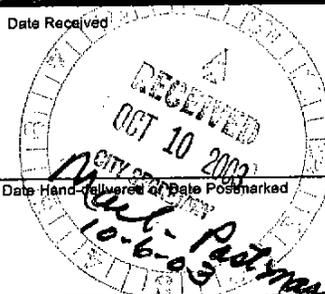


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 2em;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Andrew C. Burks Jr.</div>	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">5606 Baldart Houston, TX 77037</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(713) 733-0165</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Alan Rosen</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">6500 Long Drive Houston, TX 77087</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(713) 807-7272</div>		
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 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 THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">8 / 20 / 03 10 / 5 / 03</div>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em;">11 / 4 / 03</div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">City Council At Large #1</div>	
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

Andrew C. Burks, Jr.

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

\$ 290⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,600.00

EXPENDITURE TOTALS

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

\$ 620⁶⁶

4. TOTAL POLITICAL EXPENDITURES

\$ 4821.25

CONTRIBUTION BALANCE

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

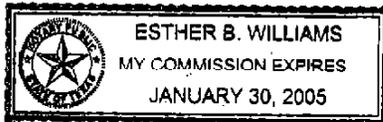
\$ 18,448.09

OUTSTANDING LOAN TOTALS

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

\$ 20,000⁰⁰

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.

Andrew C. Burks, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew C. Burks, Jr., this the 6th day of October, 20 03, to certify which, witness my hand and seal of office.

Esther B. Williams Esther B. Williams Notary State of Texas
Signature of officer administering oath Printed name of officer administering oath 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 this Schedule A: <i>1 of 3</i>	
2 FILER NAME <i>Andrew C. Burns Jr</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>8/29/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Helfman</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions) <i>V.P.</i>		10 Employer (See Instructions) <i>Power Corp</i>	
Date <i>8/29/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Harris</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) <i>Officer</i>		Employer (See Instructions) <i>Retired</i>	
Date <i>9/12/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reuben Andersen</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) <i>Officer</i>		Employer (See Instructions) <i>Pct 7</i>	
Date <i>9/3/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ray Paul</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) <i>Fire Fighter</i>		Employer (See Instructions) <i>HFD</i>	
Date <i>9/3/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Sordani</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) <i>Fire Fighter</i>		Employer (See Instructions) <i>HFD</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <i>2 of 3</i>	
2 FILER NAME <i>Andrew C. Barks Jr</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/26/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lee Hampton</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[Redacted]</i>			
9 Principal occupation \ Job title (See Instructions) <i>Owner</i>		10 Employer (See Instructions) <i>A. Dobbins Bond Bank</i>	
Date <i>9/24/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lillie S. Bels</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[Redacted]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions) <i>Retired</i>	
Date <i>10/4/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mary Jones</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[Redacted]</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/2/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Johnson</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[Redacted]</i>			
Principal occupation \ Job title (See Instructions) <i>mixer</i>		Employer (See Instructions)	
Date <i>9/20/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cross The Truck POC</i>	Amount of contribution (\$) <i>\$1600.00</i>	In-kind contribution description (if applicable) <i>Paid for Spent Digital Print for Yard Signs</i>
Contributor address; City; State; Zip Code			
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <i>3 of 3</i>	
2 FILER NAME <i>Andrew C. Burks, Jr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/4/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deandre Sam</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions) <i>Self-employed</i>		10 Employer (See Instructions)	
Date <i>9/20/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Dougherty</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>9/20/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nathelyw. A. Kennedy</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/19/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judge Turner</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

8-25-03

7 Name of lender

Thyra Burks

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

9 Loan Amount (\$)

\$20,000⁰⁰

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

5606 Beldant Houston, TX 77033

10 Interest rate

- 0 -

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

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

Loan Amount (\$)

is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:

142

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/31/03

5 Payee name

Walmart

6 Payee address; City; State; Zip Code

Houston

7 Amount (\$)

\$65.57
xx

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

Water Soda set for Walker

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

Candidate / Officeholder name Office sought Office held

Date

8/31/03

Payee name

Barney Chapel CM& Church

Payee address; City; State; Zip Code

7913 Seffon 77028

Amount (\$)

\$50.00

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

Donation

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

Candidate / Officeholder name Office sought Office held

Date

9/3/03

Payee name

Radio Saigon Houston

Payee address; City; State; Zip Code

5821 Southwest Freeway 610
77057

Amount (\$)

\$350.00

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

Radio Air Live

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

Candidate / Officeholder name Office sought Office held

Date

9/20/03

Payee name

Houston 80-20

Payee address; City; State; Zip Code

Amount (\$)

\$30.00

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

Anderson Dinner

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

Andrew C. Burks, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/11/03

5 Payee name

US Post Master

7 Amount (\$)

\$ 111.00

6 Payee address; City; State; Zip Code

Postage

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

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/27/00

Payee name

Sprint Digital Print

Amount (\$)

\$ 1600.00

Payee address; City; State; Zip Code

10100 Clay Rd

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

Yard signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/15/03

Payee name

U.S. Post Master

Amount (\$)

\$ 138.00

Payee address; City; State; Zip Code

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

Postage

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

8/27/03

Payee name

US Postmaster

Amount (\$)

\$ 138.00

Payee address; City; State; Zip Code

Postage

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Andrew C. Burks, Jr.</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>8/27/03</u>	5 Payee name <u>Sprint Digital Print</u> 6 Payee address; City; State; Zip Code <u>10100 Clay Rd 77080</u>	8 Amount (\$) <u>\$124.02</u> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Business Card for Campaign</u>	
Date <u>9/2/03</u>	Payee name <u>Sprint Digital Print</u> Payee address; City; State; Zip Code <u>10100 Clay Rd 77080</u>	Amount (\$) <u>\$124.02</u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Business Cards for Campaign</u>	
Date <u>9/15/03</u>	Payee name <u>Sprint Digital Print</u> Payee address; City; State; Zip Code <u>10100 Clay Road 77080</u>	Amount (\$) <u>\$270.64</u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Letter Leads + Envelopes</u>	
Date <u>9/27/03</u>	Payee name <u>Sprint Digital Print</u> Payee address; City; State; Zip Code <u>10100 Clay Rd 77080</u>	Amount (\$) <u>\$800.00</u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Yard Signs</u>	
Date <u>9/29/03</u>	Payee name <u>Houston Baptist Minister</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$1,000.00</u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Endowment to help get out the votes</u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED