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Contributor appreciation</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>9-16-03</i>	Payee name <i>Anthony's</i>	Amount (\$) <i>149.92</i>
	Payee address; City; State; Zip Code <i>2811 Kirby Houston TX 77098</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Luncheon meeting</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>8-11-03</i>	Payee name <i>Office Max</i>	Amount (\$) <i>432.99</i>
	Payee address; City; State; Zip Code <i>2320 South Hwy 6 Houston 77047</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Equipment</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>9-17-03</i>	Payee name <i>SBC Local Service,</i>	Amount (\$) <i>406.21</i>
	Payee address; City; State; Zip Code <i>www.SBC.com</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign phone</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED