

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: 8	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
Dewayne E Charleston				
Date Received				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	Date Hand-delivered or Date Postmarked
	STATE:	ZIP CODE		
708 Thompson Box 2168 Prairie View, TX 77446				3-22-02 <i>OK</i>
Date Processed				
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	Amount
Amy Charleston				Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:
		STATE:	ZIP CODE	
708 Thompson Box 2168 Prairie View, TX 77446				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(936)	857-3343		
8 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 type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month	Day	Year	THROUGH
	1	3	02	3 / 12 / 02
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	3	12	02	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			Justice of the Peace Precinct 3	
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			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2


14 C/OH NAME	15 ACCOUNT #(Ethics Commission filers)
--------------	--

16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
---------------------------	--

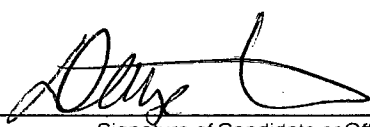
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3511.69
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DeWayne Charleston this the 22ND day of MARCH, 2002, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

LELA LOEWE
 Printed name of officer administering oath

ELECTION ADMINISTRATOR
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

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

2 FILER NAME <i>Dewayne Charleston</i>	3 ACCOUNT # (Ethics Commission filers)
---	--

4 Date <i>2/15/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Hawell and Morris Consulting</i> <i>Pete Hawell</i> <i>Booker Morris</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>2626 South Loop West, #270</i> <i>Houston, TX 77054</i>			

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

Date <i>2/22/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Hawell and Morris Consulting</i> <i>Pete Hawell</i> <i>Booker Morris</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2626 South Loop West #270</i> <i>Houston, TX 77054</i>			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date <i>3/1/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Hawell & Morris Consulting</i> <i>Pete Hawell</i> <i>Booker Morris</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2626 South Loop West, #270</i> <i>Houston, TX 77054</i>			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date <i>3/9/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Hawell & Morris Consulting</i> <i>Pete Hawell</i> <i>Booker Morris</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2626 South Loop West, #270</i> <i>Houston, TX 77054</i>			

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)
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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Dewayne Charleston</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/4/02</i>	5 Payee name <i>Mini-Max Printing</i>	7 Amount (\$) <i>300.00</i>
6 Payee address; City; State; Zip Code <i>Box 2141 Prairie View, TX 77446 University Drive</i>		
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Printing</i>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date <i>2/4/02</i>	Payee name <i>Mini-Max Printing</i>	Amount (\$) <i>80.00</i>
Payee address; City; State; Zip Code <i>Box 2141 Prairie View, TX 77446 University Drive</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Printing</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date <i>2/4/02</i>	Payee name <i>Signs & More</i>	Amount (\$) <i>290.00</i>
Payee address; City; State; Zip Code <i>Old Houston Hwy at Business 290 Prairie View, TX 77446</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Yard Signs</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date <i>2/4/02</i>	Payee name <i>ALPHA KAPPA ALPHA (Paid to Emmanuel Baptist Church)</i>	Amount (\$) <i>150.00</i>
Payee address; City; State; Zip Code <i>708 University Prairie View, TX 77446</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Pay for Landmark Voter Registration Drive</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Alpha Phi: Alpha (Paid to Immanuel B.C. for Facility Rental)	8 Amount (\$) 150.00
2/9/02	6 Payee address: City: State: Zip Code 708 University Drive Ranise View, TX 77446	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Pay for Campaign help in Registration of voters	
Date	Payee name Wal-Mart	Amount (\$) 9.00
2/5/02	Payee address: City: State: Zip Code Hempstead, TX 77446	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Tapes for Rush Cards	
Date	Payee name Wal-Mart	Amount (\$) 19.00
2/8/02	Payee address: City: State: Zip Code Hempstead, TX 77446	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Tape and Glue for Rush Cards	
Date	Payee name Darrin & Janice	Amount (\$) 200.00
2/10	Payee address: City: State: Zip Code Ranise View, TX 77446	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Labor (Putting out Signs)	
Date	Payee name Darrin	Amount (\$) 30.00
3/1	Payee address: City: State: Zip Code Ranise View, TX 77446	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Mileage Reimbursement	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME <i>Dewayne Charleston</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/20</i>	5 Payee name <i>Enterprise Rent A Car</i>	8 Amount (\$) <i>131.69</i>
	6 Payee address: City: State: Zip Code <i>Houston, TX (NW Freeway)</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Rented Truck for Putting out Signs</i>	
Date <i>3/1/02</i>	Payee name <i>Amy Charleston (Full Effects Imaging)</i>	Amount (\$) <i>1500.00</i>
	Payee address: City: State: Zip Code <i>708 Thompson St Prairie View TX 77446</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Labor on Campaign</i>	
Date <i>3/5</i>	Payee name <i>Sylvester Smith (The BT)</i>	Amount (\$) <i>90.00</i>
	Payee address: City: State: Zip Code <i>601 University Drive, Prairie View, TX 77446</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Catering</i>	
Date <i>1/30</i>	Payee name <i>Sylvester Smith</i>	Amount (\$) <i>50.00</i>
	Payee address: City: State: Zip Code <i>601 University Drive, Prairie View, TX 77446</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Catering</i>	
Date <i>1/31</i>	Payee name <i>Sylvester Smith</i>	Amount (\$) <i>30.00</i>
	Payee address: City: State: Zip Code <i>601 University Drive, Prairie View TX 77446</i>	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Courtney Wilson</i>	8 Amount (\$)
<i>3/9</i>	6 Payee address: City: State: Zip Code <i>Phase II Prairie View, TX 77446</i>	<i>75.00</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Labor</i>	
Date	Payee name <i>Courtney Wilson</i>	Amount (\$)
<i>2/21</i>	Payee address: City: State: Zip Code <i>Phase II, Prairie View, TX 77446</i>	<i>60.00</i>
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name <i>Donald Crane</i>	Amount (\$)
<i>2/8/02</i>	Payee address: City: State: Zip Code <i>Phase II Prairie View, TX 77446</i>	<i>90.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Labor</i>	
Date	Payee name <i>Phi Beta Sigma</i>	Amount (\$)
<i>3/8/02</i>	Payee address: City: State: Zip Code <i>Prairie View A & M University, TX 77446</i>	<i>100.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Thank You Ad</i>	
Date	Payee name <i>U.S. Post Office</i>	Amount (\$)
<i>3/8/02</i>	Payee address: City: State: Zip Code <i>Prairie View, TX 77446</i>	<i>17.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps for Mailing Campaign Literature</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Dewayne Charleston

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25

5 Payee name

The Panther

6 Payee address:

City: State: Zip Code

PO BOX 12070 A511 UN. PV TX 77746

8 Amount (\$)

140.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Ad

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED