

Official Public Records of
Harris County
Beverly Kaufman
County Clerk

Campaign Finance Report

FileNo: 2008261
FileDate: 10/6/2008 2:48:00PM
Office: County Judge
Candidate: Mincberg, David
Treasurer: Postl, John
Category: Contributions And Expenditures
Type: COR
Harris County No Fee



Beverly B. Kaufman
COUNTY CLERK
HARRIS COUNTY, TEXAS

Un-official Copy

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Minberg, David

15 ACCOUNT # (Ethics Commission filers)
00000444

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,318.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	156,541.76
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	916.04
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4. TOTAL POLITICAL EXPENDITURES	\$	1,268,256.74
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	82,593.47
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	700,000.00
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18 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.

David M. Minberg
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David M. Minberg, this the 6th day of October, 2008, to certify which, witness my hand and seal of office.

L.R. Morgan L.R. Morgan Notary Public
Signature of officer administering oath Print 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 PAGE # Schedule: 1/40 Report: 3/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaron, Martin 6 Contributor address; City; State; Zip Code 2723 Amherst St. Houston, TX 77005	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Charles Contributor address; City; State; Zip Code 2927 Kismet Ln. Houston, TX 77043	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Stanford Contributor address; City; State; Zip Code 2600 Citadel Plaza Drive Suite 300 Houston, TX 77008	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Agent		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Weingarten Realty			
Date 07/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Nancy Contributor address; City; State; Zip Code 5130 Green Tree Road Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date 08/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Nancy Contributor address; City; State; Zip Code 5130 Green Tree Road Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/40 Report: 4/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Michael 6 Contributor address; City; State; Zip Code 5047 Glenbrook Terrace NW Washington, DC 20016	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 08/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ankenman, W. Contributor address; City; State; Zip Code One Greenway Plz Ste. 700 Houston, TX 77046	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin Oil and Gas			
Date 08/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstrong, Mark Contributor address; City; State; Zip Code 712 Columbia St. Houston, TX 77007	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Squire Sanders & Dempsey L.L.P.			
Date 08/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aron, Doug Contributor address; City; State; Zip Code 4807 Pin Oak Park #1609 Houston, TX 77081	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President Corporate Finance		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Frontier Oil			
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aronstein, Robert Contributor address; City; State; Zip Code P.O. Box 741053 Houston, TX 77274-1053	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/40 Report: 5/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Askanase, Susan 6 Contributor address; City; State; Zip Code 5122 Glenmeadow Dr Houston, TX 77096-4120	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) Homemaker	
Date 08/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atlas, Scott Contributor address; City; State; Zip Code 700 Louisiana St. Suite 1600 Houston, TX 77002-2755	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Weil Gotshal & Manges LLP	
Date 07/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Axelrod, Jerome Contributor address; City; State; Zip Code 5231 Stamper Way Houston, TX 77056	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Stock Broker		Employer (See Instructions) Citigroup	
Date 07/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Babcock, Charles Contributor address; City; State; Zip Code 901 Main St. Suite 6000 Dallas, TX 75202	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Sterling Contributor address; City; State; Zip Code 1831 Cottage Landing Ln. Houston, TX 77077	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Maione & Bailey	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/40 Report: 6/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ball, Bonner 6 Contributor address; City; State; Zip Code 600 Travis Ste. 3100 Houston, TX 77002	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 07/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bentsen, Lynne Contributor address; City; State; Zip Code 2306 Avalon Place Houston, TX 77019	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) self			
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beren, Nancy Contributor address; City; State; Zip Code 2405 Bellefontaine St Houston, TX 77030-3101	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self Employed			
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernier, Arthur Contributor address; City; State; Zip Code 3767 Harper St Houston, TX 77005-3621	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) HaynesBoone			
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bischoff Barlow, Susan Contributor address; City; State; Zip Code 2929 Buffalo Speedway #112 Houston, TX 77098	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Houston Public Library Foundation			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/40 Report: 7/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/31/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blazek, Jody 6 Contributor address; City; State; Zip Code 1524 Harold St Houston, TX 77006-3708	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Blazek & Vetterling LLP	
Date 08/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bloom, Kerry Contributor address; City; State; Zip Code 2631 Amherst St. Houston, TX 77005	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blumberg, Gary Contributor address; City; State; Zip Code 8914 Ferris Houston, TX 77096	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowen, Sam Contributor address; City; State; Zip Code PO Box 922022 Houston, TX 77292	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bowen Miclette & Britt Inc.	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braham, Sarah Contributor address; City; State; Zip Code 5304 Pine Bellaire, TX 77401	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/40 Report: 8/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brener, Daniel 6 Contributor address; City; State; Zip Code 3730 Kirby Dr. Ste. 700 Houston, TX 77098-3979	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) Baylor College of Medicine (M.D.)	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Breesche, Travis Contributor address; City; State; Zip Code 2104 Albans Rd. Houston, TX 77005-1518	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Lee Contributor address; City; State; Zip Code 2204 Potomac Dr. Apt. C Houston, TX 77057-2962	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Brown Group International	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butler, Barbara Contributor address; City; State; Zip Code 10023 Pine Forest Rd Houston, TX 77042-1531	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caldwell, Katherine Contributor address; City; State; Zip Code 1218 Stanford St. Houston, TX 77019	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/40 Report: 9/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camfield, William 6 Contributor address; City; State; Zip Code 1117 Milford St. Houston, TX 77006-6451	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) None	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Elizabeth Contributor address; City; State; Zip Code 3014 Ravensport Dr. Pearland, TX 77584-8734	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Winfield Contributor address; City; State; Zip Code 6135 Fordham Street Houston, TX 77005	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Campbell & Riggs P.C.	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Kenneth Contributor address; City; State; Zip Code 4545 Post Oak Place Drive #225 Houston, TX 77027	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Production Manager		Employer (See Instructions) Jestex Inc.	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cogburn, Brian Contributor address; City; State; Zip Code 1770 St. James Place #340 Houston, TX 77056	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realator		Employer (See Instructions) 21st Century Co	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/40 Report: 10/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cogburn, Shawn 6 Contributor address; City; State; Zip Code 6018 Norhill Blvd. Houston, TX 77009	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohen, John and Tina Contributor address; City; State; Zip Code 5011 Evergreen St. Bellaire, TX 77401	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohn, Shirley Contributor address; City; State; Zip Code 1112 Nantucket Dr. Apt. D Houston, TX 77057-1955	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Don Contributor address; City; State; Zip Code 5754 Braesheather Houston, TX 77096	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Colt, Mary Contributor address; City; State; Zip Code 13515 Tosca Ln. Houston, TX 77079	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/40 Report: 11/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corbin, David 6 Contributor address; City; State; Zip Code 403 Anita St. #10 Houston, TX 77006	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CFA		10 Employer (See Instructions) Corbin & Company Capital Management	
Date 08/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowdin, H. Philip Contributor address; City; State; Zip Code 2225 Bolsover Houston, TX 77005	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) H. Phillip Cowdin Co. Inc.	
Date 08/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cox, Judy Contributor address; City; State; Zip Code 2026 Swift Blvd. Houston, TX 77030	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, William Contributor address; City; State; Zip Code 3502 Underwood Street Houston, TX 77025-1903	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crossley, David Contributor address; City; State; Zip Code 3015 Richmond Suite 250 Houston, TX 77098	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Gulf Coast Institute	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/40 Report: 12/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daly, Nancy 6 Contributor address; City; State; Zip Code 3507 Blue Bonnet Blvd. Houston, TX 77025-1302	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danburg, Melanie Contributor address; City; State; Zip Code 12318 Kimberly LN. Houston, TX 77024	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Charles Contributor address; City; State; Zip Code 1535 West Loop South #405 Houston, TX 77027-9087	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Marthea Contributor address; City; State; Zip Code 4014 Glen Cove Dr. Houston, TX 77021	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dillon, Andrew Contributor address; City; State; Zip Code 6223 Sugar Hill Dr. Houston, TX 77057	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/40 Report: 13/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drake, Jack 6 Contributor address; City; State; Zip Code 1 Blalock Woods St Houston, TX 77024-5101	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Greater Greenspoint District	
Date 09/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwards, Julie Contributor address; City; State; Zip Code 12355 Longworth Ln. Houston, TX 77024-8141	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellison, Kathleen Contributor address; City; State; Zip Code 3737 Inverness Dr Houston, TX 77019-1103	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fulbright & Jaworski LLP	
Date 07/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farley, Claire Contributor address; City; State; Zip Code 2001 Quenby St. Houston, TX 77005	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jefferies Randall & Dewey	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fenoglio, John Contributor address; City; State; Zip Code 6530 Vanderbilt Houston, TX 77005	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commercial Mortgage Banker		Employer (See Instructions) Live Oak Capital	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/40 Report: 14/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Field, Linda 6 Contributor address; City; State; Zip Code P.O. Box 7889 Houston, TX 77270-7889	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Finger, Jonathan Contributor address; City; State; Zip Code 38 StillForest St. Houston, TX 77024-7518	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Developer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Finger Interests Ltd			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fink, Flo Contributor address; City; State; Zip Code 4630 Kinglet St. Houston, TX 77035-5036	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) None			
Date 07/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FKM Partnership Ltd. Contributor address; City; State; Zip Code 6802 Mapleridge Suite 210 Bellaire, TX 77401	Amount of contribution (\$) \$3,978.38	In-kind contribution description (if applicable) Office Space
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 08/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FKM Partnership Ltd. Contributor address; City; State; Zip Code 6802 Mapleridge Suite 210 Bellaire, TX 77401	Amount of contribution (\$) \$3,978.38	In-kind contribution description (if applicable) Office Space
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/40 Report: 15/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Aracelie 6 Contributor address; City; State; Zip Code 8806 Harness Creek Ln. Houston, TX 77024	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Florsheim, Doe Contributor address; City; State; Zip Code 1910 Wroxtton Houston, TX 77005	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Harriet Contributor address; City; State; Zip Code 325 Sugarberry Circle Houston, TX 77024-7215	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frankel, James Contributor address; City; State; Zip Code 5701 Woodway Dr. Ste. 200 Houston, TX 77057	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Jim Frankel Custom Homes	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frankfort, Milton Contributor address; City; State; Zip Code 12 Greenway Plaza Suite 200 Houston, TX 77046	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) UHY Advisors TX LP	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/40 Report: 16/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Freedman, Donald 6 Contributor address; City; State; Zip Code PO Box 7789 Houston, TX 77270-7789	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Freedman Food Service	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frost, Janet Contributor address; City; State; Zip Code 10914 Villa Lea LN. Houston, TX 77071-1520	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Furr, James Contributor address; City; State; Zip Code 1901 Bolsover Houston, TX 77005	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Principal		Employer (See Instructions) Genster	
Date 08/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Terry Contributor address; City; State; Zip Code 6629 Wanita Pl Houston, TX 77007-2034	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date 07/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Genin, Maria Contributor address; City; State; Zip Code 8383 Westheimer Rd. Ut. 109 Houston, TX 77063	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/40 Report: 17/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Georgsson, Andrea	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2123 Macarthur Houston, TX 77030		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Writer		10 Employer (See Instructions) Houston Chronicle	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giesecke, Susan	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2902 Quincannon Ln. Houston, TX 77043		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 07/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillette, LeAnn	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3207 Rivercrest Dr. Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ginn, Russell	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14655 Champion Forest Dr. Unit 1302 Houston, TX 77069		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) General Partner		Employer (See Instructions) CVWT LLP	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Golding, Jay	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10710 Bridlewood St Houston, TX 77024		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Seitel	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/40 Report: 18/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goldstein, Harold 6 Contributor address; City; State; Zip Code 12 E Greenway Plaza Suite 700 Houston, TX 77046	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Columbia Companies	
Date 08/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodfriend, Barry Contributor address; City; State; Zip Code 5203 Contour Pl Houston, TX 77096-4117	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BCM	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, Louis Contributor address; City; State; Zip Code 2806 Linkwood Houston, TX 77025	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graubart, Noel Contributor address; City; State; Zip Code 1770 Saint James Pl Ste 509 Houston, TX 77056-3499	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Graubart & Company	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, Melanie Contributor address; City; State; Zip Code 3718 Inverness Dr Houston, TX 77019-1104	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Weil Gotshal & Manges LLP	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, Ronald S. 6 Contributor address; City; State; Zip Code 100 Willard Number 23 Houston, TX 77006	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Banker		10 Employer (See Instructions) U.S. Bank	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Harry Contributor address; City; State; Zip Code 235 Hedwig Rd Houston, TX 77024-6735	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) HARRY M GREEN INTERESTS INC	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin, Fred Contributor address; City; State; Zip Code 1776 Yorktown Ste 850 Houston, TX 77056	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffis, Meredith Contributor address; City; State; Zip Code 514 Ramblewood Houston, TX 77079	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gross, Jenard Contributor address; City; State; Zip Code 2700 Post Oak Blvd. Suite 2450 Houston, TX 77056-5713	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) c/o Gross investments	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/40 Report: 20/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hampton, Hartley 6 Contributor address; City; State; Zip Code 1401 McKinney St Ste 1800 Houston, TX 77010-4037	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Fibich Hampton Leebron & Garth	
Date 08/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrell, Rodney And Sonya Contributor address; City; State; Zip Code 24922 Laguna Edge Dr. Katy, TX 77494	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Independent Adjuster		Employer (See Instructions) Alpha Claim Service	
Date 07/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Michael R. Contributor address; City; State; Zip Code 1235 North Loop West Suite 1210 Houston, TX 77008-4710	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Harris Law Firm	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Pat Contributor address; City; State; Zip Code 7104 Flat Creek Rd Johnson City, TX 78636	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hayden, Mary C. Contributor address; City; State; Zip Code 1980 Post Oak Blvd. Suite 2300 Houston, TX 77056-3841	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Campbell & Riggs	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/40 Report: 21/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hecht, Walter 6 Contributor address; City; State; Zip Code 418 Pinewold Dr. Houston, TX 77056-1414	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Self	
Date 08/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henson, William Contributor address; City; State; Zip Code 2121 Kirby Dr #68 Houston, TX 77019	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Henson-Ford	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hicks, Patrick Contributor address; City; State; Zip Code 5617 Willers Way Houston, TX 77056	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hixon, Charles Contributor address; City; State; Zip Code P.O. Box 233 Humble, TX 77347-0233	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holcomb, James Contributor address; City; State; Zip Code 1300 Post Oak Blvd. Ste 1110 Houston, TX 77056-3018	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Holcomb Investments Inc.	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/40 Report: 22/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horn, Stanley 6 Contributor address; City; State; Zip Code 1800 Augusta Dr. Ste 340 Houston, TX 77057-3131	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions) Investors Mutual Agency Inc.			
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horwitz, Barry Contributor address; City; State; Zip Code 11006 April Way Houston, TX 77024-8828	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurd, James D. Contributor address; City; State; Zip Code 10711 Memorial Cove Houston, TX 77024	Amount of contribution (\$) \$7,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Shook Hardy & Bacon			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Emily Contributor address; City; State; Zip Code 1105 Marconi St. Unit C Houston, TX 77019	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Forrest Contributor address; City; State; Zip Code P.O. Box 188 Bellaire, TX 77402	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Security Alarm Company			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/40 Report: 23/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennings, Michael 6 Contributor address; City; State; Zip Code 4028 Riley St. Houston, TX 77005	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kalmin, Murray Contributor address; City; State; Zip Code 4707 Laurel St. Bellaire, TX 77401	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaufman, Mark Contributor address; City; State; Zip Code 21 Briar Hollow Lane #804 Houston, TX 77027	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Home Buidler		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Parkside Homes	
Date 08/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kayser, Cathie Contributor address; City; State; Zip Code P.O. Box 841435 Houston, TX 77284-1435	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khourie, Matthew Contributor address; City; State; Zip Code 2114 Rice Blvd. Houston, TX 77005-1639	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President Dev. & Investments Center		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Trammell Crow Company	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/40 Report: 24/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kins, Jack 6 Contributor address; City; State; Zip Code 6236 Longmont Houston, TX 77057	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klein, Ike Contributor address; City; State; Zip Code P.O. Box 31100 Houston, TX 77231	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) I.K.E. Enterprises			
Date 08/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kretzer, Seth Contributor address; City; State; Zip Code 1331 Lamar Suite 1070 Houston, TX 77010	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Caddell and Chapman			
Date 08/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ladin, Phillip Contributor address; City; State; Zip Code P.O. Box 701039 Houston, TX 77270	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Ladco Inc.			
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lang, Howard Contributor address; City; State; Zip Code 24 E Greenway Plaza Ste. 1509 Houston, TX 77046	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) DONISI AND LANG			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/40 Report: 25/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leibovitz, Doreen 6 Contributor address; City; State; Zip Code 3 Mott Ln Houston, TX 77024-7315	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Goldeneye Inc.	
Date 08/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Barry Contributor address; City; State; Zip Code 2000 West Loop South Suite 1080 Houston, TX 77027	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Goldeneye Inc.	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leyendecker, Charles Contributor address; City; State; Zip Code 10375 Richmond Ave Suite 1350 Houston, TX 77042	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Leyendecker Group	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipp, Arnold Contributor address; City; State; Zip Code 11219 Wilding Lane Houston, TX 77024	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Director of UHY		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Managing Director of UHY		Employer (See Instructions) Frankfort Stein & Lipp Advisors LP	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luedemann, William Contributor address; City; State; Zip Code 5144 Tangle Ln Houston, TX 77056-2116	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior VP		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Senior VP		Employer (See Instructions) NorthMarq Capital	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/40 Report: 26/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Malev, Marsha 6 Contributor address; City; State; Zip Code 2700 Bellefontaine A5 Houston, TX 77025	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Psychologist		10 Employer (See Instructions) Self	
Date 07/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manne, Neal Contributor address; City; State; Zip Code 1000 Louisiana St Ste 5100 Houston, TX 77002-5091	Amount of contribution (\$) \$1,667.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Susman Godfrey	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Markoff, Alan Contributor address; City; State; Zip Code P.O. Box 504699 Saipan, MP 96950	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClelland, Scott Contributor address; City; State; Zip Code 5020 Tangle Ln Houston, TX 77056-2114	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) H-E-B Grocery Company	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGill, Laurilynn Contributor address; City; State; Zip Code 5711 Grape St. Houston, TX 77096	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Planned Parenthood of Houston & Southeast Texas	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merwin, Sam 6 Contributor address; City; State; Zip Code 5100 San Felipe Suite 191E Houston, TX 77056-3619	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Dentist		10 Employer (See Instructions) Toothworks Inc.	
Date 08/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mincberg, Edith Contributor address; City; State; Zip Code 2929 Buffalo Speedway Unit 603 Houston, TX 77098-1714	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 08/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minich, Pamela Contributor address; City; State; Zip Code 1107 Marconi Unit C Houston, TX 77019	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) CDS	
Date 09/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minnick, Chris Contributor address; City; State; Zip Code 8007 Kempwood Houston, TX 77055	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Coventry Investments	
Date 08/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mintz, Robert Contributor address; City; State; Zip Code 4054 Merrick St. Houston, TX 77025	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/40 Report: 28/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Sara 6 Contributor address; City; State; Zip Code 2121 Kirby Dr Unit 99 Houston, TX 77019-6067	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, M. Contributor address; City; State; Zip Code 5330 Mandell St Houston, TX 77005-1829	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Peter Morris Properties	
Date 07/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mosley, Gary Contributor address; City; State; Zip Code 615 E. 5th Street Houston, TX 77007	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Onion Creek Cafe	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mosley, Gary Contributor address; City; State; Zip Code 615 E. 5th Street Houston, TX 77007	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Onion Creek Cafe	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mucasey, Shirley Contributor address; City; State; Zip Code 121 N. Post Oak Lane #901 Houston, TX 77024	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/40 Report: 29/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murpy, Paul 6 Contributor address; City; State; Zip Code 4400 Post Oak Pkwy Houston, TX 77027	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Amegy Bank PAC	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nawotka, Jennifer Contributor address; City; State; Zip Code 1343 Allston St. Houston, TX 77008	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fixtures Intl.	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connor, Kathleen Contributor address; City; State; Zip Code 2318 Willowby Houston, TX 77008	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 08/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogilvie, Staman Contributor address; City; State; Zip Code 648 Rocky River Rd Houston, TX 77056	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hines	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogilvie, Staman Contributor address; City; State; Zip Code 648 Rocky River Rd Houston, TX 77056	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hines	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/40 Report: 30/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Erin 6 Contributor address; City; State; Zip Code 4105 N Boulevard Park Houston, TX 77098	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions) Self	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peck, Michael Contributor address; City; State; Zip Code 5402 Dumfries Houston, TX 77096	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) Peck Chiropractic Clinic	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peterson, Marvin Contributor address; City; State; Zip Code 5000 Montrose Blvd Unit 10F Houston, TX 77006-6561	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phipps, Thomas Contributor address; City; State; Zip Code 8723 Pasture View Ln. Houston, TX 77024	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Phipps & Wright	
Date 07/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pollack, Gedalyah Contributor address; City; State; Zip Code 7614 Coachwood Houston, TX 77071	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Proler, Joseph 6 Contributor address; City; State; Zip Code 909 Fannin Suite 1350 Houston, TX 77010	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Senior Vice President		10 Employer (See Instructions) Encore Bank	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pryzant, Joe Contributor address; City; State; Zip Code 6060 Gulfon Houston, TX 77081	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) selk	
Date 08/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pye, Susan Contributor address; City; State; Zip Code 507 Longwoods Ln Houston, TX 77024-5621	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Pye Legal Group	
Date 07/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Radoff, Perry Contributor address; City; State; Zip Code 3050 Post Oak Blvd Ste 1425 Houston, TX 77056-6532	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bernstein Radoff Trachtenberg & Sarafin LLP	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rambin III, J. Howard Contributor address; City; State; Zip Code 3003 W. Alabama Suite 700 Houston, TX 77027	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Moody-Rambin Inc.	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/40 Report: 32/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reasoner, Barrett 6 Contributor address; City; State; Zip Code 3613 Olympia Dr Houston, TX 77019-3027	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Gibbs & Bruns L.L.P.	
Date 08/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich, Marvin Contributor address; City; State; Zip Code 9607 Cedarhurst Dr Houston, TX 77096-4111	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riggs, Carole Contributor address; City; State; Zip Code 1980 Post Oak Blvd. Suite 2300 Houston, TX 77056	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Campbell & Riggs P.C.	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robinson, Laron Contributor address; City; State; Zip Code 5325 Braeburn Dr. Bellaire, TX 77401-4801	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Leebron & Robinson	
Date 08/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rockoff, David Contributor address; City; State; Zip Code 2601 Bellefontaine Unit B320 Houston, TX 77025	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Houston Symphony	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/40 Report: 33/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Michael 6 Contributor address; City; State; Zip Code 4545 Post Oak Place Drive Suite 212 Houston, TX 77027	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) Self	
Date 07/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenberg, Veronica Contributor address; City; State; Zip Code 4804 Braeburn Dr. Bellaire, TX 77401-5314	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenthal, Darrell Contributor address; City; State; Zip Code 4721 Linden St. Bellaire, TX 77401	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Houston Office of Oppenheimer & Co. Inc.	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenthal, Norman Contributor address; City; State; Zip Code 9333 Memorial Dr. # 402 Houston, TX 77024	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuels, J. Victor Contributor address; City; State; Zip Code 5 Waverly Court Houston, TX 77005	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Victory Packaging	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Mark 6 Contributor address; City; State; Zip Code P.O. Box 4444 Houston, TX 77210	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Montrose Clinic	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Satterfield, Denise Contributor address; City; State; Zip Code 5414 Rose St. Houston, TX 77007	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Chicago Title Insurance Company	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlanger, Lee Contributor address; City; State; Zip Code 109 N. Post Oak Lane Suite 300 Houston, TX 77024	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Schlanger Silver Barg & Paine LLP	
Date 09/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schultz, Marjorie Contributor address; City; State; Zip Code 2156 Watts St Houston, TX 77030-1204	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Marjorie Schultz & Associates	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, A. Contributor address; City; State; Zip Code 2436 Chimney Rock Houston, TX 77056	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/40 Report: 35/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 08/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Selber, Jack 6 Contributor address; City; State; Zip Code 5075 Westheimer Suite 799 Houston, TX 77056	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Scott and Selber Inc.	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siff, Joseph T. Contributor address; City; State; Zip Code 1904 Bissonnet St Houston, TX 77005-1645	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Access Strategies	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson, Reagan Contributor address; City; State; Zip Code 1100 Louisiana Suite 4000 Houston, TX 77002	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) King & Spalding	
Date 07/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sommers, Joanne Contributor address; City; State; Zip Code 5001 Yoakum Boulevard Houston, TX 77006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soussan, Susan Contributor address; City; State; Zip Code 5437 Cedar Creek Dr Houston, TX 77056-2305	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Susan S. Soussan P.C.	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sowell, Donald 6 Contributor address; City; State; Zip Code P. O. Box 187 Prairie View, TX 77446	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Donald Sowell Interests	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stockton, Kenneth Contributor address; City; State; Zip Code 1 Riverway Ste 2400 Houston, TX 77056-1944	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Vice President - Senior Managing Directo		Employer (See Instructions) Northmarq Capital	
Date 07/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stolbun, Bernard Contributor address; City; State; Zip Code 661 Bering Drive Unit 811 Houston, TX 77057	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stolbun, Bernard Contributor address; City; State; Zip Code 661 Bering Drive Unit 811 Houston, TX 77057	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 07/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strong, Beeman Contributor address; City; State; Zip Code 338 Hunter's Trail Houston, TX 77024	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Beeman Strong & Co. Inc.	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susman, Ellen 6 Contributor address; City; State; Zip Code 2001 Kirby Dr. Suite 702 Houston, TX 77019-6033	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) Self	
Date 07/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tenenbaum, Louis Contributor address; City; State; Zip Code 1801 Post Oak Blvd #1F Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Estate Jeweler		Employer (See Instructions) Self	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teten, Robert Contributor address; City; State; Zip Code 2615 Fenwood Rd Houston, TX 77005-3435	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tofsky, Pam Contributor address; City; State; Zip Code 3023 Lafayette Houston, TX 77005	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Totz, Jon Contributor address; City; State; Zip Code 7 Oaklawn Dr Houston, TX 77024-5210	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Schlanger Silver Barg & Paine LLP	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valach, Kenneth J. 6 Contributor address; City; State; Zip Code 10333 Richmond Ave. Suite 100 Houston, TX 77042-4127	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive Managing Director		10 Employer (See Instructions) Trammell Crow Residential	
Date 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vallone, Stephen V. Contributor address; City; State; Zip Code 11902 Rose Brier Park Houston, TX 77082	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Stewart Title Texas State Title Division	
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Kerrebroek, Mary Contributor address; City; State; Zip Code 7520 Creekwood Dr. Houston, TX 77063	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Viau & Kwasniewski	
Date 08/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanderwilt, Jon Contributor address; City; State; Zip Code 11822 Stroud Houston, TX 77072	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Varon, Haya Contributor address; City; State; Zip Code 5835 Shady River Houston, TX 77057	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vernon, Loree 6 Contributor address; City; State; Zip Code 5111 Donna Lynn Court Houston, TX 77092	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wagner, Jane Contributor address; City; State; Zip Code 4909 Bellview St Bellaire, TX 77401-5307	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, John Contributor address; City; State; Zip Code PO Box 131532 Houston, TX 77219-1532	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) John E. Walsh Interests L.L.C.	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weiner, Andy Contributor address; City; State; Zip Code 520 Post Oak Blvd Suite 850 Houston, TX 77027-9404	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Weiner Development Corporation	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weiner, Merilee Contributor address; City; State; Zip Code 6262 N. Braswood Blvd. #120 Houston, TX 77074-7536	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/40 Report: 40/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 07/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weinstein, Stanley 6 Contributor address; City; State; Zip Code 2409 Maconda Lane Houston, TX 77027	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Executive		10 Employer (See Instructions) Weinstein & Spira Co.	
Date 09/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weiss, Sid Contributor address; City; State; Zip Code 730 N Post Oak Rd Ste 330 Houston, TX 77024-3816	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Weiss Realty Group Inc.	
Date 08/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Westendarp, Heather Contributor address; City; State; Zip Code 3646 Green Briar Houston, TX 77098	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Travel Tech	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitten, Robert Contributor address; City; State; Zip Code 419 Glenchester Houston, TX 77079	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Price Waterhouse Coopers LLP	
Date 08/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilkinson, Thomas Contributor address; City; State; Zip Code 2425 West Loop South Suite 340 Houston, TX 77027-4207	Amount of contribution (\$) \$7,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) KET Enterprises Incorporated	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/40 Report: 41/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson III, Robert C. 6 Contributor address; City; State; Zip Code PO Box 27501 Houston, TX 77227-7501	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate Management		10 Employer (See Instructions) Houston RCW Three Inc.	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Winstead P.C. Contributor address; City; State; Zip Code 1100 JPMoran Chase Tower 600 Travis Street Houston, TX 77002	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wise, Jack Contributor address; City; State; Zip Code 1000 Main 36th Floor Houston, TX 77002	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Porter & Hedges LLP	
Date 07/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wisenberg, Evelyn Contributor address; City; State; Zip Code 5555 Del Monte No. 1405 Houston, TX 77056-4119	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Jimmy Contributor address; City; State; Zip Code 62 Hope Farm Rd. Missouri City, TX 77459	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Energy Transfer Partners	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/40 Report: 42/70	
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444	
4 Date 09/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yazdani, Bob 6 Contributor address; City; State; Zip Code 11305 Green Vale Dr. Houston, TX 77024	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Yazdcorp Funds V LLC	
Date 07/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ziegler, Rini Wu Contributor address; City; State; Zip Code 2015 Claremont Lane Houston, TX 77019	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Design Professional		Employer (See Instructions) Self	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/27 Report: 44/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/01/2008	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 5001 Carol Stream, IL 60197	7 Amount (\$) \$361.05
8 Purpose of payment (See instructions regarding type of information required.) Cell Phone-Reimbursed to Jenn Char (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/08/2008	Payee name AT&T Payee address; City; State; Zip Code PO Box 5001 Carol Stream, IL 60197	Amount (\$) \$149.73
Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/30/2008	Payee name AT&T Payee address; City; State; Zip Code PO Box 5001 Carol Stream, IL 60197	Amount (\$) \$115.72
Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/02/2008	Payee name AT&T Payee address; City; State; Zip Code PO Box 5001 Carol Stream, IL 60197	Amount (\$) \$115.97
Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Minchberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name Birch Telecom	7 Amount (\$)
07/04/2008	6 Payee address; City; State; Zip Code PO Box 927 Emporia, KS 66801	\$376.98

8 Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Birch Telecom	Amount (\$)
08/11/2008	Payee address; City; State; Zip Code PO Box 927 Emporia, KS 66801	\$359.07

Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Birch Telecom	Amount (\$)
08/27/2008	Payee address; City; State; Zip Code PO Box 927 Emporia, KS 66801	\$350.05

Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Birch Telecom	Amount (\$)
09/02/2008	Payee address; City; State; Zip Code PO Box 927 Emporia, KS 66801	\$389.75

Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/27 Report: 46/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 09/23/2008	5 Payee name Birch Telecom 6 Payee address; City; State; Zip Code PO Box 927 Emporia, KS 66801	7 Amount (\$) \$121.20
8 Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/23/2008	Payee name Brinks Home Security Payee address; City; State; Zip Code 11200 Wilcrest Green Dr. Houston, TX 77042	Amount (\$) \$61.69
Purpose of payment (See instructions regarding type of information required.) Campaign Office Security System (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/18/2008	Payee name Central Houson Inc. Payee address; City; State; Zip Code 909 Fannin St. Suite 1650 Houston, TX 77010	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Sponsorships (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/01/2008	Payee name Char, Jenn Payee address; City; State; Zip Code 3833 Cummins #1172 Houston, TX 77027	Amount (\$) \$2,700.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/27 Report: 4770
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/14/2008	5 Payee name Char, Jenn 6 Payee address; City; State; Zip Code 3833 Cummins #1172 Houston, TX 77027	7 Amount (\$) \$2,504.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/30/2008	Payee name Char, Jenn Payee address; City; State; Zip Code 3833 Cummins #1172 Houston, TX 77027	Amount (\$) \$2,700.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2008	Payee name Char, Jenn Payee address; City; State; Zip Code 3833 Cummins #1172 Houston, TX 77027	Amount (\$) \$2,700.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2008	Payee name Char, Jenn Payee address; City; State; Zip Code 3833 Cummins #1172 Houston, TX 77027	Amount (\$) \$2,700.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/27 Report: 48/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 09/16/2008	5 Payee name Char, Jenn 6 Payee address; City; State; Zip Code 3833 Cummins #1172 Houston, TX 77027	7 Amount (\$) \$2,700.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/24/2008	Payee name Circuit City Payee address; City; State; Zip Code 4500 San Felipe Houston, TX 77027	Amount (\$) \$162.36
Purpose of payment (See instructions regarding type of information required.) Office Supplies-Reimbursed to Sean White (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/23/2008	Payee name Connexion Payee address; City; State; Zip Code 24 Greenway Plaza Suite 965 Houston, TX 77046	Amount (\$) \$3,428.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/09/2008	Payee name DataVox Inc Payee address; City; State; Zip Code 2000 W. Sam Houston Parkway S. 9th Floor Houston, TX 77042	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/27 Report: 49/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/24/2008	5 Payee name DataVox Inc 6 Payee address; City; State; Zip Code 2000 W. Sam Houston Parkway S. 9th Floor Houston, TX 77042	7 Amount (\$) \$259.80
8 Purpose of payment (See instructions regarding type of information required.) Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/23/2008	Payee name Drive West Communications Payee address; City; State; Zip Code 1019 Waltway Houston, TX 77008	Amount (\$) \$10,396.20
Purpose of payment (See instructions regarding type of information required.) Communications Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2008	Payee name Encore Bank Payee address; City; State; Zip Code 9 E Greenway Plaza #100 Houston, TX 77046	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Returned Contribution for J & RR Enterprises LLC (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/20/2008	Payee name Encore Bank Payee address; City; State; Zip Code 9 E Greenway Plaza #100 Houston, TX 77046	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Returned Contribution for Nancy Allen (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/27 Report: 50/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name FedEx Kinkos	7 Amount (\$)
07/23/2008	6 Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	\$64.19

