## CANDIDATE / OFF. HOLDER CÁMPAIGN FINANCE REPORT



#### FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION This form.	אס Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	MI .	OFFICE USE ONLY
NAME	Frank NICKNAME LAST	SUFFIX	Date Received
	Pokluda, I	, TT	
4 CANDIDATE/		CITY; STATE; ZIP CODE	1
OFFICEHOLDER ADDRESS	29503 FM 1488, Waller,	Texas 77484	Date Aano-delivered of Date Postmarked
Change of Address	3		1-14-03
<sup>5</sup> CAMPAIGN TREASURER	TITLE FIRST	МІ	las
NAME	Frank		Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Pokluda, Il	II	Date Imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI	TE #; CITY; STATE:	ZIP CODE
ADDRESS (Residence or business	28503 FM 1488, Waller,	Texas 77484	
CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
- TREASURER PHONE	( 936 ) 372-3491	·	
8 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)
;	July 15 8th day before election	Exceeded \$500 limit	Final report (Allach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROL		Year
	10 / 28 / 2002	12 / 31 /	2002
10 ELECTION	ELECTION DATE ELECTION TYPE MONITY Day Year	PÉ .	
-	11 05 2002 Primary	Runoff X	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if knows	
	None	Commissione	r
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expen Candidates are required to disclose this information or	iditures made by others without the candid nly if they receive notification of the direct	tate's prior consent or approval. campaign expenditure. ••
BY OTHER INDIVIDUALS	Name ,		
	я.		
•	Address / PO Box; Api, / Suile #; City; Stale;	Zip Code	
additional pages	el d	·	
<u> </u>			
	GO TO I	PAGE 2	

POLIT	ICAL EXPEND JRES			SCHEDULE <b>F</b>
The Instruct	пом Guide explains how to complete this form.		1 Total page	s Schedule F:
FILER NAI	ME Frank Pokluda, III		3 ACCOUN	# (Ethics Commission filers)
Date	5 Payee name.		<u> </u>	T
54.0	3 Tayou hame.		*	7 Amount (\$)
	Waller Times 6 Payee address: City; State: Zip Cor			57.00
	31350 FM 2920, Waller, Te	xas 77484		
Purpose of el information r	xpenditure (See instructions regarding type of required.)	9 ·· Complete if direct Candidate / Officeno		efit C/OH ··· Office sought / held
	Thank You Ad			
	•			
Date	Payee name			Amount
				(\$)
	Payee address; City; State: Zip Coo			,
			•	
	xpenditure (See instructions regarding type of	·· Complete if direct		
Purpose of e information r		Complete if direct Candidate / Officeho		Hit C/OH ·· Office saught / held
				Office sought / held
information r	required.)	Candidate / Officeho		Office saught / held
information r	Payee name	Candidate / Officeho		Office saught / held
information r	Payee name	Candidate / Officeho		Office saught / held
information r	Payee name	Candidate / Officeho		Office saught / held
Date	Payee name  Payee address; City; State; Zip Co	Candidate / Officeho	expenditure to beni	Office sought / held  Amount (\$)
Date  Purpose of e	Payee name  Payee address; City; State; Zip Co	Candidate / Officeho	expenditure to beni	Amount (S)
Date Purpose of e	Payee name  Payee address; City; State; Zip Co	Candidate / Officeho	expenditure to beni	Amount (S)
Date  Purpose of exinformation r	Payee name  Payee address; City: State: Zip Cod  xpenditure (See instructions regarding type of required.)  Payee name	Candidate / Officeho	expenditure to beni	Amount (S)
Date  Purpose of einformation r	Payee name  Payee address; City: State: Zip Cod  xpenditure (See instructions regarding type of required.)  Payee name	Candidate / Officeho	expenditure to beni	Amount (\$)  Stit C/OH ·· Office sought / held
Date  Purpose of exinformation of the Date	Payee name  Payee address: City: State: Zip Control  xpenditure (See instructions regarding type of required.)  Payee name	Candidate / Officeho	expenditure to beni	Amount (\$)  Stit C/OH ·· Office sought / held
Date  Date	Payee name  Payee address; City; State: Zip Convergenditure (See instructions regarding type of required.)  Payee address; City; State; Zip Convergenditure (See instructions regarding type of expenditure (See instructions	Candidate / Officeho	expenditure to beni	Office sought / held  Amount (\$)  Office sought / held  Amount (\$)

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS CIOH & SPAC)

	• • • • • • • • • • • • • • • • • • • •				
-	The Instruction	Guios explains how to complete this form.		1 Total pages this S	chedule A1:
2	FILER NAME		-	3 ACCOUNT # (EIN	ica Commission (ilera)
_		Frank Pokluda, III			
4	Date	5 Full name of commoutor	Cul-of-size PAC	7 Amount of contribution (3)	g In-kind contribution description (if applicable)
	  10 <b>-</b> 23-200	2 Arthur and Ann Davis			
		6 Contributor address: City; State; Zip Code		\$100.00	
		P. O. Box 451, Katy, Texas 7	7492		
9	Principal occur	pation (Optional)	10 Employer (Option	onal)	
	Date	Full name of contributor	Dutet-scale PAC	Amount of contribution (3)	In-kind contribution description (if applicable)
	10-26-02	Welcome Wilson, Jr. Contributor address; City; State: Zip Code	<b>.</b>	\$300.00	
		P. O. Box 56706, Hosuton, TE	кав 77256		
	Principal occup	pation (Optional)	Employer (Optic	onal)	
	Date	Full name of contributor	Out-of-state PAC	Amount of (S)	in-kind contribution description (if applicable)
	10-26-02	Welcome W. Wilson Contributor address: City; State: Zip Code	2	\$400.00	: 
		5858 Westheimer, Ste. 800,	Houston, Tx 77057		
	Principal occu	, pation (Optional)	Employer (Option	onal)	
	Date	Full name of contributor	Out-of-state PAC	Amount of (5)	(n-king contribution description (if applicable)
	10-26-02	May One (Craig & Lisa Wilso Contributor address; City; State: Zio Cod		\$300.00	1
		P. O. Box 131685, Houston,	Tx. 77219		
	Principal occu	pation (Optional)	Employer (Opti	onal)	
	Oate	Full name of contributor	Out-of-state PAC	Amount of contribution (5)	In-kind contribution description (if applicable)
	10-26-02	Howard Castleberry Contributor address: City: State; Zip Cod	c	\$300.00	1
		6671 Southwest Frwy., Ste.	200, Houston, 77074	Tx	1
	Principal occur	pation (Optional)	Employer (Opti	onai)	

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 state of the s		
Тре јизтвисто	ON GUIDE explains how to complete this form.	1 Total pages So	thedule F:
FILER NAM	ε	3 ACCOUNT #	(Ethics Commission filers)
	Frank Pokluda, III		
Date 10-15-20	5 Payeename Cornerstone Specialties, In	nc.	7 Amount (\$) \$232.51
	6 Payee address: City: State; Zip Co P. O. Box 1450 Waller, Texas 77484	de	
Purpose of ex information re	penditure (See instructions regarding type of	9 Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ·· Office sought / held
Adve	rtising		
Date	Payee name		Amount (S)
10-15-02	Signs and More.  Payee address: City: State: Zip Co Old Houston Highway, Pra	nde l	\$570.00
Purpose of ex information re	spenditure (See instructions regarding type of equired.)	Complete if direct expenditure to benefit Candidate / Officenoider name	Office sought / held
			Office sought / held  Amount  (\$)
information	equired.)	Candidate / Officeholder name	Amount
information re	Payee name  Payee acdress; City; State: Zip Company Co	Candidate / Officeholder name	Amount (\$)
Date  Purpose of ex	Payee name  Payee acdress; City; State: Zip Company Co	Candidate / Officenoider name  ode  ** Complete if direct expanditure to benefit	Amount (\$)
Date  Purpose of exinformation re	Payee name  Payee acdress; City; State: Zip Companditure (See instructions regarding type of equired.)	Candidate / Officencider name	Amount  (\$)  C:OH  Office sought / held
Date  Purpose of exinformation re	Payee name  Payee acdress; City; State: Zip Companditure (See instructions regarding type of equired.)	Candidate / Officencider name	Amount (\$)  Amount (\$)