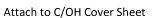
BUNDLING REPORT

Name of candidate/officeholder:

1. For each personal \$200 or more following information amount of \$5 residence.)	per persormation.	on from fiv . (This req	ve (5) or uiremen	r more nt does	individua not apply	als during to to an indi	he reporting pridual who re	period, pr aises fund	ovide the ds in total
Name of Individual/Bundler		Address		Occupation		Employer		Total Amount Bundled	
						$\langle \lambda \rangle$			
2. For each perso contribution w								contribut	or whose
Name of Address Contributor		S Occup		pation Employ		er	Contribution Amount	Bund	ler
		V							
		\ \							

3.	Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) a business association through which the Bundler does business, or (3) the Bundler's employer.
	e: It is important to remember that contributions to you are from the <u>actual donor, not</u> from the individual solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the ributor.
	ATE OF TEXAS RIFICATION
prir City set	rtify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, cipals, employees, and persons who conduct business through a business association that is subject to Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit by City Charter, Article III, Section 8(A)(1) for the entire business association.
~	

SCHEDULE ATX.5

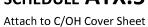




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Lobbyist First Name	Lobbyist Last Name	Lobbyist Street Address	Lobbyist City/State/Zip
Loobyist First Waine	Loody ist East Name	Eodbylst Street Address	Lobbyist City/State/2ip
		1	

SCHEDULE ATX.5





Candidate Bundling Report

List each individual bundler and the contributions bundled in Sections 1-4. For additional bundlers, click "Add Another Bundler Page" below.

1 BUNDLER	Bundler Title Bu	ndler First Name					
NAME	Bundler Last Name Bundler Suffix						
2 BUNDLER	Bundler Address/ PO E	Box	Bundl	er Apartment or Suite Nur	mber		
ADDRESS	Bundler City	TT	Bundl	State Bundler Zip Code			
3 AMOUNT BUNDLED	(\$) Total Amount Bund	dled					
4	Itemize each contrib	ution bundled by the b	oundler listed above				
Contributor Last Name	Contributo	r First Name	Contribution Amount (\$)	Contribution Date (yyyymmdd)	Appears on Schedule		