

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: <b>3</b></p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: <b>MR.</b>      FIRST: <b>JACK</b>      MI: <b>JOSEY</b>                  NICKNAME: _____      LAST: _____      SUFFIX: _____  <b>TERENCE</b></p>	<p><b>OFFICE USE ONLY</b></p> <p>Date Received: <b>OCT 3 2003</b></p> <p>Date Hand-delivered or Date First Mailed: _____</p> <p>Receipt # _____      Amount _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><b>2808 MORRISON HOUSTON, TEXAS 77009</b></p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><b>(713)      861-1991</b></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: _____      FIRST: <b>MINDY ANN</b>      MI: <b>LIBERTY</b>                  NICKNAME: _____      LAST: _____      SUFFIX: _____  <b>TERENCE</b></p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><b>2808 MORRISON HOUSTON, TEXAS 77009</b></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><b>(713)      861-1991</b></p>		
<p>9 REPORT TYPE</p>	<p> <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"/> 8th day before election      <input type="checkbox"/> Exceeded \$500 limit      <input type="checkbox"/> Final report (Attach C/OH - FR)                 </p>		
<p>10 PERIOD COVERED</p>	<p>Month      Day      Year      THROUGH      Month      Day      Year</p> <p><b>AUG. / 20 / 2003      SEPT. / 25 / 2003</b></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE      ELECTION TYPE</p> <p>Month      Day      Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</p> <p><b>NOV. / 4 / 2003</b></p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p><b>NONE</b></p>	<p>13 OFFICE SOUGHT (if known)</p> <p><b>MAYOR OF HOUSTON, TEXAS</b></p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>** 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. **</p> <p>Name: <b>NONE</b></p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>		
<p><b>GO TO PAGE 2</b></p>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

**JACK JOSEY TERENCE**

16 ACCOUNT # (Ethics Commission filers)

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. \*\*

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

**NONE**

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ **60.00**

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

\$ **00.00**

EXPENDITURE TOTALS

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

\$ **00.00**

4. TOTAL POLITICAL EXPENDITURES

\$ **1270.00**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ **00.00**

OUTSTANDING LOAN TOTALS

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

\$ **00.00**

19 AFFIDAVIT

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

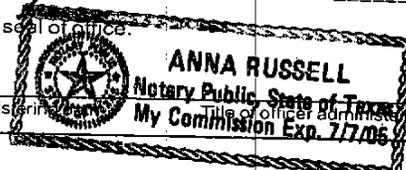
**Jack Josey Terence**  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **JACK JOSEY TERENCE**, this the **3rd** day of **October**, 20**03**, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME **JACK JOSEY TERENCE**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**9-22-03**

5 Payee name  
**CITY OF HOUSTON PO BOX 1562**

6 Payee address; City; State; Zip Code  
**HOUSTON, TEXAS, 77251-1562**

8 Amount (\$)  
**\$ 1250.00**

7 Purpose of expenditure (See instructions regarding type of information required.)  
**MAYORAL FILING FEE**

Reimbursement from political contributions intended

Date  
**9-25-03**

Payee name  
**CITY OF HOUSTON PO BOX 1562**

Payee address; City; State; Zip Code  
**HOUSTON, TEXAS 77251-1562**

Amount (\$)  
**\$ 20.00**

Purpose of expenditure (See instructions regarding type of information required.)  
**COPIES OF POL. REPORTS**

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED