

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: 4				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked 1-14-03 <i>lgl</i> Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST	SUFFIX				
Frank Pokluda, III							
Pokluda, III							
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	29503 FM 1488, Waller, Texas 77484						
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
Frank Pokluda, III							
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	28503 FM 1488, Waller, Texas 77484						
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(936)	372-3491					
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
	10	28	2002		12	31	2002
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
			11	05	2002		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
	None			Commissioner			
13 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						

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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 filers)
 Frank Pokluda, III

4 Date	5 Payee name: Waller Times	7 Amount (\$) 57.00
6 Payee address; City; State; Zip Code 31350 FM 2920, Waller, Texas 77484		

8 Purpose of expenditure (See instructions regarding type of information required.) Thank You Ad	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C10H & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:

2 FILER NAME
Frank Pokluda, III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-23-2002	Arthur and Ann Davis 6 Contributor address: City: State: Zip Code P. O. Box 451, Katy, Texas 77492	\$100.00	

9 Principal occupation (Optional) **10 Employer (Optional)**

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-26-02	Welcome Wilson, Jr. Contributor address: City: State: Zip Code P. O. Box 56706, Houston, TEXAS 77256	\$300.00	

Principal occupation (Optional) **Employer (Optional)**

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-26-02	Welcome W. Wilson Contributor address: City: State: Zip Code 5858 Westheimer, Ste. 800, Houston, Tx 77057	\$400.00	

Principal occupation (Optional) **Employer (Optional)**

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-26-02	May One (Craig & Lisa Wilson) Contributor address: City: State: Zip Code P. O. Box 131685, Houston, Tx. 77219	\$300.00	

Principal occupation (Optional) **Employer (Optional)**

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-26-02	Howard Castleberry Contributor address: City: State: Zip Code 6671 Southwest Frwy., Ste.200, Houston, Tx 77074	\$300.00	

Principal occupation (Optional) **Employer (Optional)**

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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:
2 FILER NAME Frank Pokluda, III		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-15-2002	5 Payee name Cornerstone Specialties, Inc. Shirts, Caps and Moore	7 Amount (\$) \$232.51
6 Payee address: City: State: Zip Code P. O. Box 1450 Waller, Texas 77484		
8 Purpose of expenditure (See instructions regarding type of information required.) Advertising		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10-15-02	Payee name Signs and More	Amount (\$) \$570.00
Payee address: City: State: Zip Code Old Houston Highway, Prairie View, Texas 77446		
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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