

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00051665	2 PAGE # 1 of 87
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. LINDA NICKNAME LAST SUFFIX HARPER-BROWN	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Legal</td> <td style="padding: 2px;">Totals</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged	
Receipt #	Amount									
Legal	Totals									
Date Processed										
Date Imaged										
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report									
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 07/01/2005 THROUGH 12/31/2005									

6 EXPLANATION OF CORRECTION

THE REIMBURSEMENT TO ALLISON SLAYTON FOR A B-DAY GIFT FOR \$7.38 HAS BEEN REPLACED WITH SUPPLIER'S NAME AND ADDRESS AS SHOWN IN SCHEDULE F. THE LOANS OUTSTANDING WERE PRESENTED ON PAGE 2 THE ONLY REQUIRED LOCATION AND IN THE MEMO. THE MEMO HAS BEEN DELETED AS IT IS NOT REQUIRED. I BELIEVE THE ORIGINAL TIMELY FILED REPORT WAS SUBSTANTIALLY COMPLETE AND ACCURATE AND I RESPECTIVELY REQUEST A LATE FILING WAIVER.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00051665	2 PAGE # 2 of 87
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST LINDA	MI
	NICKNAME	LAST HARPER-BROWN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	125 EAST JOHN CARPENTER FREEWAY SUITE 250 IRVING, TX 75062		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST J. RALPH	MI
	NICKNAME	LAST ELLIS	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
125 EAST JOHN CARPENTER FREEWAY SUITE 250 IRVING, TX 75062			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(972) 432-9919			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	07/01/2005		THROUGH
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/07/2006	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
13 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		

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME HARPER-BROWN, LINDA (MRS.)

15 ACCOUNT # (Ethics Commission filers)
00051665

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made 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

COMMITTEE NAME
HILLCO PAC

GENERAL

COMMITTEE ADDRESS
823 CONGRESS AVENUE
SUITE 900
AUSTIN, TX 78701

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME
JONES, NEIL

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
823 CONGRESS AVENUE
SUITE 900
AUSTIN, TX 78701

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

820.00

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

\$

55,725.00

EXPENDITURE TOTALS

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

\$

2,138.54

4. **TOTAL POLITICAL EXPENDITURES**

\$

56,440.02

CONTRIBUTION BALANCE

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

\$

26,575.85

OUTSTANDING LOAN TOTALS

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

\$

46,043.33

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

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C/OH NAME HARPER-BROWN, LINDA (MRS.)

ACCOUNT # (Ethics Commission filers)
00051665

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME SBC TEXAS EMPLOYEE PAC

COMMITTEE ADDRESS 1616 GUADALUPE
SUITE 501
SAN ANTONIO, TX 78701

COMMITTEE CAMPAIGN TREASURER NAME LYDON, JAMES

COMMITTEE CAMPAIGN TREASURER ADDRESS 1616 GUADALUPE
SUITE 501
SAN ANTONIO, TX 78701

NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME TEXPAC

COMMITTEE ADDRESS 401 WEST 15TH STREET
AUSTIN, TX 78701

COMMITTEE CAMPAIGN TREASURER NAME REYNOLDS, DAVID

COMMITTEE CAMPAIGN TREASURER ADDRESS 401 WEST 15TH STREET
AUSTIN, TX 78701

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/25 Report: 5/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/25/2005	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00040279) ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE 6 Contributor address; City; State; Zip Code ABBOTT PARK, IL 60064	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ACRES, EBBY HALLIDAY (Mrs.) Contributor address; City; State; Zip Code DALLAS, TX 75225	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADAMS, BEVERLY AND JOHN Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AMERICAN ELECTRIC POWER PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Apartment Association of Greater Dallas-PAC Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of contribution (\$) \$1,000.00	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: 2/25 Report: 6/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 11/09/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ASHLEY PROPERTIES A SOLE PROPRIETOR 6 Contributor address; City; State; Zip Code IRVING, TX 75062-6212	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BAIRD, BILLIE Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARFIELD, JOHN Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308-1346	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BEECHERL, LOUIS A Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED	
Date 09/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BEEMAN, SUZANNE Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of contribution (\$) \$2,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/25 Report: 7/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 09/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BEHRENS, GLENDA KAYE 6 Contributor address; City; State; Zip Code CEDAR HILL, TX 75104-3637	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) KB COTTON PILLOWSPRESIDENTPRESIDENTINC.	
Date 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BONILLA, FRAN Contributor address; City; State; Zip Code IRVING, TX 75060	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BONILLA, FRAN Contributor address; City; State; Zip Code IRVING, TX 75060	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOYCE, CHARLES A AND JANET B Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOYLE, JOHN F Jr. Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) BOYLE & LOWRY	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/25 Report: 8/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 12/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRACEWELL & GIULIANI COMMITEE 6 Contributor address; City; State; Zip Code HOUSTON, TX 77002-2770	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BROWN, WILLIAM E. Jr. Contributor address; City; State; Zip Code DALLAS, TX 75208	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAIN, RANDY Contributor address; City; State; Zip Code AUSTIN, TX 78763	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAREER COLLEGES AND SCHOOLS OF TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78754	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CATE, DOROTHY Contributor address; City; State; Zip Code IRVING, TX 75062	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: 5/25 Report: 9/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 09/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CATE, DOROTHY 6 Contributor address; City; State; Zip Code IRVING, TX 75062	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CENTERPOINT ENERGY INC PAC A MULTI-CANDIDATE COMMITTEE Contributor address; City; State; Zip Code HOUSTON, TX 77210	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CREWS, ANNE Contributor address; City; State; Zip Code DALLAS, TX 75219	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DALLAS CHAPTER TSCPA PAC Contributor address; City; State; Zip Code DALLAS, TX 75251-2228	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAUGHERTY, MICHAEL Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$250.00	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: 6/25 Report: 10/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 12/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEAN, DAVID AND JEAN 6 Contributor address; City; State; Zip Code DALLAS, TX 75214	7 Amount of contribution (\$) \$1,000.00	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) PRESIDENT		10 Employer (See Instructions) DEAN INTERNATIONAL INC	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DICKENS, JAMES Contributor address; City; State; Zip Code IRVING, TX 75061	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 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOAN, RW AND BJ Contributor address; City; State; Zip Code IRVING, TX 75061	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 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOBSON, CLAYTON Contributor address; City; State; Zip Code IRVING, TX 75038	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)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EDWIN, GEORGE Contributor address; City; State; Zip Code IRVING, TX 75061	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/25 Report: 11/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERBEN, RANDALL 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	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 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FEGAN, JEFFREY Contributor address; City; State; Zip Code ARGYLE, TX 76226	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)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FEMRITE, DONNA Contributor address; City; State; Zip Code DALLAS, TX 75230	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 12/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FLEMONS, JAMES RAY (Mr.) Contributor address; City; State; Zip Code MCKINNEY, TX 75070-3952	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)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FORESTER, HERSCHEL Contributor address; City; State; Zip Code DALLAS, TX 75229	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/25 Report: 13/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 12/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HALFF ASSOCIATES STATE PAC 6 Contributor address; City; State; Zip Code DALLAS, TX 75225	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)		10 Employer (See Instructions)	
Date 08/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HARDIE, JOHN AND SANDRA Contributor address; City; State; Zip Code IRVING, TX 75038	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)		Employer (See Instructions) Hardie's Fruit and Vegetable CompanyPresidentInc.	
Date 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HARDIE, JOHN AND SANDRA Contributor address; City; State; Zip Code IRVING, TX 75038	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)		Employer (See Instructions) Hardie's Fruit and Vegetable CompanyPresidentInc.	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HARPER, CHIP (Mr.) Contributor address; City; State; Zip Code PARIS, TX 75460-2698	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)		Employer (See Instructions)	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HILLCO PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/25 Report: 14/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HOMEPAC OF TEXAS TEXAS ASSOCIATION OF BUILDERS 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	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 07/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HUGHES, D. BRYAN (Mr.) Contributor address; City; State; Zip Code MINEOLA, TX 75773	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) STATE REPRESENTATIVE - ATTORNEY		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) STATE OF TEXAS - THE LANIER FIRM			
Date 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaben, Ed & Rae Contributor address; City; State; Zip Code Irving, TX 75038	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 12/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JONES, J R (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77081	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)			
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keilson, Gerald R Contributor address; City; State; Zip Code Irving, TX 75062	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)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/25 Report: 15/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KELLEY, RUSSELL T 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CONSULTANT		10 Employer (See Instructions) PUBLIC STRATEGIES GA	
Date 11/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KELLEY, TROY Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KORKMAS, MARGUERITE Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KUNSTADT, MIKE AND GERRI Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEININGER, JAMES (Dr.) Contributor address; City; State; Zip Code SAN ANTONIO, TX 78229	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/25 Report: 16/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/13/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LITTLEJOHN, JAN 6 Contributor address; City; State; Zip Code IRVING, TX 75015	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 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LoPEZ GARCIA GROUP INC. POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code DALLAS, TX 75207	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)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MADDEN, GAIL Contributor address; City; State; Zip Code DALLAS, TX 75205	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 08/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MAYFIELD, KENNETH Contributor address; City; State; Zip Code DALLAS, TX 75222	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) COUNTY COMMISSIONER		Employer (See Instructions) DALLAS COUNTY	
Date 12/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MC DERMOTT, ROBERT (Mr.) Contributor address; City; State; Zip Code DALLAS, TX 75252	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)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/25 Report: 17/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 08/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCCARLEY, JAMES 6 Contributor address; City; State; Zip Code DALLAS, TX 75248	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 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCCULLOUGH, STEPHEN (Mr.) Contributor address; City; State; Zip Code IRVING1, TX 75061	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 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCDONALD, CAROL Contributor address; City; State; Zip Code AUSTIN, TX 78731	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 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCLAUGHLIN, FRANK AND PATRICIA Contributor address; City; State; Zip Code DALLAS, TX 75219	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 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCQUILLAN, JOSEPH Contributor address; City; State; Zip Code IRVING, TX 75038	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) INVESTOR		Employer (See Instructions) RETIRED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 14/25 Report: 18/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)			3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCWILLIAMS, DEAN 6 Contributor address; City; State; Zip Code AUSTIN, TX 78703	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MERCER, MYRNA Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00227546</u>) MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code REDMOND, WA 98073	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MILLER, JEARLENE Contributor address; City; State; Zip Code IRVING, TX 75060	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MILLER, REBECCA Contributor address; City; State; Zip Code CARROLTON, TX 75006	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: 15/25 Report: 19/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 08/04/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MILLER, VANCE 6 Contributor address; City; State; Zip Code DALLAS, TX 75244	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MORRIS, ROBERT (Mr.) Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NICHOLS, ELISABETH Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NORTH TEXAS SPINECARE LL PARTNERSHIP Contributor address; City; State; Zip Code DALLAS, TX 75246	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'DONNELL, ROBERT AND JULIE VARGO Contributor address; City; State; Zip Code MCKINNEY, TX 75069	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) GUARDIAN AD LITEM	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/25 Report: 20/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 12/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OBERLIN, DONALD AND MARY 6 Contributor address; City; State; Zip Code IRVING, TX 75062	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PBS & J PAC-TEXAS Contributor address; City; State; Zip Code DALLAS, TX 75252	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PERRY, BOB. J. Contributor address; City; State; Zip Code HOUSTON, TX 77234	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PERRY HOMES	
Date 11/10/2005	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00016683) PFIZER PAC Contributor address; City; State; Zip Code NEW YORK, NY 10017	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PHILLIP, ELIZABETH Contributor address; City; State; Zip Code IRVING, TX 75062	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: 17/25 Report: 21/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 09/30/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PHILLIP, JOE 6 Contributor address; City; State; Zip Code IRVING, TX 75062-6528	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 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) POPE, ROBERT W Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) ROBERT W. POPE & ASSOCIATES	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PORTER, TODD AND JANE Contributor address; City; State; Zip Code IRVING, TX 75062	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 12/27/2005	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00103903) PROFESSIONAL POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code OMAHA, NE 66114-4049	Amount of contribution (\$) \$500.00	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 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Q PAC Contributor address; City; State; Zip Code FT WORTH, TX 76102	Amount of contribution (\$) \$2,000.00	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/25 Report: 22/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 08/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RATTEREE, BETTY 6 Contributor address; City; State; Zip Code IRVING, TX 75062	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SAYLES, GLENN Contributor address; City; State; Zip Code IRVING, TX 75014	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SBC TEXAS EMPLOYEE PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT, ALLEN AND BARBARA Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHAHZAD, CLAIRE AND REZA Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$250.00	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: 19/25 Report: 23/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 11/09/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHEA, MICHAEL 6 Contributor address; City; State; Zip Code IRVING, TX 75063	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SIMMONS, HAROLD Contributor address; City; State; Zip Code DALLAS, TX 75240	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) CONTRAN CORPORATION	
Date 11/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SIMON, H K Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) INVESTOR	
Date 08/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SMITH, CARLA Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SPICER, MR. OR MRS. ROSS H. Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$200.00	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: 20/25 Report: 24/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 08/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STANTON, NORMA 6 Contributor address; City; State; Zip Code IRVING, TX 75060-5832	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 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STAVELY, GERALD AND JOYCE Contributor address; City; State; Zip Code IRVING, TX 75060	Amount of contribution (\$) \$5,000.00	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) STAVELY ONE HOUR MARTINIZING			
Date 10/31/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STEHMAN, BURNELL AND SHIRLEY Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of contribution (\$) \$200.00	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 11/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUHM, VICTOR Contributor address; City; State; Zip Code DALLAS, TX 75204	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 10/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUSAT, GEORGE OR CAROL LEE Contributor address; City; State; Zip Code IRVING, TX 75062	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"/>	
Employer (See Instructions) RETIRED			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/25 Report: 25/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 09/27/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXANS FOR LAW SUIT REFORM PAC 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS ARCHITECTS COMMITTEE Contributor address; City; State; Zip Code AUSTIN, TN 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Association of FIRE FIGHTERS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78745	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS ASSOCIATION OF MORTGAGE BROKERS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS AUTOMOBILE DEALERS ASSN PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of contribution (\$) \$1,000.00	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: 22/25 Report: 26/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS COMMUNITY ASSOCIATION INSTITUTE LEGISLATIVE ACTION COMMITTEE 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS EMPLOYEE POLITICAL ACTION COMMITTEE OF TXU Contributor address; City; State; Zip Code DALLAS, TX 75201	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS MEDICAL ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THOMAS, DR BEN Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THOMAS, DR BEN Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of contribution (\$) \$250.00	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: 23/25 Report: 27/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 12/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THOMAS, GILLIS (Mr.) 6 Contributor address; City; State; Zip Code DALLAS, TX 75225	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOOMEY, MICHAEL Contributor address; City; State; Zip Code AUSTIN, TX 78701-2132	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRINITY INDUSTRIES EMPLOYEE POLITICAL ACTION COMMITTEE SFINC. Contributor address; City; State; Zip Code DALLAS, TX 75207	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TURNER COLLIE & BRADEN PAC Contributor address; City; State; Zip Code HOUSTON, TX 77219	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA GROUP POLITICAL ACTION COMMITTEE MULTICANDIDATE COMMITTEE Contributor address; City; State; Zip Code SAN ANTONIO, TX 78288	Amount of contribution (\$) \$250.00	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: 24/25 Report: 28/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WALL, MICHAEL 6 Contributor address; City; State; Zip Code MIDLOTHIAN, TX 76065	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WEEKLEY, RICHARD Contributor address; City; State; Zip Code HOUSTON, TX 77019	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) DAVID WEEKLY HOMES		Employer (See Instructions) VICE PRESIDENT	
Date 09/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WELLS FARGO BANK TEXAS STATE PAC Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WHITE, LELY Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WHITE, LELY Contributor address; City; State; Zip Code IRVING, TX 75062	Amount of contribution (\$) \$20.00	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: 25/25 Report: 29/87	
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WHITE, PATRICIA 6 Contributor address; City; State; Zip Code IRVING, TX 75062	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WOHLGEMUTH, ARLENE (Mrs.) Contributor address; City; State; Zip Code OVILLA, TX 75154-1667	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WYLY, CHARLES Contributor address; City; State; Zip Code DALLAS, TX 75201	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) YERBY, PHILIP (Mr.) Contributor address; City; State; Zip Code PLANO, TX 75023-1107	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ZACHRY CONSTRUCTION CORP PAC Contributor address; City; State; Zip Code SAN ANTONIO, TX 78205	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/56 Report: 31/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/12/2005	5 Payee name 1-800-FLOWERS.COM 6 Payee address; City; State; Zip Code 1 OLDE COUNTRY ROAD CARLE PLACE, NY 11514	7 Amount (\$) \$64.93
8 Purpose of payment (See instructions regarding type of information required.) FLOWERS (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 07/17/2005	Payee name 1-800-FLOWERS.COM Payee address; City; State; Zip Code 1 OLDE COUNTRY ROAD CARLE PLACE, NY 11514	Amount (\$) \$66.01
Purpose of payment (See instructions regarding type of information required.) FLOWERS (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 11/30/2005	Payee name A FLORAL EXPERIENCE IRVING Payee address; City; State; Zip Code 5457 NORTH MACARTHUR IRVING, TX 75038	Amount (\$) \$114.73
Purpose of payment (See instructions regarding type of information required.) FLOWERS (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 10/15/2005	Payee name ALLYN AND COMPANY Payee address; City; State; Zip Code 3232 MCKINNEY AVENUE SUITE 660 DALLAS, TX 75204	Amount (\$) \$1,000.00
