

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

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:				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI					
	NICKNAME	LAST SUFFIX					
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:		CITY:	STATE:	ZIP CODE	
<input type="checkbox"/> Change of Address	15234 Kalkbrenk Houston TX 77062						
5 CAMPAIGN TREASURER NAME	TITLE	FIRST MI	OFFICE USE ONLY				
	NICKNAME	LAST SUFFIX	Receipt #	Amount			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed		Date Imaged	
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	THROUGH	Month	Day	Year
10 ELECTION	ELECTION DATE			ELECTION TYPE			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<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</p> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p> <p><input type="checkbox"/> additional pages</p>						

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Bars)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15,250.00

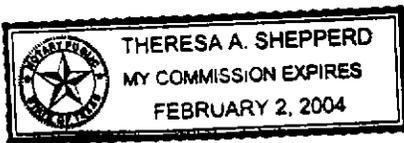
OUTSTANDING LOAN TOTALS

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 Bob Todd, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

Theresa A. Shepperd
Signature of officer administering oath

Theresa A. Shepperd
Printed name of officer administering oath

Notary Public - TEXAS
Title of officer administering oath

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
7/1/01	Blakemore + Assoc. 6 Payee address; City; State; Zip Code 3233 Richmond, TX 77098	15,000.00

8 Purpose of payment (See instructions regarding type of information required.) Cand. Cont. fee	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
2/1/01	Harris County, Rep. Jerry Payee address; City; State; Zip Code 6101 Sefting Houston TX 77057	250.00

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

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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		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 type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FedEx

emp# 239982 17JUL01

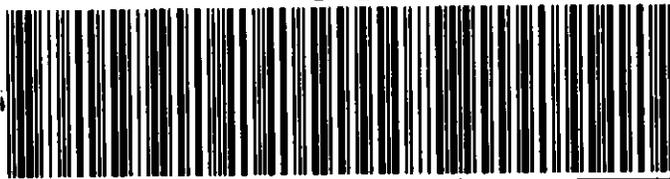
STANDARD OVERNIGHT WED

TRK# 8254 4394 8215 FORM 0215

Deliver By: 18JUL01 A1

77002 -TX-US

IAH 43 WHTA



81
200

FedEx USA Airbill Express

FedEx Tracking Number

8254 4394 8215

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Date 7/17/01 FedEx Tracking Number 825443948215

Sender's Name Rob Todd Phone 281 488-4435

Company WALDRON SCHNEIDER & TODD PC

Address 15150 MIDDLEBROOK DR Dept./Floor/Suite/Room

City HOUSTON State TX ZIP 77058

2 Your Internal Billing Reference City Fin. Report

3 To Recipient's Name Anna Russell Phone

Company

Address 9000 English To "HOLD" at FedEx location, print FedEx address. We cannot deliver to P.O. boxes or P.O. ZIP codes.

City Houston State TX ZIP 77002



0167975342

Recipient's Copy

4a Express Package Service

FedEx Priority Overnight Next business morning FedEx Standard Overnight Next business afternoon FedEx First Overnight Earliest next business morning delivery to select locations

FedEx 2Day* Second business day FedEx Express Saver* * FedEx Envelope/Letter Rate not available. Maximum charge. One-pound rate.

4b Express Freight Service

FedEx 1Day Freight Next business day FedEx 2Day Freight Second business day FedEx 3Day Freight Third business day

5 Packaging

FedEx Envelope/Letter* Other Pkg. Includes FedEx Box, FedEx Tube, and custom pkg.

6 Special Handling

SATURDAY Delivery Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes. SUNDAY Delivery Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes. HOLD Weekday at FedEx Location Available only with FedEx First Overnight. HOLD Saturday at FedEx Location Available only for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked. No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required Dry Ice Dry Ice, R UN 1845 Cargo Aircraft Only

7 Payment Bill to:

Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check Obtain Recip. Acct. No.

Total Packages 1 Total Weight 1.00 Total Charges \$10.00 Credit Card Auth.

8 Release Signature Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims. Questions? Visit our Web site at www.fedex.com or call 1-800-Go-FedEx® (800)483-3338. SEP 1100+Rev. Date 7/00+Part #1520125+©1984-2000 FedEx+PRINTED IN U.S.A.

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