

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:

2

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr. Derrick D
NICKNAME LAST SUFFIX
"Wess" Wesley

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6420 Hillcroft, #110
Houston, Texas 77081

Change of Address

Date Handwritten Date Postmarked

RECEIVED
OCT 15 2003
CITY SECRETARY

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Rubin L
NICKNAME LAST SUFFIX
Williams

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
6420 Hillcroft, 110
Houston, Texas 77081

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 995 - 5821

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
07 / 01 / 2003 THROUGH 09 / 30 / 2003

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 04 / 2003

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Houston City Council District F

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 Derrick D. Wesley 15 ACCOUNT # (Ethics Commission filer)

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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,254.83
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rubin L. Williams this the 9th day of Oct, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Alecica Moore
Printed name of officer administering oath

Notary
Title of officer administering oath

**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:

1/2

2 FILER NAME

Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/19/03

5 Full name of contributor

Juan M. Castillo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$40.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

7/19/03

Full name of contributor

Nathan Cernosek

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

7/19/03

Full name of contributor

Melinda R. Buggs

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

7/19/03

Full name of contributor

Candace M. Brooks

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

7/17/03

Full name of contributor

Overall Parts Solutions

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,500

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.

**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:

2/2

2 FILER NAME

Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/19/03

5 Full name of contributor out-of-state PAC (ID#: _____)
Osjetta Gascey

6 Contributor address: City: State: Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$10.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
7/19/03

Full name of contributor out-of-state PAC (ID#: _____)
Sakina N. Lanig

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

\$15.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
7/19/03

Full name of contributor out-of-state PAC (ID#: _____)
Tenesha Zetar

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
7/19/03

Full name of contributor out-of-state PAC (ID#: _____)
Claudia A. Rodriguez

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
7/19/03

Full name of contributor out-of-state PAC (ID#: _____)
Osjetta Gascey

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/9
2 FILER NAME Derrick D. Wesley		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/2/03	5 Payee name Office Depot 6 Payee address; City; State; Zip Code Houston, Texas	7 Amount (\$) \$69.22
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/4/03	Payee name F. A. C. E. Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$24.00
Purpose of payment (See instructions regarding type of information required.) Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/7/03	Payee name U. S. Post Office Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$90.00
Purpose of payment (See instructions regarding type of information required.) Supplies (Stamps)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/7/03	Payee name A-Affordable Printing & Graphics Payee address; City; State; Zip Code 6518 Ledbetter Houston, Texas 77087	Amount (\$) \$162.38
Purpose of payment (See instructions regarding type of information required.) Printing (Signs)		-- 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: 2/9
2 FILER NAME Derrick Wesley		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/09/03	5 Payee name Home Depot 6 Payee address; City; State; Zip Code Houston, Texas	7 Amount (\$) \$52.62
8 Purpose of payment (See instructions regarding type of information required.) Post for the Campaign signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/9/03	Payee name Phone City Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$63.95
Purpose of payment (See instructions regarding type of information required.) Campaign Phone Service		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/11/03	Payee name Don Carlos Mexican Resturant Payee address; City; State; Zip Code 6501 Southwest Freeway Houston, Texas 77074	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/15/03	Payee name Allison Pickens Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff		-- 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: 3/9
2 FILER NAME Derrick D. Wesley		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/19/03	5 Payee name Don Carlos Mexican Restaurant 6 Payee address; City; State; Zip Code 6501 Southwest Freeway Houston, Texas	7 Amount (\$) \$513.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Fund Raiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/19/03	Payee name Micheal Ehrhart Payee address; City; State; Zip Code	Amount (\$) \$ 56.97
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting (Youth)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/19/03	Payee name Tommy Wilson Payee address; City; State; Zip Code 3306 McGowan Houston, Texas 77004	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Campaign Security		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/19/03	Payee name Aubry Jefferson Payee address; City; State; Zip Code 5761 Cullen Houston, Texas	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Campaign Security		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4/9
2 FILER NAME Derrick Wesley		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/24/03	5 Payee name A-Affordable Printing 6 Payee address; City; State; Zip Code 6518 Ledbetter Houston, Texas	7 Amount (\$) \$300.00
8 Purpose of payment (See instructions regarding type of information required.) Printing of signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/25/03	Payee name Alecica Moore Payee address; City; State; Zip Code 10907 Fairland Houston, Texas	Amount (\$) \$ 45.99
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting (Lunch)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/25/03	Payee name Doss Tidwell Jr. Payee address; City; State; Zip Code 2021 Misty Waters Lane Houston, Texas	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Update Website for the Campaign		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/25/03	Payee name Don Carlos Mexican Resturant Payee address; City; State; Zip Code 6501 Southwest Freeway Houston, Texas	Amount (\$) \$113.88
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/9
2 FILER NAME Derrick Wesley		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/03	5 Payee name Apollo Sign and Flag 6 Payee address; City; State; Zip Code Houston, Texas	7 Amount (\$) \$194.85
8 Purpose of payment (See instructions regarding type of information required.) Campaign Signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/29/03	Payee name Alecica Moore Payee address; City; State; Zip Code 10907 Fairland Houston, Texas 77051	Amount (\$) \$35.00
Purpose of payment (See instructions regarding type of information required.) Campaign Lunch		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/31/03	Payee name Don Carlos Mexican Resturant Payee address; City; State; Zip Code 6501 Southwest Freway Houston, Texas 77074	Amount (\$) \$92.86
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/1/03	Payee name Phone City Communications Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$67.95
Purpose of payment (See instructions regarding type of information required.) Campaign Phone Bill		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6/9

2 FILER NAME

Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/11/03

5 Payee name

A-Affordable Printing & Graphics

7 Amount (\$)

\$282.00

6 Payee address; City; State; Zip Code

6518 Ledbetter
Houston, Texas 77087

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

8/2/03

Payee name

Alecica Moore

Amount (\$)

\$150.00

Payee address; City; State; Zip Code

10907 Fairland
Houston, Texas 77051

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

Campaign Staff

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

Candidate / Officeholder name Office sought Office held

Date

8/7/03

Payee name

Home Depot

Amount (\$)

\$ 58.04

Payee address; City; State; Zip Code

Houston, Texas

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

Supplies (Posts for Signs)

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

Candidate / Officeholder name Office sought Office held

Date

8/9/03

Payee name

F.A.C.E.

Amount (\$)

\$70.00

Payee address; City; State; Zip Code

Houston, Texas

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7/9
2 FILER NAME Derrick D. Wesley		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/11/03	5 Payee name Kinko's 6 Payee address; City; State; Zip Code Meyerland Houston, Texas	7 Amount (\$) \$618.25
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 8/13/03	Payee name Derrick Wesley Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Campaign Travel		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/17/03	Payee name Office Depot Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$462.48
Purpose of payment (See instructions regarding type of information required.) Campaign office supplies and equipment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/23/03	Payee name Shirley Thomas Payee address; City; State; Zip Code Houston, Texas	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Campaign supplies for the block walk		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8/9

2 FILER NAME

Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/15/03

5 Payee name

Alecica Moore

7 Amount (\$)

\$250.00

6 Payee address; City; State; Zip Code

10907 Fairland
Houston, Texas 77051

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

Campaign Staff

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

Candidate / Officeholder name Office sought Office held

Date

8/18/03

Payee name

Doss Tidwell, Jr.

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

2021 Misty Waters Lane
Houston, Texas

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

Update Campaign website

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

Candidate / Officeholder name Office sought Office held

Date

8/23/03

Payee name

Alecica Moore

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

10907 Fairland
Houston, Texas 77051

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

Campaign Breakfast

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

Candidate / Officeholder name Office sought Office held

Date

9/3/03

Payee name

League of Women Voters

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

Houston, Texas

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

Campaign Advertising

-- 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:
9/9

2 FILER NAME
Derrick D. Wesley

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/3/03	5 Payee name Sprint Digital Print	7 Amount (\$) \$746.38
	6 Payee address; City; State; Zip Code 10100 Clay Road Houston, Texas	

8 Purpose of payment (See instructions regarding type of information required.) Campaign Signs	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9/11/03	Payee name Alecica Moore	Amount (\$) \$54.06
	Payee address; City; State; Zip Code Houston, Texas	

Purpose of payment (See instructions regarding type of information required.) Campaign Meeting (Lunch)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 9/13/03	Payee name Phone City Communications	Amount (\$) \$82.95
	Payee address; City; State; Zip Code Houston, Texas	

Purpose of payment (See instructions regarding type of information required.) Campaign Phone Bill	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9/22/03	Payee name Woodforest Bank	Amount (\$) \$428.00
	Payee address; City; State; Zip Code Houston, Texas	

Purpose of payment (See instructions regarding type of information required.) Candidate filing Fee	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED