

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	MS / MRS / MR: REV. NICKNAME: _____ FIRST: SIMMON LAST: QUEEN MI: L. SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: 3.15.04 Receipt # _____ Amount _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. BOX 414 APT / SUITE #: _____ CITY: PRAIRIE VIEW, TX. 77446 STATE: _____ ZIP CODE: _____ AREA CODE: (936) PHONE NUMBER: 857.3422 EXTENSION: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (936) PHONE NUMBER: 857.3422 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: REV. NICKNAME: _____ FIRST: TRASON LAST: SMITH MI: E. SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): P.O. BOX 414 APT / SUITE #: _____ CITY: PRAIRIE VIEW, TX. 77446 STATE: _____ ZIP CODE: _____ AREA CODE: (936) PHONE NUMBER: 689.6072 EXTENSION: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (936) PHONE NUMBER: 689.6072 EXTENSION: _____		
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year: 1 / 15 / 04 THROUGH Month / Day / Year: 3 / 1 / 04		
11 ELECTION	ELECTION DATE: Month / Day / Year: 03 / 9 / 04 ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): _____	13 OFFICE SOUGHT (if known): COUNTY COMMISSIONER, PREDICTS	
14 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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 2,004.35

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE ABOVE

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

Sworn to and subscribed before me, by the said SIMEON QUEEN, this the 15th day of March, 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

LELA LOEWE
Printed name of officer administering oath

ELECTIONS ADMIN
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SENEON L. QUEEN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/17/04

5 Full name of contributor

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

REPUBLICAN WOMEN OF WALLER COUNTY, PAC

6 Contributor address; City; State; Zip Code

P.O. BOX 1973 WALLER, TX. 77484

7 Amount of contribution (\$)

4.35

8 In-kind contribution description (if applicable)

REFRESHMENTS

9 Principal occupation / Job title (See Instructions)

DEBE FERRES / RWNC - PAC TREASURER

10 Employer (See Instructions)

RWNC - PAC

Date

2/21/04

Full name of contributor

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

FRIENDS OF GARY GATES CAMPAIGN

Contributor address; City; State; Zip Code

2205 AVE I SUITE 121 ROSEBUD, TX 77471

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

POL. [REDACTED] PARAPHENALIA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.