8 Purpose of payment (See instructions regarding type of information required.) Printing & Copying (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name FedEx Kinkos	Amount (\$)
07/23/2008	Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	\$208.39

Purpose of payment (See instructions regarding type of information required.) Printing & Copying (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name FedEx Kinkos	Amount (\$)
07/24/2008	Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	\$210.88

Purpose of payment (See instructions regarding type of information required.) Printing & Copying (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name FedEx Kinkos	Amount (\$)
08/16/2008	Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	\$386.73

Purpose of payment (See instructions regarding type of information required.) Printing & Copying (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/27 Report: 51/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 09/06/2008	5 Payee name FedEx Kinkos 6 Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	7 Amount (\$) \$736.10
8 Purpose of payment (See instructions regarding type of information required.) Printing & Copying (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/07/2008	Payee name Forward Texas PAC Payee address; City; State; Zip Code 3815 Montrose Blvd. Suite 101 Houston, TX 77006	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Sponsorships (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/08/2008	Payee name Harris County Democratic Party Payee address; City; State; Zip Code 1445 N. Loop W. Suite 110 Houston, TX 77008	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/18/2008	Payee name Harris County Tejano Democrats Payee address; City; State; Zip Code 3715 N. Main St. Houston, TX 77009	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorships (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/27 Report: 52/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/30/2008	5 Payee name Harry's Restaurant 6 Payee address; City; State; Zip Code 318 Tuam St. Houston, TX 77006	7 Amount (\$) \$160.00
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/18/2008	Payee name Houston Business Journal Payee address; City; State; Zip Code 1001 McKinney Houston, TX 77002	Amount (\$) \$1,960.00
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/12/2008	Payee name Houston Chronicle Payee address; City; State; Zip Code 801 Texas Ave. Houston, TX 77002	Amount (\$) \$7,500.00
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/09/2008	Payee name Houston Citizens Chamber of Commerce Payee address; City; State; Zip Code 2808 Wheeler Ave. Houston, TX 77004	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Sponsorships (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/27 Report: 53/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/07/2008	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Dr. Suite 110 Houston, TX 77063	7 Amount (\$) \$1,950.00
8 Purpose of payment (See instructions regarding type of information required.) Compliance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/18/2008	Payee name Lone Star Strategies Payee address; City; State; Zip Code 7670 Woodway Dr. Suite 110 Houston, TX 77063	Amount (\$) \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Compliance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/08/2008	Payee name Lone Star Strategies Payee address; City; State; Zip Code 7670 Woodway Dr. Suite 110 Houston, TX 77063	Amount (\$) \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Compliance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/02/2008	Payee name LSG Strategies Services Corp. Payee address; City; State; Zip Code 2120 L St. NW Suite 305 Washington, DC 20037	Amount (\$) \$202.68
Purpose of payment (See instructions regarding type of information required.) Robo Calls (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/27 Report: 54/70
2 FILER NAME Minberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/01/2008	5 Payee name McMahon Squier Lapp & Assoc 6 Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	7 Amount (\$) \$4,500.00
8 Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/14/2008	Payee name McMahon Squier Lapp & Assoc Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	Amount (\$) \$20,000.00
Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/07/2008	Payee name McMahon Squier Lapp & Assoc Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	Amount (\$) \$4,500.00
Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/13/2008	Payee name McMahon Squier Lapp & Assoc Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	Amount (\$) \$15,907.76
Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/27 Report: 55/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name McMahon Squier Lapp & Assoc	7 Amount (\$)
08/13/2008	6 Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	\$243,288.40

8 Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name McMahon Squier Lapp & Assoc	Amount (\$)
08/14/2008	Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	\$157,454.00

Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name McMahon Squier Lapp & Assoc	Amount (\$)
09/03/2008	Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	\$254,115.40

Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name McMahon Squier Lapp & Assoc	Amount (\$)
09/10/2008	Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	\$206,000.00

Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/27 Report: 56/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name McMahon Squier Lapp & Assoc	7 Amount (\$)
09/24/2008	6 Payee address; City; State; Zip Code 300 N. Lee St. Suite 500 Alexandria, VA 22314	\$251,878.25

8 Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Mincberg, Erin	Amount (\$)
07/01/2008	Payee address; City; State; Zip Code 5406 Braeburn Bellaire, TX 77401	\$2,250.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Mincberg, Erin	Amount (\$)
07/14/2008	Payee address; City; State; Zip Code 5406 Braeburn Bellaire, TX 77401	\$2,250.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Mincberg, Erin	Amount (\$)
07/30/2008	Payee address; City; State; Zip Code 5406 Braeburn Bellaire, TX 77401	\$2,250.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/27 Report: 57/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name Mincberg, Erin	7 Amount (\$)
08/15/2008	6 Payee address; City; State; Zip Code 5406 Braeburn Bellaire, TX 77401	\$2,250.00

8 Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Mincberg, Erin	Amount (\$)
08/27/2008	Payee address; City; State; Zip Code 5406 Braeburn Bellaire, TX 77401	\$2,250.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Mincberg, Erin	Amount (\$)
09/16/2008	Payee address; City; State; Zip Code 5406 Braeburn Bellaire, TX 77401	\$2,250.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Monarch Printing	Amount (\$)
08/18/2008	Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	\$1,049.00

Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/27 Report: 58/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name Monarch Printing	7 Amount (\$)
08/22/2008	6 Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	\$492.48

