

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

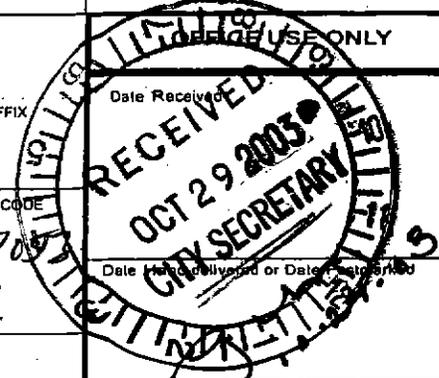
The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed: **5**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: EDDISON MI:  
NICKNAME: LAST: TITUS SUFFIX:



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:  
15714 IRONSIDE CREEK DR. HOUSTON, TX. 77053

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: EDDISON MI:  
NICKNAME: LAST: TITUS SUFFIX:

Receipt Amount  
Date Processed  
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE:  
15714 IRONSIDE CREEK DRIVE HOUSTON, TX. 77053

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:  
(281) 835 6178

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
09 / 24 / 2003 THROUGH 10 / 25 / 2003

10 ELECTION

ELECTION DATE: Month Day Year: 10 / 04 / 2003  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CONTROLLER

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

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*BODDSON TITUS*

15 ACCOUNT # (Ethics Commission files)

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

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

*2,750.00*

\$ *2,750.00*

OUTSTANDING LOAN TOTALS

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

\$ *2,000.00*

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>ADDISON TITUS</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <u>09/19/03</u>	7 Name of lender <u>ADDISON TITUS</u> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <u>2,000.00</u>
6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>15714 IRONSIDE CIRCLE DR. HOUSTON, TX. 77053</u>	10 Interest rate
12 Description of Collateral <input checked="" type="checkbox"/> none		11 Maturity date
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
15 Guarantor address; City; State; Zip Code		
17 Principal Occupation	18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <u>Y</u> <u>N</u>	Lender address; City; State; Zip Code	Interest rate
Description of Collateral <input type="checkbox"/> none		Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation	Employer	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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: **1**

2 FILER NAME

**EDDISON TITUS**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

**9/29/03**

**GWINNIES MANUFACTURING, INC.**

**1,450.00**

6 Payee address; City; State; Zip Code

**3120 GRAHAM ROAD NORTH, MOBILE, ALABAMA 36688**

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

**POLITICAL SIGNS**

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

Date

Payee name

Amount (\$)

**10/1/03**

**OFFICE DEPOT # 262**

**51.00**

Payee address; City; State; Zip Code

**HUMBLE, TEXAS**

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

**POLITICAL FLYERS / COPYING**

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

Date

Payee name

Amount (\$)

**10/15/03**

**XTEX**

**38.00**

Payee address; City; State; Zip Code

**5325 GLENMONT #100, HOUSTON, TX. 77081**

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

**PAPER**

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

Date

Payee name

Amount (\$)

**10/17/03**

**SPRINT DIGITAL PRINTING**

**385.00**

Payee address; City; State; Zip Code

**Houston, TX**

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

**POLITICAL FLYERS**

-- 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: 1

2 FILER NAME

LEDDISON TITM

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/19/03

5 Payee name

CITY OF HOUSTON

6 Payee address; City; State; Zip Code

900 BABY HOUSTON, TX

8 Amount (\$)

750.00

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

POLITICAL FILING FEE

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED