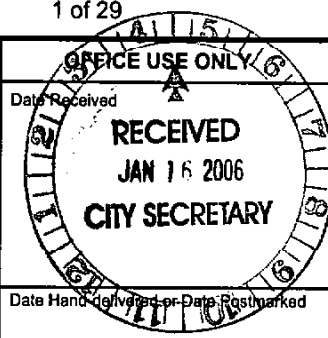


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 29
3 CANDIDATE / OFFICEHOLDER NAME	MO / MRS / MR Mr. FIRST Peter MI NICKNAME LAST Brown SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Fred MI NICKNAME LAST Zeidman SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701	Receipt # Amount Date Processed Date Imaged	
8 REPORT TYPE	<input checked="" 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 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 07/01/2006 12/31/2006		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Houston City Council Pos 1	12 OFFICE SOUGHT (if known) Houston City Council Pos 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... 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		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Brown, Peter (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001**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 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 778.90

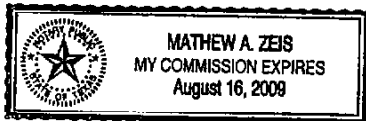
4. TOTAL POLITICAL EXPENDITURES \$ 22,364.70

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 34,145.66

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 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.

Peter A. Brown

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Peter Brown, this the 16 day of January, 20 06, to certify which, witness my hand and seal of office.

Matthew A. Zeis

Signature of officer administering oath

Matthew A. Zeis

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/27 Report: 3/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/10/2006	5 Payee name A & E Products Co. LP 6 Payee address; City; State; Zip Code PO Box 27286 Houston, TX 77227	7 Amount (\$) \$229.11	
8 Purpose of payment (See instructions regarding type of information required.) Printing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 07/10/2006	5 Payee name A & E Products Co. LP 6 Payee address; City; State; Zip Code PO Box 27286 Houston, TX 77227	7 Amount (\$) \$162.38	
8 Purpose of payment (See instructions regarding type of information required.) Printing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/27 Report: 4/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/12/2006	5 Payee name A & E Products Co. LP 6 Payee address; City; State; Zip Code PO Box 27286 Houston, TX 77227	7 Amount (\$) \$138.56	
8 Purpose of payment (See instructions regarding type of information required.) Printing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 09/13/2006	5 Payee name A Taste of Catering 6 Payee address; City; State; Zip Code 7005 Camway Houston; TX 77009	7 Amount (\$) \$902.93	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/27 Report: 5/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/17/2006	5 Payee name Acres Homes Citizens Chamber 6 Payee address; City; State; Zip Code 6112 Wheatley St. Houston, TX 77091	7 Amount (\$) \$125.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 09/20/2006	5 Payee name Advarion Inc. 6 Payee address; City; State; Zip Code PO Box 540183 Houston, TX 77254	7 Amount (\$) \$2,587.20	
8 Purpose of payment (See instructions regarding type of information required.) Web & internet <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/27 Report: 6/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/20/2006	5 Payee name Advarion Inc. 6 Payee address; City; State; Zip Code PO Box 540183 Houston, TX 77254	7 Amount (\$) \$1,800.00	
8 Purpose of payment (See instructions regarding type of information required.) Web & internet <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 09/20/2006	5 Payee name Advarion Inc. 6 Payee address; City; State; Zip Code PO Box 540183 Houston, TX 77254	7 Amount (\$) \$270.63	
8 Purpose of payment (See instructions regarding type of information required.) Web & internet <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/27 Report: 7/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/20/2006	5 Payee name Advarion Inc. 6 Payee address; City; State; Zip Code PO Box 540183 Houston, TX 77254	7 Amount (\$) \$750.00	
8 Purpose of payment (See instructions regarding type of information required.) Web & internet <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 09/20/2006	5 Payee name Advarion Inc. 6 Payee address; City; State; Zip Code PO Box 540183 Houston, TX 77254	7 Amount (\$) \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Web & internet <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/27 Report: 8/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/12/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 3025 Houston, TX 77057	7 Amount (\$) \$269.77	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 08/14/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 3025 Houston, TX 77057	7 Amount (\$) \$298.15	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/27 Report: 9/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/30/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 3025 Houston, TX 77057	7 Amount (\$) \$274.37	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 10/03/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 3025 Houston, TX 77057	7 Amount (\$) \$270.56	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/27 Report: 10/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/31/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 3025 Houston, TX 77057	7 Amount (\$) \$273.18	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 12/04/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 3025 Houston, TX 77057	7 Amount (\$) \$270.43	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/27 Report: 11/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/29/2006	5 Payee name Bacon's Multivision 6 Payee address; City; State; Zip Code 66 Franklin St. 3rd Floor Oakland, CA 94607	7 Amount (\$) \$477.38	
8 Purpose of payment (See instructions regarding type of information required.) TV Production Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date			
15 Means of transportation		16 Purpose of travel	
4 Date 09/20/2006	5 Payee name Bob Casey for Pennsylvania Committee 6 Payee address; City; State; Zip Code 420 C Street NE Washington, DC 20002	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date			
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/27 Report: 12/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/01/2006	5 Payee name Chargois, Evmia 6 Payee address; City; State; Zip Code 2214 Whitman Ct. Katy, TX 77450	7 Amount (\$) \$640.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 07/25/2006	5 Payee name Cingular Wireless 6 Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75625-0574	7 Amount (\$) \$153.74	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/27 Report: 13/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/11/2006	5 Payee name Ezzell, Catherine 6 Payee address; City; State; Zip Code	7 Amount (\$) \$112.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 08/07/2006	5 Payee name Ezzell, Ellie 6 Payee address; City; State; Zip Code 6026 Vicki John Houston, TX 77096	7 Amount (\$) \$63.42	
8 Purpose of payment (See instructions regarding type of information required.) Headquarters <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/27 Report: 14/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/02/2006	5 Payee name Faith Flowers 6 Payee address; City; State; Zip Code 14010 S. Post Oak Rd. Suite 1102 Houston, TX 77045	7 Amount (\$) \$124.10	
8 Purpose of payment (See instructions regarding type of information required.) Field <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 08/09/2006	5 Payee name Galveston Bay Foundation 6 Payee address; City; State; Zip Code 17324-A Highway 3 Webster, TX 77598	7 Amount (\$) \$2,500.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/27 Report: 15/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/09/2006	5 Payee name Gene Green Congressional Campaign 6 Payee address; City; State; Zip Code P.O. Box 16128 Houston, TX 77222-6128	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 08/09/2006	5 Payee name Griffin, Kathryn 6 Payee address; City; State; Zip Code 3911 Main St. Houston, TX 77002	7 Amount (\$) \$450.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/27 Report: 16/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/09/2006	5 Payee name Harris County Tejano Democrats 6 Payee address; City; State; Zip Code 3715 North Main St. Houston, TX 77009	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 08/07/2006	5 Payee name Johnson, Kaleta 6 Payee address; City; State; Zip Code 2933 Del Monte Dr. Houston, TX 77019	7 Amount (\$) \$192.70	
8 Purpose of payment (See instructions regarding type of information required.) Lunch for Volunteers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/27 Report: 17/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/11/2006	5 Payee name Johnson, Kaleta 6 Payee address; City; State; Zip Code 2933 Del Monte Dr. Houston, TX 77019	7 Amount (\$) \$89.51	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 07/13/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/27 Report: 18/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/13/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
14 Arrival date			
4 Date 07/13/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
14 Arrival date			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/27 Report: 19/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/11/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 09/11/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/27 Report: 20/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date	5 Payee name Lone Star Strategies	7 Amount (\$)	
09/11/2006	6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	\$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date	5 Payee name Lone Star Strategies	7 Amount (\$)	
12/14/2006	6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	\$1,814.32	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/27 Report: 21/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/03/2006	5 Payee name Monarch Printing 6 Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	7 Amount (\$) \$591.10	
8 Purpose of payment (See instructions regarding type of information required.) Printing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 08/29/2006	5 Payee name Monarch Printing 6 Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	7 Amount (\$) \$94.56	
8 Purpose of payment (See instructions regarding type of information required.) Printing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/27 Report: 22/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/13/2006	5 Payee name Office Max 6 Payee address; City; State; Zip Code 11041 Northwest Freeway Houston, TX 77092	7 Amount (\$) \$132.03	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 07/18/2006	5 Payee name Palace of Praise Church 6 Payee address; City; State; Zip Code 21811 Prairie Spring Spring, TX 77379	7 Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Signage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/27 Report: 23/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/21/2006	5 Payee name Palace of Praise Church 6 Payee address; City; State; Zip Code 21811 Prairie Spring Spring, TX 77379	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Printing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 07/17/2006	5 Payee name Red Cat Jazz Cafe 6 Payee address; City; State; Zip Code 924 Congress Houston, TX 77002	7 Amount (\$) \$468.57	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/27 Report: 24/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/05/2006	5 Payee name Red Cat Jazz Cafe 6 Payee address; City; State; Zip Code 924 Congress Houston, TX 77002	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 08/01/2006	5 Payee name Reliant Energy 6 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	7 Amount (\$) \$200.25	
8 Purpose of payment (See instructions regarding type of information required.) Electricity <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/27 Report: 25/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/29/2006	5 Payee name Reliant Energy 6 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	7 Amount (\$) \$373.39	
8 Purpose of payment (See instructions regarding type of information required.) Electricity <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 09/21/2006	5 Payee name Reliant Energy 6 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	7 Amount (\$) \$403.96	
8 Purpose of payment (See instructions regarding type of information required.) Electricity <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/27 Report: 26/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/16/2006	5 Payee name Ruben Davis Campaign 6 Payee address; City; State; Zip Code P.O. Box 2002 Missouri City, TX 77489	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 07/11/2006	5 Payee name Save Alief Com. Health & Resource Fair 6 Payee address; City; State; Zip Code 6911 Leandra Dr. Houston, TX 77083	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/27 Report: 27/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/25/2006	5 Payee name Shamrock Communications 6 Payee address; City; State; Zip Code 16528 Park Row Houston, TX 77084	7 Amount (\$) \$95.00	
8 Purpose of payment (See instructions regarding type of information required.) Headquarters <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date	
15 Means of transportation		16 Purpose of travel	
4 Date 09/11/2006	5 Payee name Shamrock Communications 6 Payee address; City; State; Zip Code 16528 Park Row Houston, TX 77084	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Headquarters <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date	
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/27 Report: 28/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 08/23/2006	5 Payee name UPS Store 6 Payee address; City; State; Zip Code 6524 San Folipo Houston, TX 77057	7 Amount (\$) \$82.50	
8 Purpose of payment (See instructions regarding type of information required.) Postage & Mailing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 07/28/2006	5 Payee name US Post Office 6 Payee address; City; State; Zip Code 401 Franklin Houston, TX 77201	7 Amount (\$) \$430.00	
8 Purpose of payment (See instructions regarding type of information required.) Postage & Mailing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/27 Report: 29/29	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/19/2006	5 Payee name Young Audiences of Houston 6 Payee address; City; State; Zip Code 1800 St. James Place Suite 600 Houston, TX 77056	7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	