

# 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: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <b>MR</b>	FIRST	MI
	NICKNAME <b>Duke</b>	LAST <b>ALI SHARIFF-BEY</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	<b>P.O. Box 186 PRAIRIE VIEW TX 77446</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(936)</b>	<b>857</b>	<b>9577</b>
6 CAMPAIGN TREASURER NAME	MS / MRS <b>MR</b>	FIRST	MI
	NICKNAME	LAST <b>GLORIA ADAMS</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY; STATE; ZIP CODE
	<b>1840 3<sup>rd</sup> ST. HEMPSTEAD TX 77445</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(979)</b>	<b>826</b>	<b>9596</b>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
	<b>01</b>	<b>15</b>	<b>04</b>
THROUGH		Month	Day
		<b>03</b>	<b>01</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<b>03</b>	<b>09</b>
		<b>09</b>	<b>04</b>
		<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)
			<b>CONSTABLE Pct 3</b>
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:		
	<b>N/A</b>		
Address / PO Box; Apt. / Suite #; City; State; Zip Code			

OFFICE USE ONLY	
Date Received	
<b>3.2.04</b>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

GO TO PAGE 2

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

DUKE A. SHARIFF-BEY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1 MAR 04

A.D. SIGNS WALLER TX  
6 Payee address; City; State; Zip Code

\$107

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

BUSINESS CARDS  
DOOR DECAL

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

22 Feb 09

FIGG PRINTING WALLER TX  
Payee address; City; State; Zip Code

\$208

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

CAMPAIGN FLYERS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

D.A. SHARIFF-BEY CONSTABLE Pct 3

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

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)

\$ 0

EXPENDITURE TOTALS

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

\$ 315

4. TOTAL POLITICAL EXPENDITURES

\$ 315

CONTRIBUTION BALANCE

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

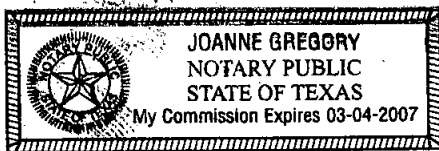
\$ 0

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 / SEAL 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.

*Duke Ali Shariff-Bey*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Duke Ali Shariff-Bey, this the 2nd day of March, 2004, to certify which, witness my hand and seal of office.

*Joanne Gregory*  
Signature of officer administering oath

Joanne Gregory  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath