


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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Alfred	MI Molison
	NICKNAME	LAST	
OFFICE USE ONLY			
Date Received			
			
Date Hand-Delivered or Date Marked			
Receipt #			
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
4822 Spellman Rd. Houston TX 77035			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 726-9009			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr Robert W Wager			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY; STATE; ZIP CODE
6026 ValKeith Dr. Houston TX 77096			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 724-7540			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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
02 / 01 / 2007 THROUGH 04 / 12 / 2007			
11 ELECTION	ELECTION DATE		
	Month	Day	Year
05 / 12 / 2007			
ELECTION TYPE			
<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)
Houston City Council Member			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Alfred Molison 16 ACCOUNT # (Ethics Commission Filers)

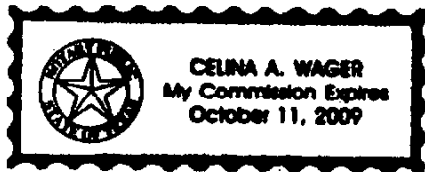
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 60.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1666.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 27.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 951.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1381.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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

Alfred Molison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALFRED MOLISON, this the 13th day of April, 2007, to certify which, witness my hand and seal of office.

Celina A. Wager CELINA A WAGER Notary Public
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

Page 1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Alfred Molison		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Reber	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Freescale Semiconductor	
Date 03/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherie Gorman	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Internal Revenue Service	
Date 03/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Gustafson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOUSEWIFE		Employer (See Instructions)	
Date 03/13/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christie Morshedi	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) ExxonMobil	
Date 03/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Reiter	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) University of Houston	

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

Pg 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">2</p>	
2 FILER NAME <i>Alfred Molison</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/16/2007</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phil Snyder</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retiree</i>		10 Employer (See Instructions)	
Date <i>2/14/2007</i> <i>2/28/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfred Molison</i>	Amount of contribution (\$) <i>106.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED]</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teleservice Representative</i>		Employer (See Instructions) <i>Social Security Administration</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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:

1

2 FILER NAME

Alfred Molison

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/11/2007

5 Payee name

Kwick Copy Bus. Ctr. #12

7 Amount (\$)

\$ 97.43

6 Payee address; City; State; Zip Code

5403 Bellaire Blvd.
Bellaire TX 77401

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

Campaign Brochures

(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

3/22/2007

Payee name

Natural Expressions

Amount (\$)

\$ 86.60

Payee address; City; State; Zip Code

4106 Bellaire Blvd
Houston, TX 77025

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

Campaign Brochure Photos

(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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Alfred Molison

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/06/2007

5 Payee name

City of Houston

6 Payee address; City; State; Zip Code

[Redacted]

8 Amount (\$)

500.00

7 Purpose of expenditure (See instructions regarding type of information required.)
City Council Campaign Filing Fee
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/02/2007

Payee name

Fedex Kinkos 2114 Houston

Payee address; City; State; Zip Code

[Redacted]

Amount (\$)

22.43

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

Reimbursement from political contributions intended

Date

3/20/2007

Payee name

Truffulane 407 935 7733

Payee address; City; State; Zip Code

[Redacted]

Amount (\$)

49.95

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

Reimbursement from political contributions intended

Date

3/14/2007

Payee name

Fedex Kinkos # 2114

Payee address; City; State; Zip Code

[Redacted]

Amount (\$)

18.14

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

Reimbursement from political contributions intended

Date

2/26/2007

Payee name

Truffulane 407 935 7733

Payee address; City; State; Zip Code

[Redacted]

Amount (\$)

149.95

Purpose of expenditure (See instructions regarding type of information required.)
Setup and Monthly Fee for Website
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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