

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI
Don
NICKNAME LAST SUFFIX
"The emissary" SEIBERMAN

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7023 Dickson way
 Change of Address Missouri city, TX 77489

Date Hand-delivered or Date Postmarked

RECEIVED

NOV 27 2003

CITY SECRETARY

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 437-4931

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS MR FIRST MI
Chris
NICKNAME LAST SUFFIX
Emkin

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3210 Gannon Suite B Houston, TX 77003

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 228-3990

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 1 / 03 THROUGH 10 / 26 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 4 / 03 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston city council Arlage pos 1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

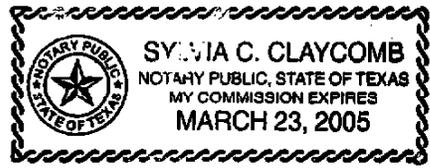
*** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ***

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

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	\$ 35.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 35.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. 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]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DAN SEREBUTRA, this the 27th day of OCTOBER, 2003, to certify which, witness my hand and seal of office.

[Signature] SYLVIA C. CLAYCOMB NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>DAN SERIBUTNA</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/3/03</i>	5 Payee name <i>DAN SERIBUTNA</i> 6 Payee address: City, State, Zip Code <i>7023 DICKSON WAY MISSAHL CITY TX 77489</i>	7 Amount (\$) <i>\$9.20</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>copies and FAX</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>10/6/03</i>	Payee name <i>DAN SERIBUTNA</i> Payee address: City, State, Zip Code <i>7023 DICKSON WAY MISSAHL CITY TX 77489</i>	Amount (\$) <i>\$4.33</i>
Purpose of payment (See instructions regarding type of information required.) <i>FAX: LYNNWOOD PROGRAM (COUNCIL)</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>10/7/03</i>	Payee name <i>DAN SERIBUTNA</i> Payee address: City, State, Zip Code <i>7023 DICKSON WAY MISSAHL CITY TX 77489</i>	Amount (\$) <i>\$4.33</i>
Purpose of payment (See instructions regarding type of information required.) <i>Self-service B/W copies</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>10/10/03</i>	Payee name <i>DAN SERIBUTNA</i> Payee address: City, State, Zip Code <i>7023 DICKSON WAY MISSAHL CITY TX 77489</i>	Amount (\$) <i>\$2.40</i>
Purpose of payment (See instructions regarding type of information required.) <i>Self-service B/W copies</i>	-- 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 FILER NAME

Don Seriburns

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/03

5 Payee name

Don Seriburns

7 Amount (\$)

\$ 7.58

6 Payee address; City, State; Zip Code

7023 Dickson way missouri city TX 77489

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

Self-service B/W copies

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

Date

10/20/03

Payee name

Don Seriburns

Amount (\$)

\$ 3.79

Payee address; City, State; Zip Code

7023 Dickson way missouri city TX 77489

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

Self service copies

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

Date

10/21/03

Payee name

Don Seriburns

Amount (\$)

\$ 3.79

Payee address; City, State; Zip Code

7023 Dickson way missouri city TX 77489

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

self service copies

-- 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