GOVERNOR	FORM GOV-D COVER SHEET			
See the back of this Co	OFFICE USE ONLY			
1 TOTAL PAGES OF S	Account AND DELIVERED Data Receive CEIVED			
TOTAL PAGES OF S	SEP 1 9 2003 Texas Ethics Commission			
2 CHAIRMAN'S	TITLE FIRST MI	Receipt #		
NAME	MR. GENE N.	HD / PM Amount Dale Processed		
	FONDREN	Date Imaged		
3 CHAIRMAN'S	STREET OR PO BOX; APT / SUITE #: CITY:	STATE; ZIP CODE		
MAILING ADDRESS	POBOX 1028 AUSTIN	Ty 7827-1028		
4 CHAIRMAN'S TELEPHONE NUMBER	AREA CODE TELEPHONE NUMBER EXTENSION (512) 476 - 2686			
5 REPORT				
TYPE	FINAL REPORT IF THIS IS A FINAL REPORT, IS THERE AN OUTSTANDING DEBT ON THE DATE OF THIS REPO YES NO	SUPPLEMENTAL REPORT		
6 DATE OF CEREMONY	MONTH DAY YEAR			
	04/ 26/03			
7 CONTRIBUTION TOTALS	A. TOTAL CONTRIBUTIONS FROM SCHEDULE A B. TOTAL CONTRIBUTIONS OF \$50 OR LESS	\$ 1,000.00		
	C. TOTAL OF ALL CONTRIBUTIONS (ADD LINES 7A & 7B)	\$		
8 EXPENDITURE TOTALS	A. TOTAL EXPENDITURES FROM SCHEDULE F	\$ 435.19		
	B. TOTAL EXPENDITURES OF \$50 OR LESS	\$		
	C. TOTAL OF ALL EXPENDITURES (ADD LINES 848 8B)	\$ 435,19		
3	Signature	ndu of chairman		

	RIBUTIONS chedule A for any individual or entity whose total contributions excee		HEDULE A (GOV)	
1 Total pages this		OFFICE USE ONLY		
2 Chairman's na	ME FONDREN	1		
3 Date	4 Full name of contributor Louis Escareno	6 Amount of contribution (\$)	7 Type of contribution	
	5 Contributor address; City; State; Zip Code		cash contribution	
8/22	SAN ANTONIO, TX 78207	\$1,000.00	In-kind contribution	
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution	
	Contributor address; City, State; Zip Code		cash contribution	
			in-kind contribution	
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution	
	Contributor address; City; State; Zip Code		cash contribution	
			in-kind contribution	
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution	
	Contributor address; City; State; Zip Code		cash contribution	
			in-kind contribution	
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution	
	Contributor address; City; State; Zip Code		cash contribution	
			in-kind contribution	
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution	
	Contributor address; City; State, Zip Code		cash contribution	
			in-kind contribution	
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution	
	Contributor address; City; State; Zip Code		cash contribution	
			in-kind contribution	
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED		

Texas Ethics Com	mission	P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 4	33-5800	1-800-325-850		
i	DITURES hedule F for ex	spenditures of more tha	n \$50.)		SCHE	DULE	F (GOV)		
1 Total pages this Schedule F (GOV):			OFFICE USE ONLY						
2 Chairman's nan	GENE FON	n2f N							
3 Date	4 Payee name					6	Amount (\$)		
8/22/03							398.19		
7 Purpose of expe	enditure					<u> </u>	•		
sta	te of Ti	Seals							
Date		n Cammac					Amount (\$)		
8/22/03	P.O. Box 12	ess; City; State;	1, Tx 7	8711		37	7.00		
Purpose of expe		GFAO Thank-	you let	ers.			··· ·		
Date	Payee name				<u></u> _		Amount		
į	Payee addre	ss; City; State;	. ,				(\$)		
	<u> </u>		<u></u>			٠			
Purpose of expe	enditure								
Date	Payee name				· · · · · · · · · · · · · · · · · · ·		Amount (\$)		
	Payee addre	ss; City; State;	Zip Code						
Purpose of expe	enditure					_			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED