

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: 2	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Duke	MI A.	OFFICE USE ONLY	
	NICKNAME	LAST SHARIFF-BEY	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	320 Elm/P.O. Box 186 PRAIRIE VIEW TX 77446				
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Gloria	MI A	Date Received 1-14-04 AB	
	NICKNAME	LAST ADAMS	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1840 3rd St HEMPSTEAD TX 77445				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(979) 826 9596					
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
01 / 02 / 04 THROUGH 01 / 15 / 04					
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	
03 / 09 / 04					
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
		CONSTABLE Pet. 3			
13 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

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

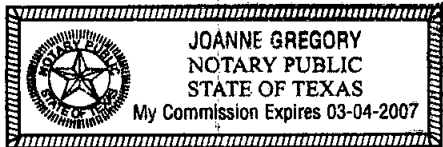
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <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 checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
---------------------------	---

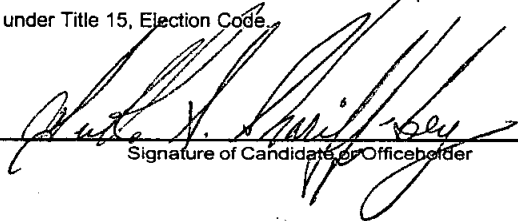
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS,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

19 AFFIDAVIT

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.



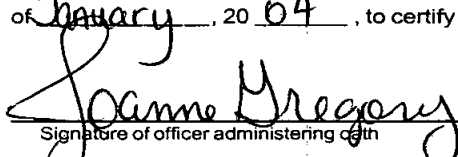
JOANNE GREGORY
NOTARY PUBLIC
STATE OF TEXAS
My Commission Expires 03-04-2007



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Duke A. Shariff-Bey, this the 14th day of January, 20 04, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Joanne Gregory

Printed name of officer administering oath

Notary Public

Title of officer administering oath