8 Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Monarch Printing	Amount (\$)
09/08/2008	Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	\$425.48

Purpose of payment (See instructions regarding type of information required.) Letterhead (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Morgan, Becky	Amount (\$)
07/14/2008	Payee address; City; State; Zip Code 2425 Underwood Unit 145 Houston, TX 77030	\$750.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Morgan, Becky	Amount (\$)
07/30/2008	Payee address; City; State; Zip Code 2425 Underwood Unit 145 Houston, TX 77030	\$1,500.00

Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

2008261

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/27 Report: 59/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 08/15/2008	5 Payee name Morgan, Becky 6 Payee address; City; State; Zip Code 2425 Underwood Unit 145 Houston, TX 77030	7 Amount (\$) \$1,500.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2008	Payee name Morgan, Becky Payee address; City; State; Zip Code 2425 Underwood Unit 145 Houston, TX 77030	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/16/2008	Payee name Morgan, Becky Payee address; City; State; Zip Code 2425 Underwood Unit 145 Houston, TX 77030	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/08/2008	Payee name MSHC Partners Payee address; City; State; Zip Code 1155 15th St. NW Suite 300 Washington, DC 20005	Amount (\$) \$3,659.57
Purpose of payment (See instructions regarding type of information required.) Mail (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/27 Report: 60/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/30/2008	5 Payee name NetVictories 6 Payee address; City; State; Zip Code PO Box 5013 Austin, TX 78763	7 Amount (\$) \$2,500.00
8 Purpose of payment (See instructions regarding type of information required.) Website (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/08/2008	Payee name NGP Software Payee address; City; State; Zip Code 1225 Eye St. NW Washington, DC 20005	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) Software (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/23/2008	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Dr. Houston, TX 77098	Amount (\$) \$140.70
Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/20/2008	Payee name Office Depot Payee address; City; State; Zip Code 3443 Kirby Dr. Houston, TX 77098	Amount (\$) \$209.91
Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 18/27 Report: 61/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name Office Depot	7 Amount (\$)
09/16/2008	6 Payee address; City; State; Zip Code 3443 Kirby Dr. Houston, TX 77098	\$127.68

8 Purpose of payment (See instructions regarding type of information required.) Office Supplies-Reimbursed to Jenn Char	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Office Max	Amount (\$)
07/24/2008	Payee address; City; State; Zip Code 270 Meyerland Plaza Houston, TX 77096	\$184.25

Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Office Max	Amount (\$)
08/05/2008	Payee address; City; State; Zip Code 270 Meyerland Plaza Houston, TX 77096	\$53.56

Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Office Max	Amount (\$)
08/12/2008	Payee address; City; State; Zip Code 270 Meyerland Plaza Houston, TX 77096	\$60.92

Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/27 Report: 62/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name Office Max	7 Amount (\$)
08/13/2008	6 Payee address; City; State; Zip Code 270 Meyerland Plaza Houston, TX 77096	\$108.24

8 Purpose of payment (See instructions regarding type of information required.) Office Supplies	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Reliant Energy	Amount (\$)
08/11/2008	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265	\$1,054.70

Purpose of payment (See instructions regarding type of information required.) Utilities	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Reliant Energy	Amount (\$)
09/08/2008	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265	\$544.39

Purpose of payment (See instructions regarding type of information required.) Utilities	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Sloan Designs LLC	Amount (\$)
09/23/2008	Payee address; City; State; Zip Code 2120 Capitol Suite 3220 Houston, TX 77003	\$475.00

Purpose of payment (See instructions regarding type of information required.) Graphic Design	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/27 Report: 63/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/01/2008	5 Payee name Sprint 6 Payee address; City; State; Zip Code PO Box 660075 Dallas, TX 75266	7 Amount (\$) \$188.15
8 Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2008	Payee name Sprint Payee address; City; State; Zip Code PO Box 660075 Dallas, TX 75266	Amount (\$) \$532.57
Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/23/2008	Payee name Sprint Payee address; City; State; Zip Code PO Box 660075 Dallas, TX 75266	Amount (\$) \$503.85
Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/02/2008	Payee name Sprint Digital Print Inc. Payee address; City; State; Zip Code 8748 Clay Rd. Suite 300 Houston, TX 77080	Amount (\$) \$384.83
Purpose of payment (See instructions regarding type of information required.) T-Shirts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/27 Report: 64/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/08/2008	5 Payee name Sprint Digital Print Inc. 6 Payee address; City; State; Zip Code 8748 Clay Rd. Suite 300 Houston, TX 77080	7 Amount (\$) \$2,297.61
8 Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/11/2008	Payee name Sprint Digital Print Inc. Payee address; City; State; Zip Code 8748 Clay Rd. Suite 300 Houston, TX 77080	Amount (\$) \$2,692.43
Purpose of payment (See instructions regarding type of information required.) Yard Signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/12/2008	Payee name Sprint Digital Print Inc. Payee address; City; State; Zip Code 8748 Clay Rd. Suite 300 Houston, TX 77080	Amount (\$) \$2,354.44
Purpose of payment (See instructions regarding type of information required.) Yard Signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/16/2008	Payee name T-Mobile Payee address; City; State; Zip Code PO Box 660252 Dallas, TX 75266	Amount (\$) \$79.02
Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 22/27 Report: 65/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name T-Mobile	7 Amount (\$)
08/11/2008	6 Payee address; City; State; Zip Code PO Box 660252 Dallas, TX 75266	\$156.98

8 Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name T-Mobile	Amount (\$)
09/08/2008	Payee address; City; State; Zip Code PO Box 660252 Dallas, TX 75266	\$79.18

Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name University of St. Thomas	Amount (\$)
08/27/2008	Payee address; City; State; Zip Code 3800 Montrose Blvd. Houston, TX 77006	\$150.00

Purpose of payment (See instructions regarding type of information required.) Sponsorships (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name US Post Office	Amount (\$)
07/08/2008	Payee address; City; State; Zip Code 5350 Bellaire Blvd. Bellaire, TX 77401	\$85.00

Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 23/27 Report: 66/70

2 FILER NAME Mincberg, David

3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date	5 Payee name US Post Office	7 Amount (\$)
08/15/2008	6 Payee address; City; State; Zip Code 5350 Bellaire Blvd. Bellaire, TX 77401	\$432.00

8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name US Post Office	Amount (\$)
08/19/2008	Payee address; City; State; Zip Code 5350 Bellaire Blvd. Bellaire, TX 77401	\$420.00

Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name US Post Office	Amount (\$)
09/04/2008	Payee address; City; State; Zip Code 5350 Bellaire Blvd. Bellaire, TX 77401	\$840.00

Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Verizon Wireless	Amount (\$)
07/04/2008	Payee address; City; State; Zip Code PO Box 105378 Atlanta, GA 30348	\$188.28

