



CORRECTED FORM 10-15-01

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JACK JOSEY TERENCE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9-14-01

CITY OF HOUSTON  
Payee address; City; State; Zip Code

900 BAGBY 3RD FLOOR, HOUSTON, TEX 77002

\$ 500.

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

FILING FEE

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

Date

Payee name

Amount (\$)

9-20-01

CITY OF HOUSTON  
Payee address; City; State; Zip Code

900 BAGBY 3RD FLOOR  
HOUSTON TEX 77002

\$ 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

Date

Payee name

Amount (\$)

5-2-01

INDUSTRIAL PRINTERS  
Payee address; City; State; Zip Code

[REDACTED] HOUSTON, TEXAS 77007

\$ 813.77

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

POLITICAL POSTERS.

\*\* 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED