

# GOVERNOR FOR A DAY REPORT

## FORM GOV-D COVER SHEET

See the back of this Cover Sheet for information about the law regarding the Governor for a Day Report.

**OFFICE USE ONLY**

1 TOTAL PAGES OF SCHEDULE A FILED: 1  
TOTAL PAGES OF SCHEDULE B FILED: 0

Account #	
Date Received	
<b>HAND DELIVERED RECEIVED</b>	
<b>NOV 13 2003</b>	
<b>Texas Ethics Commission</b>	
Receipt #	
HD / PM	Amount
Date Processed	
Date Imaged	

2 CHAIRMAN'S NAME: **FONDREN**  
TITLE: **GENE** FIRST: **N.** MI: **N.**  
NICKNAME: LAST: SUFFIX:

3 CHAIRMAN'S MAILING ADDRESS: STREET OR PO BOX: **P.O. Box 1028** APT / SUITE #: **Austin, Tx** CITY: **78767-1028** STATE: ZIP CODE:

4 CHAIRMAN'S TELEPHONE NUMBER: AREA CODE: **(512)** TELEPHONE NUMBER: **476-2686** EXTENSION:

5 REPORT TYPE:  FINAL REPORT  SUPPLEMENTAL REPORT  
IF THIS IS A FINAL REPORT, IS THERE AN OUTSTANDING DEBT ON THE DATE OF THIS REPORT?  
 YES  NO

6 DATE OF CEREMONY: MONTH: **04** DAY: **26** YEAR: **03**

7 CONTRIBUTION TOTALS: A. TOTAL CONTRIBUTIONS FROM SCHEDULE A: \$ **1,000.00**  
B. TOTAL CONTRIBUTIONS OF \$50 OR LESS: \$  
C. TOTAL OF ALL CONTRIBUTIONS (ADD LINES 7A & 7B): \$ **1,000.00**

8 EXPENDITURE TOTALS: A. TOTAL EXPENDITURES FROM SCHEDULE F: \$  
B. TOTAL EXPENDITURES OF \$50 OR LESS: \$  
C. TOTAL OF ALL EXPENDITURES (ADD LINES 8A & 8B): \$

*Gene Fondren*  
Signature of chairman

2  
Printed on recycled paper

# CONTRIBUTIONS

# SCHEDULE A (GOV)

(Complete Schedule A for any individual or entity whose total contributions exceed \$50.)

<b>1</b> Total pages this Schedule A (GOV): <u>7</u>	<b>OFFICE USE ONLY</b>
<b>2</b> Chairman's name <u>GENE FONDREN</u>	

<b>3</b> Date  <u>10/16/03</u>	<b>4</b> Full name of contributor <u>WELLS FARGO BANK TEXAS</u> <b>5</b> Contributor address; City; State; Zip Code <span style="background-color: black; color: black;">[REDACTED]</span> <u>Minneapolis, MN 55477</u>	<b>6</b> Amount of contribution (\$)  <u>1,000.00</u>	<b>7</b> Type of contribution <input checked="" type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
--------------------------------------	--	---	---

Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution  <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
------	--	-----------------------------	---

Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution  <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
------	--	-----------------------------	---

Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution  <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
------	--	-----------------------------	---

Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution  <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
------	--	-----------------------------	---

Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution  <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
------	--	-----------------------------	---

Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)	Type of contribution  <input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
------	--	-----------------------------	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**