

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>6</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>NOEL</b>	MI <b>A</b>
	NICKNAME	LAST <b>FREEMAN</b>	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>P.O. Box 66656 Houston, TX 77266</b>				

6 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>( 713 )</b>	<b>880-2004</b>	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>WILLIAM</b>	MI <b>B</b>
	NICKNAME	LAST <b>PRITCHETT</b>	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>2815 Westheimer Road Houston, TX 77098</b>				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>( 713 )</b>	<b>880-2004</b>	

9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<b>4</b>	<b>13</b>	<b>2007</b>		<b>5</b>	<b>2</b>	<b>2007</b>

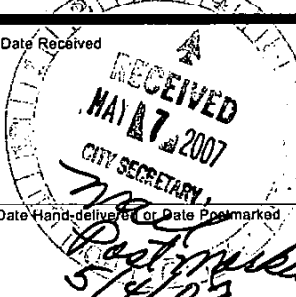
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month <b>05</b>	Day <b>12</b>	Year <b>2007</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>City Council At-Large Position 3 (Unexpired Term)</b>
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **	
	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

**GO TO PAGE 2**

OFFICE USE ONLY

Date Received  
  
**RECEIVED MAY 17 2007**  
 CITY SECRETARY  
*Postmarked 5/14/07*

Date Hand-delivered or Date Postmarked

Receipt #	Amount

Date Processed

Date Imaged

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**15 C/OH NAME** Mr. NOEL A. FREEMAN **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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


additional pages

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

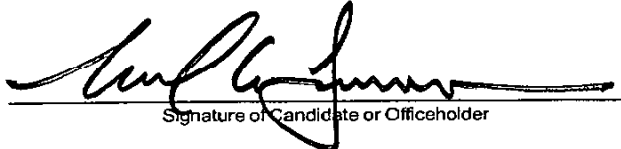
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 270.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,664.95
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 79.84
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,495.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 823.59
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



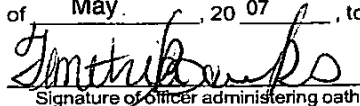
**TEMETRIA BANKS**  
My Commission Expires  
March 22, 2011



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Noel A. Freeman, this the 4th day of May, 20 07, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**






**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Mr. NOEL A. FREEMAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/16/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Sommers</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/16/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Noel Freeman</b>	Amount of contribution (\$) <b>14.95</b>	In-kind contribution description (if applicable) <b>Web Hosting</b>
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/19/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Noel Freeman</b>	Amount of contribution (\$) <b>30.00</b>	In-kind contribution description (if applicable) <b>Software Subscription</b>
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/21/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Lindsey</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/21/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Ellzey</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Mr. NOEL A. FREEMAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/14/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Sammon</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ross Smith</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/24/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ismael Lerma</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable) <b>Graphic Design Services</b>
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/24/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David H. Knapp</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nathan Coyledean</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable) <b>Website Updates</b>
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
**2**

2 FILER NAME  
**Mr. NOEL A. FREEMAN**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/16/07</b>	5 Payee name <b>Houston Sign Company</b>	7 Amount (\$) <b>1,054.36</b>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <b>Printing Services</b> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>4/16/07</b>	Payee name <b>Craig Andress</b>	Amount (\$) <b>460.39</b>
Payee address; City; State; Zip Code <b>4729 Ramus, Suite C, Hosuton TX 77092</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Printing Services</b> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>4/19/07</b>	Payee name <b>Box Office Tickets</b>	Amount (\$) <b>175.00</b>
Payee address; City; State; Zip Code <b>www.boxofficetickets.com</b>		

Purpose of payment (See instructions regarding type of information required.) <b>HRC Gala Tickets</b> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>4/26/07</b>	Payee name <b>Yahoo! Inc.</b>	Amount (\$) <b>1,050.00</b>
Payee address; City; State; Zip Code <b>701 First Avenue, Sunnyvale, CA 94089</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Software Subscription</b> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- 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 Total pages Schedule F:  
**2**

2 FILER NAME  
**Mr. NOEL A. FREEMAN**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/30/07**

5 Payee name  
**Michael Franks**

7 Amount (\$)

6 Payee address; City; State; Zip Code  
**20230 Kings Camp Drive, Katy, TX 77450**

**675.62**

8 Purpose of payment (See instructions regarding type of information required.)  
**Printing Services**  
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

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

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