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/56 Report: 32/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/04/2005	5 Payee name AMERICAN AIRLINES 6 Payee address; City; State; Zip Code P O BOX 619612 DFW AIRPORT, TX 75261	7 Amount (\$) \$731.80
8 Purpose of payment (See instructions regarding type of information required.) AIRFARE LINDA HARPER-BROWN DFW TO SEATTLE NCSL 2005 ANN MTNG 8/15-8/20 CNCLD FOR SPEC SES (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 08/30/2005	Payee name AMERICAN AIRLINES Payee address; City; State; Zip Code P O BOX 619612 DFW AIRPORT, TX 75261	Amount (\$) \$464.40
Purpose of payment (See instructions regarding type of information required.) AIRFARE LINDA HARPER-BROWN ALEC SCHOOL CHOICE CONF. 9/15-9/18 DFW TO PHILADELPHIA (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 11/02/2005	Payee name AMERICAN AIRLINES Payee address; City; State; Zip Code P O BOX 619612 DFW AIRPORT, TX 75261	Amount (\$) \$279.60
Purpose of payment (See instructions regarding type of information required.) AIRFARE LINDA HARPER-BROWN NCSL CHICAGO & ALEC IN DC DFW TO CHICAGO & DC 12/6-12/10 (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 11/09/2005	Payee name AMERICAN AIRLINES Payee address; City; State; Zip Code P O BOX 619612 DFW AIRPORT, TX 75261	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) AIRFARE LINDA HARPER BROWN ALEC & NCSL DFW TO CHICAGO & DC 12/6-12/8 FLIGHT CHANGE (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: 3/56 Report: 33/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/14/2005	5 Payee name AMERICAN AIRLINES 6 Payee address; City; State; Zip Code P O BOX 619612 DFW AIRPORT, TX 75261	7 Amount (\$) \$31.30
8 Purpose of payment (See instructions regarding type of information required.) TICKET FEE (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 07/17/2005	Payee name AMERICAN LEGISLATIVE EXCHANGE COUNCIL Payee address; City; State; Zip Code 1129 20TH STREET NW SUITE 500 WASHINGTON, DC 20036	Amount (\$) \$575.00
Purpose of payment (See instructions regarding type of information required.) CONFERENCE TUITION (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 11/03/2005	Payee name AMERICAN LEGISLATIVE EXCHANGE COUNCIL Payee address; City; State; Zip Code 1129 20TH STREET NW SUITE 500 WASHINGTON, DC 20036	Amount (\$) \$175.00
Purpose of payment (See instructions regarding type of information required.) CONFERENCE FEES (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 10/18/2005	Payee name APPLES TO ZINNIAS Payee address; City; State; Zip Code 4024 VILLANOVA DALLAS, TX 75225	Amount (\$) \$175.37
Purpose of payment (See instructions regarding type of information required.) FLOWERS (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: 4/56 Report: 34/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/16/2005	5 Payee name ARAMARK 6 Payee address; City; State; Zip Code 1101 MARKET STREET PHILADELPHIA, PA 19107	7 Amount (\$) \$113.31
8 Purpose of payment (See instructions regarding type of information required.) BOOKS (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 09/15/2005	Payee name AVIS RENT A CAR Payee address; City; State; Zip Code 2000 ARCH STREET PHILADELPHIA, PA 19103	Amount (\$) \$113.26
Purpose of payment (See instructions regarding type of information required.) RENTAL CAR (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 07/01/2005	Payee name BARNES AND NOBLE Payee address; City; State; Zip Code 7615 NORTH MAC ARTHUR IRVING, TX 75063	Amount (\$) \$256.89
Purpose of payment (See instructions regarding type of information required.) BOOKS (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 07/17/2005	Payee name BARNES AND NOBLE Payee address; City; State; Zip Code 7615 NORTH MAC ARTHUR IRVING, TX 75063	Amount (\$) \$144.84
Purpose of payment (See instructions regarding type of information required.) BOOKS (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: 5/56 Report: 35/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/30/2005	5 Payee name BARNES AND NOBLE 6 Payee address; City; State; Zip Code 7615 NORTH MAC ARTHUR IRVING, TX 75063	7 Amount (\$) \$72.94
8 Purpose of payment (See instructions regarding type of information required.) BOOKS (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 10/20/2005	Payee name BEST BUY Payee address; City; State; Zip Code 4970 US HWY 290 AUSTIN, TX 78735	Amount (\$) \$412.39
Purpose of payment (See instructions regarding type of information required.) OFFICE EQUIPMENT AUSTIN (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 09/05/2005	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235	Amount (\$) \$2,216.53
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILING (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 10/17/2005	Payee name BOOKER INDUSTRIES Payee address; City; State; Zip Code 5415 MAPLE AVE SUITE 230 DALLAS, TX 75235	Amount (\$) \$2,513.35
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILING (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: 6/56 Report: 36/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/03/2005	5 Payee name BUDGET RENT A CAR 6 Payee address; City; State; Zip Code 2415 WEST AIRPORT FREEWAY IRVING, TX 75062	7 Amount (\$) \$70.21
8 Purpose of payment (See instructions regarding type of information required.) XMAS PARADE VEHICLE (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 10/20/2005	Payee name BURCH, BILL Payee address; City; State; Zip Code 7118 CHAMBERS CREEK LANE ARLINGTON, TX 76002	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) SD9 MAILER (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 10/14/2005	Payee name C.C. VALET Payee address; City; State; Zip Code 17221 GRAYSTONE DRIVE DALLAS, TX 75248	Amount (\$) \$185.00
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 08/25/2005	Payee name CAPITOL GIFT SHOP Payee address; City; State; Zip Code 112 EAST 11TH STREET AUSTIN, TX 78701	Amount (\$) \$2.17
Purpose of payment (See instructions regarding type of information required.) PINS (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: 7/56 Report: 37/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/20/2005	5 Payee name CAPITOL GIFT SHOP 6 Payee address; City; State; Zip Code 112 EAST 11TH STREET AUSTIN, TX 78701	7 Amount (\$) \$17.32
8 Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 10/25/2005	Payee name CAPITOL GIFT SHOP Payee address; City; State; Zip Code 112 EAST 11TH STREET AUSTIN, TX 78701	Amount (\$) \$17.32
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 10/26/2005	Payee name CAPITOL GIFT SHOP Payee address; City; State; Zip Code 112 EAST 11TH STREET AUSTIN, TX 78701	Amount (\$) \$17.32
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 11/16/2005	Payee name CAPITOL GIFT SHOP Payee address; City; State; Zip Code 112 EAST 11TH STREET AUSTIN, TX 78701	Amount (\$) \$4.33
Purpose of payment (See instructions regarding type of information required.) GIFTS (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: 8/56 Report: 38/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/01/2005	5 Payee name CAPITOL GIFT SHOP 6 Payee address; City; State; Zip Code 112 EAST 11TH STREET AUSTIN, TX 78701	7 Amount (\$) \$138.56
8 Purpose of payment (See instructions regarding type of information required.) CONTRIBUTIONS FOR NON PROFIT FUNDRAISER (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 11/05/2005	Payee name CHICAGO HILTON Payee address; City; State; Zip Code 720 S MICHIGAN AVENUE CHICAGO, IL 60605	Amount (\$) \$195.03
Purpose of payment (See instructions regarding type of information required.) LHB HOTEL NCSL CONFERENCE CHICAGO (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 12/09/2005	Payee name CHICAGO HILTON Payee address; City; State; Zip Code 720 S MICHIGAN AVENUE CHICAGO, IL 60605	Amount (\$) \$368.05
Purpose of payment (See instructions regarding type of information required.) LHB HOTEL NCSL CONFERENCE CHICAGO (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 07/01/2005	Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code 907 WEST 5TH STREET AUSTIN, TX 78703	Amount (\$) \$272.77
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.		1 PAGE # Schedule: 9/56 Report: 39/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/23/2005	5 Payee name CINGULAR WIRELESS <hr/> 6 Payee address; City; State; Zip Code 907 WEST 5TH STREET AUSTIN, TX 78703	7 Amount (\$) \$108.24
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 07/11/2005	Payee name CITY FLORIST <hr/> Payee address; City; State; Zip Code 110 SOUTH STORY IRVING, TX 75060	Amount (\$) \$59.54
Purpose of payment (See instructions regarding type of information required.) FLOWERS (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 10/02/2005	Payee name CITY FLORIST <hr/> Payee address; City; State; Zip Code 110 SOUTH STORY IRVING, TX 75060	Amount (\$) \$148.84
Purpose of payment (See instructions regarding type of information required.) FLOWERS (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 07/24/2005	Payee name CITY OF AUSTIN <hr/> Payee address; City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783-2267	Amount (\$) \$95.29
Purpose of payment (See instructions regarding type of information required.) AUSTIN 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: 10/56 Report: 40/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/24/2005	5 Payee name COMPUTER CONNECTION INC. 6 Payee address; City; State; Zip Code 3080 EAST 71ST STREET TULSA, OK 74136	7 Amount (\$) \$135.31
8 Purpose of payment (See instructions regarding type of information required.) SOFTWARE UPDATE (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 10/17/2005	Payee name COMPUTER CONNECTION INC. Payee address; City; State; Zip Code 3080 EAST 71ST STREET TULSA, OK 74136	Amount (\$) \$752.07
Purpose of payment (See instructions regarding type of information required.) COMPUTER MAINTENANCE (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 11/03/2005	Payee name COMPUTER CONNECTION INC. Payee address; City; State; Zip Code 3080 EAST 71ST STREET TULSA, OK 74136	Amount (\$) \$405.94
Purpose of payment (See instructions regarding type of information required.) COMPUTER MAINTENANCE (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 08/06/2005	Payee name CRATE N BARREL.COM Payee address; City; State; Zip Code 1250 TECHNY ROAD NORTH BROOK, IL 60062	Amount (\$) \$73.01
Purpose of payment (See instructions regarding type of information required.) WEDDING GIFT (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: 11/56 Report: 41/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/25/2005	5 Payee name CRATE N BARREL.COM 6 Payee address; City; State; Zip Code 1250 TECHNY ROAD NORTH BROOK, IL 60062	7 Amount (\$) \$72.15
8 Purpose of payment (See instructions regarding type of information required.) WEDDING GIFT (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 12/31/2005	Payee name CRESCENT REAL ESTATE FUNDING I L.P. Payee address; City; State; Zip Code P O BOX 841780 DALLAS, TX 75284-1780	Amount (\$) \$1,297.65
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN OFFICE 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 09/19/2005	Payee name CROWNE PLAZA CITY CENTER HOTEL Payee address; City; State; Zip Code 1800 MARKET STREET PHILADELPHIA, PA 19103	Amount (\$) \$143.86
Purpose of payment (See instructions regarding type of information required.) FOOD & PARKING 9/15 - 9/17 (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 10/18/2005	Payee name CROWNE PLAZA CITY CENTER HOTEL Payee address; City; State; Zip Code 1800 MARKET STREET PHILADELPHIA, PA 19103	Amount (\$) \$181.26
Purpose of payment (See instructions regarding type of information required.) LODGING 9/15-9/17/2005 (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: 12/56 Report: 42/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/13/2005	5 Payee name CVS PHARMACY 6 Payee address; City; State; Zip Code 1105 NORTH I-35 AUSTIN, TX 78701	7 Amount (\$) \$58.61
8 Purpose of payment (See instructions regarding type of information required.) SUPPLIES (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 09/14/2005	Payee name DALEN PAC Payee address; City; State; Zip Code 4505 SOUTHERN AVE. DALLAS, TX 75205	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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 12/05/2005	Payee name DALLAS COUNTY REPUBLICAN PARTY Payee address; City; State; Zip Code 10100 N. CENTRAL EXPRESSWAY SUITE 175 DALLAS, TX 75231	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) FILING FEE (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 12/13/2005	Payee name DEAN INTERNATIONAL INC Payee address; City; State; Zip Code 8080 PARK LANE SUITE 600 DALLAS, TX 75231	Amount (\$) \$1,845.73
Purpose of payment (See instructions regarding type of information required.) FUND RAISING EVENT (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: 13/56 Report: 43/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/08/2005	5 Payee name DESIGNS EAST FLORIST 6 Payee address; City; State; Zip Code 100 N. CENTRAL EXPRESSWAY DALLAS, TX 75201	7 Amount (\$) \$75.72
8 Purpose of payment (See instructions regarding type of information required.) FLOWERS (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 12/08/2005	Payee name DULLES TAXI Payee address; City; State; Zip Code P O BOX 17045 WASHINGTON, DC 20078	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) TAXI (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 12/09/2005	Payee name DULLES TAXI Payee address; City; State; Zip Code P O BOX 17045 WASHINGTON, DC 20078	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) TAXI (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 08/18/2005	Payee name EDDY V'S GRILL Payee address; City; State; Zip Code 301 EAST 5TH AUSTIN, TX 78701	Amount (\$) \$7.00
Purpose of payment (See instructions regarding type of information required.) PARKING (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: 14/56 Report: 44/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/14/2005	5 Payee name EDDY V'S GRILL 6 Payee address; City; State; Zip Code 301 EAST 5TH AUSTIN, TX 78701	7 Amount (\$) \$24.52
8 Purpose of payment (See instructions regarding type of information required.) FOOD (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 12/14/2005	Payee name EDDY V'S GRILL Payee address; City; State; Zip Code 301 EAST 5TH AUSTIN, TX 78701	Amount (\$) \$236.00
Purpose of payment (See instructions regarding type of information required.) STAFF CHRISTMAS DINNER (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 10/15/2005	Payee name EDWARD M SHACK ATTORNEY AT LAW Payee address; City; State; Zip Code 814 SAN JACINTO BLVD SUITE 202 AUSTIN, TX 78701	Amount (\$) \$390.00
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 11/18/2005	Payee name EXECUTIVE WOMEN OF DALLAS Payee address; City; State; Zip Code 9441 LBJ FRWY LOCK BOX 20 DALLAS, TX 75243	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) DUES (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: 15/56 Report: 45/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/27/2005	5 Payee name GARRETT, DAVID 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	7 Amount (\$) \$20.00
8 Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES (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 08/10/2005	Payee name GARRETT, DAVID Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) FOOD FOR AUSTIN OFFICE (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 08/16/2005	Payee name GARRETT, DAVID Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) STIPEND (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 11/30/2005	Payee name GARRETT, DAVID Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$16.24
Purpose of payment (See instructions regarding type of information required.) GIFT (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: 16/56 Report: 46/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/17/2005	5 Payee name GARRETT, DAVID 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 08/17/2005	Payee name GEM JEWELRY CO. Payee address; City; State; Zip Code 912 CONGRESS AVENUE AUSTIN, TX 78701	Amount (\$) \$596.73
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTIONS FOR NON PROFITS' FUNDRAISERS (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 09/20/2005	Payee name GEM JEWELRY CO. Payee address; City; State; Zip Code 912 CONGRESS AVENUE AUSTIN, TX 78701	Amount (\$) \$7.38
Purpose of payment (See instructions regarding type of information required.) B-DAY GIFT (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 10/19/2005	Payee name HERITAGE FOUNDATION Payee address; City; State; Zip Code 214 MASSACHUSETTS AV NE WASHINGTON, DC 20002	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) DUES (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: 17/56 Report: 47/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/20/2005	5 Payee name HOUSE OF REPRESENTATIVES 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	7 Amount (\$) \$17.00
8 Purpose of payment (See instructions regarding type of information required.) FLAGS (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 07/21/2005	Payee name HOUSE OF REPRESENTATIVES Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) FLAGS (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 07/21/2005	Payee name HOUSE OF REPRESENTATIVES Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$48.00
Purpose of payment (See instructions regarding type of information required.) GIFTS FOR MEMBERS (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 09/27/2005	Payee name HOUSE OF REPRESENTATIVES Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$32.00
Purpose of payment (See instructions regarding type of information required.) FLAGS (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: 18/56 Report: 48/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 11/17/2005	5 Payee name HOUSE OF REPRESENTATIVES <hr/> 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	7 Amount (\$) \$17.00
8 Purpose of payment (See instructions regarding type of information required.) FLAGS (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 12/06/2005	Payee name HOUSE OF REPRESENTATIVES <hr/> Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) FLAGS (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 12/16/2005	Payee name HOUSE OF REPRESENTATIVES <hr/> Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$34.00
Purpose of payment (See instructions regarding type of information required.) FLAGS (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 11/16/2005	Payee name HUGHES, BRIAN <hr/> Payee address; City; State; Zip Code 102 WEST HOUSTON MARSHALL, TX 75670	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) GIFT FOR RETIRING MEMBER (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: 19/56 Report: 49/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/23/2005	5 Payee name HUNTSVILLE CLEARING HOUSE <hr/> 6 Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	7 Amount (\$) \$121.78
8 Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 09/07/2005	Payee name HUNTSVILLE CLEARING HOUSE <hr/> Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	Amount (\$) \$261.51
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 09/28/2005	Payee name HUNTSVILLE CLEARING HOUSE <hr/> Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	Amount (\$) \$43.60
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 09/29/2005	Payee name HUNTSVILLE CLEARING HOUSE <hr/> Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	Amount (\$) \$121.78
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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: 20/56 Report: 50/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 11/29/2005	5 Payee name HUNTSVILLE CLEARING HOUSE 6 Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	7 Amount (\$) \$365.35
8 Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 11/29/2005	Payee name HUNTSVILLE CLEARING HOUSE Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	Amount (\$) \$85.40
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 12/20/2005	Payee name HUNTSVILLE CLEARING HOUSE Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	Amount (\$) \$121.78
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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 12/16/2005	Payee name HUNTSVILLE CLEARING HOUSE - TDCJ Payee address; City; State; Zip Code P O BOX 4013 HUNTSVILLE, TX 77342	Amount (\$) \$170.80
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION FOR NON PROFIT FUNDRAISER (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: 21/56 Report: 51/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/12/2005	5 Payee name INTERCONTINENTAL HOTEL AUSTIN 6 Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	7 Amount (\$) \$3.00
8 Purpose of payment (See instructions regarding type of information required.) TIP (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 07/13/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$3.00
Purpose of payment (See instructions regarding type of information required.) TIP (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 07/13/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$147.27
Purpose of payment (See instructions regarding type of information required.) LODGING (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 07/14/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$7.00
Purpose of payment (See instructions regarding type of information required.) TIPS (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: 22/56 Report: 52/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/14/2005	5 Payee name INTERCONTINENTAL HOTEL AUSTIN <hr/> 6 Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	7 Amount (\$) \$301.33
8 Purpose of payment (See instructions regarding type of information required.) LODGING (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 07/18/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN <hr/> Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$3.00
Purpose of payment (See instructions regarding type of information required.) TIP (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 07/19/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN <hr/> Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$3.00
Purpose of payment (See instructions regarding type of information required.) TIP (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 07/22/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN <hr/> Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$564.50
Purpose of payment (See instructions regarding type of information required.) LODGING (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: 23/56 Report: 53/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/16/2005	5 Payee name INTERCONTINENTAL HOTEL AUSTIN 6 Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	7 Amount (\$) \$500.68
8 Purpose of payment (See instructions regarding type of information required.) LODGING (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 11/10/2005	Payee name INTERCONTINENTAL HOTEL AUSTIN Payee address; City; State; Zip Code 701 CONGRESS AVE AUSTIN, TX 78701	Amount (\$) \$196.56
Purpose of payment (See instructions regarding type of information required.) LODGING (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 07/31/2005	Payee name INTERNAL REVENUE SERVICE Payee address; City; State; Zip Code 1100 COMMERCE AUSTIN, TX 75201	Amount (\$) \$76.50
Purpose of payment (See instructions regarding type of information required.) PAYROLL TAX (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 10/31/2005	Payee name INTERNAL REVENUE SERVICE Payee address; City; State; Zip Code 1100 COMMERCE AUSTIN, TX 75201	Amount (\$) \$140.87
Purpose of payment (See instructions regarding type of information required.) PAYROLL TAX (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: 24/56 Report: 54/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/29/2005	5 Payee name IRVING CARES 6 Payee address; City; State; Zip Code 440 S NUSERY ROAD IRVING, TX 75060	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) BENEFIT CONTRIBUTION (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 09/29/2005	Payee name IRVING CHAMBER OF COMMERCE Payee address; City; State; Zip Code 3333 N MAC ARTHUR SUITE 100 IRVING, TX 75062	Amount (\$) \$365.00
Purpose of payment (See instructions regarding type of information required.) DUES (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 10/17/2005	Payee name IRVING DOWNTOWN ASSOCIATION Payee address; City; State; Zip Code P O BOX 170663 IRVING, TX 75017	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) MAIN EVENT SPONSOR (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 07/24/2005	Payee name IRVING ROTARY CLUB Payee address; City; State; Zip Code P O BOX 141714 IRVING, TX 75014	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) DUES (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: 25/56 Report: 55/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/28/2005	5 Payee name IRVING ROTARY CLUB <hr/> 6 Payee address; City; State; Zip Code P O BOX 141714 IRVING, TX 75014	7 Amount (\$) \$87.00
8 Purpose of payment (See instructions regarding type of information required.) DUES (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 09/29/2005	Payee name IRVING ROTARY CLUB <hr/> Payee address; City; State; Zip Code P O BOX 141714 IRVING, TX 75014	Amount (\$) \$36.00
Purpose of payment (See instructions regarding type of information required.) DUES (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 10/25/2005	Payee name IRVING ROTARY CLUB <hr/> Payee address; City; State; Zip Code P O BOX 141714 IRVING, TX 75014	Amount (\$) \$51.00
Purpose of payment (See instructions regarding type of information required.) DUES (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 10/15/2005	Payee name JACK HATCHELL CAMPAIGN <hr/> Payee address; City; State; Zip Code P O BOX 260119 PLANO, TX 75026	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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: 26/56 Report: 56/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/27/2005	5 Payee name LAS COLINAS COUNTRY CLUB 6 Payee address; City; State; Zip Code 4400 N OCONNOR IRVING, TX 75062	7 Amount (\$) \$5,143.65
8 Purpose of payment (See instructions regarding type of information required.) FUND RAISING (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 08/30/2005	Payee name LIFE WAY CHRISTIAN STORE Payee address; City; State; Zip Code 18775 LBJ FRWY MESQUITE, TX 75150	Amount (\$) \$76.36
Purpose of payment (See instructions regarding type of information required.) BOOKS (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 12/06/2005	Payee name MANSIONS AT JUDGES HILL Payee address; City; State; Zip Code 1900 RIO GRANDE AUSTIN, TX 78705	Amount (\$) \$92.00
Purpose of payment (See instructions regarding type of information required.) LODGING (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 12/15/2005	Payee name MANSIONS AT JUDGES HILL Payee address; City; State; Zip Code 1900 RIO GRANDE AUSTIN, TX 78705	Amount (\$) \$126.75
Purpose of payment (See instructions regarding type of information required.) LODGING (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: 27/56 Report: 57/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/10/2005	5 Payee name MARRIOT HOTEL 6 Payee address; City; State; Zip Code 2660 WOODLY ROAD NW WASHINGTON, DC 20008	7 Amount (\$) \$508.26
8 Purpose of payment (See instructions regarding type of information required.) LODGING (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 07/28/2005	Payee name MC Macken, A E (Mrs.) Payee address; City; State; Zip Code 1020 San Jacinto Boulevard #1317 Irving, TX 75063	Amount (\$) \$109.38
Purpose of payment (See instructions regarding type of information required.) BOOKKEEPING (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 09/05/2005	Payee name MC Macken, A E (Mrs.) Payee address; City; State; Zip Code 1020 San Jacinto Boulevard #1317 Irving, TX 75063	Amount (\$) \$43.75
Purpose of payment (See instructions regarding type of information required.) BOOKKEEPING (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 09/29/2005	Payee name MC Macken, A E (Mrs.) Payee address; City; State; Zip Code 1020 San Jacinto Boulevard #1317 Irving, TX 75063	Amount (\$) \$122.50
Purpose of payment (See instructions regarding type of information required.) BOOKKEEPING (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: 28/56 Report: 58/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/31/2005	5 Payee name MC Macken, A E (Mrs.) 6 Payee address; City; State; Zip Code 1020 San Jacinto Boulevard #1317 Irving, TX 75063	7 Amount (\$) \$52.50
8 Purpose of payment (See instructions regarding type of information required.) BOOKKEEPING (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 12/05/2005	Payee name MC Macken, A E (Mrs.) Payee address; City; State; Zip Code 1020 San Jacinto Boulevard #1317 Irving, TX 75063	Amount (\$) \$35.88
Purpose of payment (See instructions regarding type of information required.) BOOKKEEPING (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 12/30/2005	Payee name MC Macken, A E (Mrs.) Payee address; City; State; Zip Code 1020 San Jacinto Boulevard #1317 Irving, TX 75063	Amount (\$) \$170.63
Purpose of payment (See instructions regarding type of information required.) BOOKKEEPING (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 09/07/2005	Payee name MOCKINGBIRD LANE FLORIST Payee address; City; State; Zip Code 5606 MOCKINGBIRD LANE DALLAS, TX 75206	Amount (\$) \$62.73
Purpose of payment (See instructions regarding type of information required.) FLOWERS (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: 29/56 Report: 59/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/26/2005	5 Payee name MOONSHINE PATIO BAR & GRILL 6 Payee address; City; State; Zip Code 303 RED RIVER STREET AUSTIN, TX 78701	7 Amount (\$) \$27.61
8 Purpose of payment (See instructions regarding type of information required.) STAFF MEALS (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 08/17/2005	Payee name MOONSHINE PATIO BAR & GRILL Payee address; City; State; Zip Code 303 RED RIVER STREET AUSTIN, TX 78701	Amount (\$) \$40.48
Purpose of payment (See instructions regarding type of information required.) MEMBER/STAFF MEALS (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 10/20/2005	Payee name MOONSHINE PATIO BAR & GRILL Payee address; City; State; Zip Code 303 RED RIVER STREET AUSTIN, TX 78701	Amount (\$) \$64.54
Purpose of payment (See instructions regarding type of information required.) MEMBER/STAFF MEALS (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 07/17/2005	Payee name NATIONAL CONFERENCE STATE LEGISLATORS Payee address; City; State; Zip Code 7700 East First Place DENVER, CO 80230	Amount (\$) \$515.00
Purpose of payment (See instructions regarding type of information required.) CONFERENCE FEE (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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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/56 Report: 60/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/17/2005	5 Payee name NATIONAL CONFERENCE STATE LEGISLATORS 6 Payee address; City; State; Zip Code 7700 East First Place DENVER, CO 80230	7 Amount (\$) \$465.00
8 Purpose of payment (See instructions regarding type of information required.) CONFERENCE FEE (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 11/02/2005	Payee name NATIONAL CONFERENCE STATE LEGISLATORS Payee address; City; State; Zip Code 7700 East First Place DENVER, CO 80230	Amount (\$) \$425.00
Purpose of payment (See instructions regarding type of information required.) CONFERENCE FEE (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 10/27/2005	Payee name NEIMAN MARCUS .COM Payee address; City; State; Zip Code 1618 MAIN ST DALLAS, TX 75201	Amount (\$) \$87.15
Purpose of payment (See instructions regarding type of information required.) WEDDING GIFT (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 09/14/2005	Payee name OFFICE MAX Payee address; City; State; Zip Code 907 WEST 5TH STREET AUSTIN, TX 78703	Amount (\$) \$65.96
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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/56 Report: 61/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/17/2005	5 Payee name OFFICE MAX IRVING 6 Payee address; City; State; Zip Code 4009 WEST AIRPORT FREEWAY IRVING, TX 75062	7 Amount (\$) \$162.36
8 Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES (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 07/24/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$3.00
Purpose of payment (See instructions regarding type of information required.) TIP (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 07/25/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$3.00
Purpose of payment (See instructions regarding type of information required.) TIP (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 07/26/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$3.00
Purpose of payment (See instructions regarding type of information required.) TIP (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: 32/56 Report: 62/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/27/2005	5 Payee name OMNI HOTEL 6 Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	7 Amount (\$) \$366.31
8 Purpose of payment (See instructions regarding type of information required.) LODGING (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 07/28/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$112.56
Purpose of payment (See instructions regarding type of information required.) LODGING (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 08/10/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$118.58
Purpose of payment (See instructions regarding type of information required.) LODGING (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 08/17/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$124.26
Purpose of payment (See instructions regarding type of information required.) LODGING (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: 33/56 Report: 63/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/19/2005	5 Payee name OMNI HOTEL 6 Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	7 Amount (\$) \$184.00
8 Purpose of payment (See instructions regarding type of information required.) LODGING (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 10/26/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$110.70
Purpose of payment (See instructions regarding type of information required.) LODGING (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 10/28/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$193.89
Purpose of payment (See instructions regarding type of information required.) LODGING (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 11/04/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$7.65
Purpose of payment (See instructions regarding type of information required.) ROOM TAX (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: 34/56 Report: 64/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/01/2005	5 Payee name OMNI HOTEL 6 Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	7 Amount (\$) \$281.12
8 Purpose of payment (See instructions regarding type of information required.) LODGING (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 12/01/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$5.02
Purpose of payment (See instructions regarding type of information required.) FOOD (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 12/02/2005	Payee name OMNI HOTEL Payee address; City; State; Zip Code 700 SAN JACINTO AUSTIN, TX 78701	Amount (\$) \$25.50
Purpose of payment (See instructions regarding type of information required.) FOOD (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 08/11/2005	Payee name OMNI HOTEL MANDALAY Payee address; City; State; Zip Code 221 EAST LAS COLINAS BLVD IRVING, TX 75039	Amount (\$) \$11.00
Purpose of payment (See instructions regarding type of information required.) PARKING (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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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/56 Report: 65/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/26/2005	5 Payee name OMNI HOTEL MANDALAY 6 Payee address; City; State; Zip Code 221 EAST LAS COLINAS BLVD IRVING, TX 75039	7 Amount (\$) \$1,722.42
8 Purpose of payment (See instructions regarding type of information required.) FUND RAISING EVENT (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 10/03/2005	Payee name OMNI HOTEL MANDALAY Payee address; City; State; Zip Code 221 EAST LAS COLINAS BLVD IRVING, TX 75039	Amount (\$) \$27.39
Purpose of payment (See instructions regarding type of information required.) FUND RAISING EVENT (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 10/04/2005	Payee name OMNI HOTEL MANDALAY Payee address; City; State; Zip Code 221 EAST LAS COLINAS BLVD IRVING, TX 75039	Amount (\$) \$216.12
Purpose of payment (See instructions regarding type of information required.) FUND RAISING EVENT (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 10/17/2005	Payee name OUR CHILDREN CENTER Payee address; City; State; Zip Code 3337 STOVALL STREET IRVING, TX 75061	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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: 36/56 Report: 66/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/16/2005	5 Payee name PARK CITIES REPUBLICAN WOMEN A TEXAS POLITICAL ACTION COMMITTEE 6 Payee address; City; State; Zip Code 5612 YALE DALLAS, TX 75206	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) BOOTH EXPENSE (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 09/01/2005	Payee name PARK CITIES REPUBLICAN WOMEN A TEXAS POLITICAL ACTION COMMITTEE Payee address; City; State; Zip Code 5612 YALE DALLAS, TX 75206	Amount (\$) \$65.00
Purpose of payment (See instructions regarding type of information required.) BOOTH EXPENSE (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 07/02/2005	Payee name PARTY CITY OF IRVING Payee address; City; State; Zip Code 3560 WEST AIRPORT FREEWAY IRVING, TX 75062	Amount (\$) \$23.04
Purpose of payment (See instructions regarding type of information required.) PARADE 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 07/17/2005	Payee name PARTY CITY OF IRVING Payee address; City; State; Zip Code 3560 WEST AIRPORT FREEWAY IRVING, TX 75062	Amount (\$) \$102.16
Purpose of payment (See instructions regarding type of information required.) AUSTIN EVENT 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: 37/56 Report: 67/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/24/2005	5 Payee name PLANT INTERSCAPE 6 Payee address; City; State; Zip Code 6436 BABCOCK SAN ANTONIO, TX 78249-2951	7 Amount (\$) \$53.02
8 Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 08/22/2005	Payee name PLANT INTERSCAPE Payee address; City; State; Zip Code 6436 BABCOCK SAN ANTONIO, TX 78249-2951	Amount (\$) \$53.02
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 09/29/2005	Payee name PLANT INTERSCAPE Payee address; City; State; Zip Code 6436 BABCOCK SAN ANTONIO, TX 78249-2951	Amount (\$) \$53.02
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 10/17/2005	Payee name PLANT INTERSCAPE Payee address; City; State; Zip Code 6436 BABCOCK SAN ANTONIO, TX 78249-2951	Amount (\$) \$53.02
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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: 38/56 Report: 68/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 11/05/2005	5 Payee name PLANT INTERSCAPE 6 Payee address; City; State; Zip Code 6436 BABCOCK SAN ANTONIO, TX 78249-2951	7 Amount (\$) \$53.02
8 Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 12/19/2005	Payee name PLANT INTERSCAPE Payee address; City; State; Zip Code 6436 BABCOCK SAN ANTONIO, TX 78249-2951	Amount (\$) \$53.02
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 07/28/2005	Payee name ROARING FORK Payee address; City; State; Zip Code 701 CONGRESS AUSTIN, TX 78701	Amount (\$) \$104.82
Purpose of payment (See instructions regarding type of information required.) LUNCH FOR MEMBERS (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 07/14/2005	Payee name SALINAS, MARTA Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$60.00
Purpose of payment (See instructions regarding type of information required.) AUSTIN CAKES (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/56 Report: 69/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/13/2005	5 Payee name SAMS CLUB 6 Payee address; City; State; Zip Code 4970 HWY 290 AUSTIN, TX 78735	7 Amount (\$) \$149.92
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SUPPLIES (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 07/31/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 08/02/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$68.04
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 08/16/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$25.39
Purpose of payment (See instructions regarding type of information required.) OFFICE EXPENSE (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/56 Report: 70/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 08/31/2005	5 Payee name SANDERS, ERIN 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 09/22/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$541.42
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 09/30/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 10/05/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$46.62
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAMPS (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: 41/56 Report: 71/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/19/2005	5 Payee name SANDERS, ERIN 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 10/31/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 10/31/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 11/02/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$27.75
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAMPS (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: 42/56 Report: 72/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 11/30/2005	5 Payee name SANDERS, ERIN 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 12/12/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) GIFT CERTIFICATE FOR 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 12/19/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$216.57
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 12/20/2005	Payee name SANDERS, ERIN Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768-2910	Amount (\$) \$324.85
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/56 Report: 73/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date	5 Payee name SBC	7 Amount (\$)
07/02/2005	6 Payee address; City; State; Zip Code P O BOX 630047 DALLAS, TX 75263	\$66.72
8 Purpose of payment (See instructions regarding type of information required.) AUSTIN 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	Payee name SBC	Amount (\$)
07/25/2005	Payee address; City; State; Zip Code P O BOX 630047 DALLAS, TX 75263	\$111.40
Purpose of payment (See instructions regarding type of information required.) AUSTIN 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	Payee name SBC	Amount (\$)
08/22/2005	Payee address; City; State; Zip Code P O BOX 630047 DALLAS, TX 75263	\$160.41
Purpose of payment (See instructions regarding type of information required.) AUSTIN 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	Payee name SBC	Amount (\$)
09/29/2005	Payee address; City; State; Zip Code P O BOX 630047 DALLAS, TX 75263	\$122.77
Purpose of payment (See instructions regarding type of information required.) AUSTIN 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.		1 PAGE # Schedule: 44/56 Report: 74/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date	5 Payee name SBC	7 Amount (\$)
10/25/2005	6 Payee address; City; State; Zip Code P O BOX 630047 DALLAS, TX 75263	\$137.91
8 Purpose of payment (See instructions regarding type of information required.) AUSTIN 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	Payee name SBC	Amount (\$)
12/19/2005	Payee address; City; State; Zip Code P O BOX 630047 DALLAS, TX 75263	\$133.36
Purpose of payment (See instructions regarding type of information required.) AUSTIN 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	Payee name SLAYTON, ALLISON	Amount (\$)
07/31/2005	Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	\$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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	Payee name SLAYTON, ALLISON	Amount (\$)
08/31/2005	Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	\$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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: 45/56 Report: 75/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 09/07/2005	5 Payee name SLAYTON, ALLISON 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	7 Amount (\$) \$42.15
8 Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES (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 09/30/2005	Payee name SLAYTON, ALLISON Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 10/31/2005	Payee name SLAYTON, ALLISON Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 11/15/2005	Payee name SLAYTON, ALLISON Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$104.13
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: 46/56 Report: 76/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 11/30/2005	5 Payee name SLAYTON, ALLISON 6 Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 12/19/2005	Payee name SLAYTON, ALLISON Payee address; City; State; Zip Code P O BOX 2910 AUSTIN, TX 78768	Amount (\$) \$216.57
Purpose of payment (See instructions regarding type of information required.) PAYROLL (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 07/07/2005	Payee name SNOW PEA KOREAN RESTAURANT Payee address; City; State; Zip Code 3706 JEFFERSON AUSTIN, TX 78731	Amount (\$) \$54.20
Purpose of payment (See instructions regarding type of information required.) FOOD (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 07/11/2005	Payee name SOUTHWEST AIRLINES Payee address; City; State; Zip Code P O BOX 36647-1CR DALLAS, TX 75235-1647	Amount (\$) \$209.90
Purpose of payment (See instructions regarding type of information required.) IN STATE TRAVEL (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: 47/56 Report: 77/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/17/2005	5 Payee name SOUTHWEST AIRLINES 6 Payee address; City; State; Zip Code P O BOX 36647-1CR DALLAS, TX 75235-1647	7 Amount (\$) \$102.70
8 Purpose of payment (See instructions regarding type of information required.) IN STATE OF TEXAS TRAVEL (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 07/28/2005	Payee name SOUTHWEST AIRLINES Payee address; City; State; Zip Code P O BOX 36647-1CR DALLAS, TX 75235-1647	Amount (\$) \$107.20
Purpose of payment (See instructions regarding type of information required.) IN STATE OF TEXAS TRAVEL (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 08/03/2005	Payee name SOUTHWEST AIRLINES Payee address; City; State; Zip Code P O BOX 36647-1CR DALLAS, TX 75235-1647	Amount (\$) \$102.70
Purpose of payment (See instructions regarding type of information required.) IN STATE OF TEXAS TRAVEL (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 10/05/2005	Payee name SOUTHWEST AIRLINES Payee address; City; State; Zip Code P O BOX 36647-1CR DALLAS, TX 75235-1647	Amount (\$) \$214.40
Purpose of payment (See instructions regarding type of information required.) IN STATE OF TEXAS TRAVEL (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: 48/56 Report: 78/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 07/02/2005	5 Payee name SPARKLETTS <hr/> 6 Payee address; City; State; Zip Code P O BOX 515326 LOS ANGELES, CA 90051	7 Amount (\$) \$8.00
8 Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 08/22/2005	Payee name SPARKLETTS <hr/> Payee address; City; State; Zip Code P O BOX 515326 LOS ANGELES, CA 90051	Amount (\$) \$8.00
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 08/29/2005	Payee name SPARKLETTS <hr/> Payee address; City; State; Zip Code P O BOX 515326 LOS ANGELES, CA 90051	Amount (\$) \$32.00
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 10/02/2005	Payee name SPARKLETTS <hr/> Payee address; City; State; Zip Code P O BOX 515326 LOS ANGELES, CA 90051	Amount (\$) \$33.98
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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: 49/56 Report: 79/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 11/03/2005	5 Payee name SPARKLETTS 6 Payee address; City; State; Zip Code P O BOX 515326 LOS ANGELES, CA 90051	7 Amount (\$) \$31.98
8 Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 12/19/2005	Payee name SPARKLETTS Payee address; City; State; Zip Code P O BOX 515326 LOS ANGELES, CA 90051	Amount (\$) \$26.01
Purpose of payment (See instructions regarding type of information required.) AUSTIN OFFICE (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 10/17/2005	Payee name SPECTRA PRINTING AND GRAPHICS Payee address; City; State; Zip Code P O BOX 3312 COPPELL, TX 75019	Amount (\$) \$422.18
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:
Date 08/16/2005	Payee name STARBUCKS L Payee address; City; State; Zip Code I 35 AND LOOP 340 LACY LAKE VIEW, TX 76705	Amount (\$) \$6.06
Purpose of payment (See instructions regarding type of information required.) FOOD (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: 50/56 Report: 80/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/11/2005	5 Payee name STARBUCKS L 6 Payee address; City; State; Zip Code I 35 AND LOOP 340 LACY LAKE VIEW, TX 76705	7 Amount (\$) \$4.06
8 Purpose of payment (See instructions regarding type of information required.) FOOD (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 10/12/2005	Payee name STARBUCKS L Payee address; City; State; Zip Code I 35 AND LOOP 340 LACY LAKE VIEW, TX 76705	Amount (\$) \$68.49
Purpose of payment (See instructions regarding type of information required.) GIFTS AND FOODS FOR AUSTIN (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 10/27/2005	Payee name STARBUCKS L Payee address; City; State; Zip Code I 35 AND LOOP 340 LACY LAKE VIEW, TX 76705	Amount (\$) \$8.62
Purpose of payment (See instructions regarding type of information required.) FOOD (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 11/29/2005	Payee name STARBUCKS L Payee address; City; State; Zip Code I 35 AND LOOP 340 LACY LAKE VIEW, TX 76705	Amount (\$) \$23.81
Purpose of payment (See instructions regarding type of information required.) GIFTS (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: 51/56 Report: 81/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/01/2005	5 Payee name STARBUCKS L 6 Payee address; City; State; Zip Code 135 AND LOOP 340 LACY LAKE VIEW, TX 76705	7 Amount (\$) \$6.66
8 Purpose of payment (See instructions regarding type of information required.) FOOD (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 10/23/2005	Payee name STAYBRIDGE SUITES Payee address; City; State; Zip Code 10201 STONELAKE BLVD AUSTIN, TX 78759	Amount (\$) \$288.15
Purpose of payment (See instructions regarding type of information required.) LODGING (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 12/17/2005	Payee name SUSIE'S SOUTH FORTY COMPANY Payee address; City; State; Zip Code P O BOX 4040 MIDLAND, TX 79704	Amount (\$) \$80.76
Purpose of payment (See instructions regarding type of information required.) CHRISTMAS GIFTS (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 07/14/2005	Payee name TERRY KEEL FOR JUDGE Payee address; City; State; Zip Code 1801 LAVACA SUITE 4G AUSTIN, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/56 Report: 82/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/18/2005	5 Payee name TEXADELPHIA 6 Payee address; City; State; Zip Code 619 CONGRESS AUSTIN, TX 78701	7 Amount (\$) \$65.70
8 Purpose of payment (See instructions regarding type of information required.) MEMBERS LUNCH (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 10/18/2005	Payee name TEXANS FOR KENN GEORGE Payee address; City; State; Zip Code P O BOX 601239 DALLAS, TX 75360	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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 10/17/2005	Payee name TEXAS WOMENS INITIATIVE PAC Payee address; City; State; Zip Code 6922 FOREST GLEN DRIVE DALLAS, TX 75230	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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 11/14/2005	Payee name THE SENIOR SOURCE Payee address; City; State; Zip Code 1215 SKILES STREET DALLAS, TX 75204	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/56 Report: 83/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date	5 Payee name THISTLE ON SIXTH	7 Amount (\$)
07/20/2005	6 Payee address; City; State; Zip Code 300 W 6TH SUITE 103 AUSTIN, TX 78701	\$45.68
8 Purpose of payment (See instructions regarding type of information required.) FOOD (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	Payee name THISTLE ON SIXTH	Amount (\$)
07/27/2005	Payee address; City; State; Zip Code 300 W 6TH SUITE 103 AUSTIN, TX 78701	\$52.82
Purpose of payment (See instructions regarding type of information required.) FOOD (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	Payee name U S POSTAL SERVICE	Amount (\$)
09/29/2005	Payee address; City; State; Zip Code INTERSTATE 30 DALLAS, TX 75062	\$260.34
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:
Date	Payee name U S POSTAL SERVICE	Amount (\$)
12/28/2005	Payee address; City; State; Zip Code INTERSTATE 30 DALLAS, TX 75062	\$55.09
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/56 Report: 84/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 12/15/2005	5 Payee name UHAUL CENTER 6 Payee address; City; State; Zip Code 9001 S IH 35 AUSTIN, TX 78744	7 Amount (\$) \$90.98
8 Purpose of payment (See instructions regarding type of information required.) TRAILER RENTAL (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 07/08/2005	Payee name UHAUL CENTER BEN WHITE Payee address; City; State; Zip Code 304 BEN WHITE AUSTIN, TX 78704	Amount (\$) \$364.25
Purpose of payment (See instructions regarding type of information required.) MOVING (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 11/29/2005	Payee name UPTOWN CAR WASH Payee address; City; State; Zip Code 2501 N FIELD DALLAS, TX 75025	Amount (\$) \$64.90
Purpose of payment (See instructions regarding type of information required.) GIFTS (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 09/27/2005	Payee name VALENTINE DIRECT MARKETING Payee address; City; State; Zip Code 5415 MAPLE AVENUE DALLAS, TX 75235	Amount (\$) \$4,647.43
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILING (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: 55/56 Report: 85/87
2 FILER NAME HARPER-BROWN, LINDA (MRS.)		3 ACCOUNT # (Ethics Commission filers) 00051665
4 Date 10/07/2005	5 Payee name WALL BUILDERS 6 Payee address; City; State; Zip Code P O BOX 397 ALEDO, TX 76008-0397	7 Amount (\$) \$125.00
8 Purpose of payment (See instructions regarding type of information required.) CONFERENCE (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 08/30/2005	Payee name WALMART Payee address; City; State; Zip Code 6000 COIT ROAD PLANO, TX 75023	Amount (\$) \$66.63
Purpose of payment (See instructions regarding type of information required.) PCRW 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 07/17/2005	Payee name WHOLE FOODS Payee address; City; State; Zip Code 2201 LAMAR AUSTIN, TX 78705	Amount (\$) \$94.25
Purpose of payment (See instructions regarding type of information required.) FOOD (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 12/17/2005	Payee name WORLD MARKET Payee address; City; State; Zip Code 3888 OAKLAWN DALLAS, TX 75202	Amount (\$) \$133.89
Purpose of payment (See instructions regarding type of information required.) CHRISTMAS GIFTS (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: 56/56 Report: 86/87

2 FILER NAME HARPER-BROWN, LINDA (MRS.)

3 ACCOUNT # (Ethics Commission filers)
00051665

4 Date	5 Payee name YAMPANIS, TINA	7 Amount (\$)
08/25/2005	6 Payee address; City; State; Zip Code 4631 RIDGELAWN DALLAS, TX 75214	\$1,850.00

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONSULTING (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 YAMPANIS, TINA	Amount (\$)
11/01/2005	Payee address; City; State; Zip Code 4631 RIDGELAWN DALLAS, TX 75214	\$1,505.00

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN 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:
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Information entered by filer as a memo

Schedule Cover Sheet

POSITION HELD/SOUGHT TEXAS HOUSE OF REPRESENTATIVES DISTRICT
105-----LOANS MADE BY AN INDIVIDUAL OTHER THAN A FINANCIAL
INSTITUTION: WILLIAM E BROWN III 125 EAST JOHN CARPENTER FREEWAY SUITE
250 IRVING TEXAS 75062---\$ 19557.41-----ALL LOANS RECEIVED AND
OUTSTANDING ARE NON INTEREST BEARING AND HAVE NO MATURITY
DATE.\n_____\n