Purpose of payment (See instructions regarding type of information required.) Cell Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 24/27 Report: 67/70**2** FILER NAME Minberg, David**3** ACCOUNT # (Ethics Commission filers)
00000444

4 Date 08/11/2008	5 Payee name Verizon Wireless 6 Payee address; City; State; Zip Code PO Box 105378 Atlanta, GA 30348	7 Amount (\$) \$152.86
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8 Purpose of payment (See instructions regarding type of information required.)
Cell Phone**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 09/02/2008	Payee name Verizon Wireless Payee address; City; State; Zip Code PO Box 105378 Atlanta, GA 30348	Amount (\$) \$314.75
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Purpose of payment (See instructions regarding type of information required.)
Cell Phone** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 09/13/2008	Payee name Video Monitoring Services of America LP Payee address; City; State; Zip Code 2120 L St. NW Suite 305 Washington, DC 20037	Amount (\$) \$692.80
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Purpose of payment (See instructions regarding type of information required.)
Research** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 09/17/2008	Payee name Video Monitoring Services of America LP Payee address; City; State; Zip Code 2120 L St. NW Suite 305 Washington, DC 20037	Amount (\$) \$811.88
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Purpose of payment (See instructions regarding type of information required.)
Research** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/27 Report: 68/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 09/23/2008	5 Payee name Video Monitoring Services of America LP 6 Payee address; City; State; Zip Code 2120 L St. NW Suite 305 Washington, DC 20037	7 Amount (\$) \$811.88
8 Purpose of payment (See instructions regarding type of information required.) Research (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/02/2008	Payee name VR Research Payee address; City; State; Zip Code 1624 Franklin St. Suite 901 Oakland, CA 94612	Amount (\$) \$451.96
Purpose of payment (See instructions regarding type of information required.) Research (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/03/2008	Payee name Waldman, Seth Payee address; City; State; Zip Code 5447 Redstart St. Houston, TX 77096	Amount (\$) \$105.00
Purpose of payment (See instructions regarding type of information required.) Website (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/07/2008	Payee name Waldman, Seth Payee address; City; State; Zip Code 5447 Redstart St. Houston, TX 77096	Amount (\$) \$105.00
Purpose of payment (See instructions regarding type of information required.) Website (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

2008261

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/27 Report: 69/70
2 FILER NAME Mincberg, David		3 ACCOUNT # (Ethics Commission filers) 00000444
4 Date 07/01/2008	5 Payee name White, Sean 6 Payee address; City; State; Zip Code 201 S. Heights Blvd. #214 Houston, TX 77007	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/14/2008	Payee name White, Sean Payee address; City; State; Zip Code 201 S. Heights Blvd. #214 Houston, TX 77007	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/30/2008	Payee name White, Sean Payee address; City; State; Zip Code 201 S. Heights Blvd. #214 Houston, TX 77007	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2008	Payee name White, Sean Payee address; City; State; Zip Code 201 S. Heights Blvd. #214 Houston, TX 77007	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE #
Schedule: 27/27 Report: 70/70

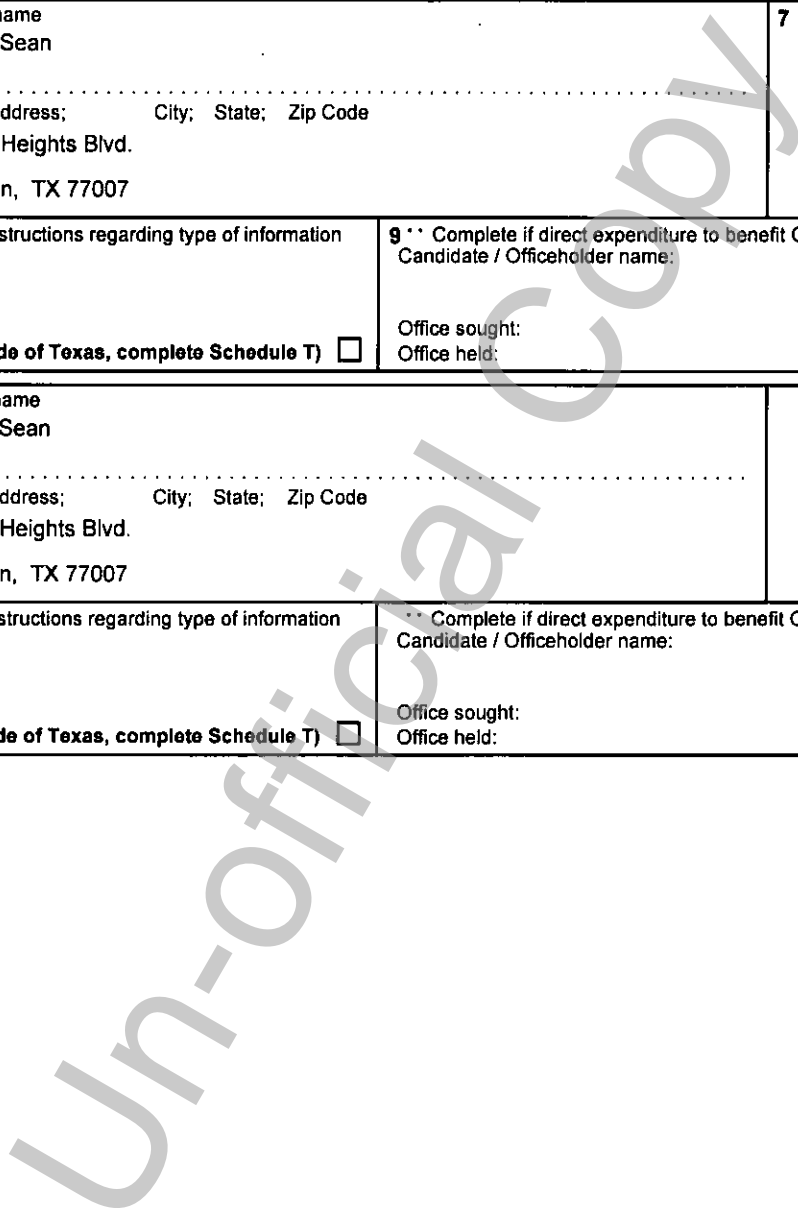
2 FILER NAME Mincberg, David 3 ACCOUNT # (Ethics Commission filers)
00000444

4 Date 08/27/2008	5 Payee name White, Sean 6 Payee address; City; State; Zip Code 201 S. Heights Blvd. #214 Houston, TX 77007	7 Amount (\$) \$1,000.00
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8 Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 09/16/2008	Payee name White, Sean Payee address; City; State; Zip Code 201 S. Heights Blvd. #214 Houston, TX 77007	Amount (\$) \$1,000.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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RECORDER'S MEMORANDUM:
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts additions and changes were present at the time the instrument was filed and recorded.