

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>18</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Shelley</b>	MI
	NICKNAME	LAST <b>SeKula-Gibbs</b>	SUFFIX <b>M.D</b>

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	<b>P.O. Box 890954 Houston, TX 77289-0954</b>		

6 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(281)</b>	<b>480-5633</b>	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Itze</b>	MI
	NICKNAME	LAST <b>Soliz-Matthews</b>	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
	<b>51 Rollingwood Dr., Houston, TX 77080</b>		

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(713)</b>	<b>861-1117</b>	

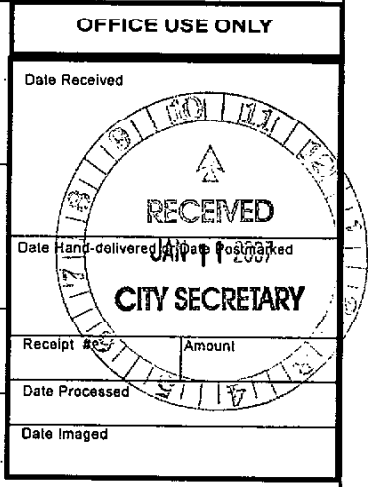
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<b>7</b>	<b>01</b>	<b>2006</b>		<b>12</b>	<b>31</b>	<b>2006</b>

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any) <b>Houston City Council, At-large, Pos 3</b>	13 OFFICE SOUGHT (if known)
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		



**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Shelley Sekula-Gibbs, MD

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

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

\$ - 0 -

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 19,731.43

CONTRIBUTION BALANCE

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

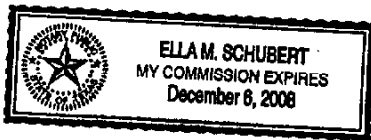
\$ 81,027.44

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Shelley Sekula Gibbs  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, this the 11th day of January, 2007, to certify which, witness my hand and seal of office.

Ella M. Schubert  
Signature of officer administering oath

Ella M. Schubert  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>1 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs, M.D.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/05/2006</b>	5 Payee name <b>Houston Chronicle</b> 6 Payee address; City; State; Zip Code <b>801 Texas Ave. Houston, TX 77002</b>	7 Amount (\$) <b>227.97</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Subscription</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>7/05/2006</b>	Payee name <b>S.A.V.E. Alief</b> Payee address; City; State; Zip Code <b>6911 Leandra Dr. Houston, TX 77083</b>	Amount (\$) <b>200.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Contribution for Health Fair</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>7/13/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>283.98</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign payroll</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>7/13/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>50.73</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll taxes</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/13/2006</b>	5 Payee name <b>Advantage</b> 6 Payee address; City: State: Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	7 Amount (\$) <b>51.86</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>payroll fee</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>7/13/2006</b>	Payee name <b>Cingular Wireless</b> Payee address; City: State: Zip Code <b>P.O. Box 650574 Dallas, TX 78265</b>	Amount (\$) <b>64.18</b>
Purpose of payment (See instructions regarding type of information required.) <b>Service for Blackberries</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>7/20/2006</b>	Payee name <b>Protect our Citizens</b> Payee address; City: State: Zip Code <b>2904 Mangum #3083 Houston, TX 77092</b>	Amount (\$) <b>2,500.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Contribution</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>7/20/2006</b>	Payee name <b>Clear Lake Chamber of Commerce</b> Payee address; City: State: Zip Code <b>1110 NASA Rd. 1, Ste. 409 Houston, TX 77058</b>	Amount (\$) <b>750.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Contribution for Ballunar Liftoff</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3 of 16
2 FILER NAME Shelley Sekula-Gibbs MD		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/26/2006	5 Payee name Karen Gill 6 Payee address; City; State; Zip Code P.O. Box 511 Hungerford, TX 77448	7 Amount (\$) 171.23
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for refreshments (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/27/2006	Payee name Advantage Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) 62.34
Purpose of payment (See instructions regarding type of information required.) Campaign payroll (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/27/2006	Payee name Advantage Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) 11.13
Purpose of payment (See instructions regarding type of information required.) Payroll taxes (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/27/2006	Payee name Advantage Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) 51.86
Purpose of payment (See instructions regarding type of information required.) Payroll fee (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>4 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/01/2006</b>	5 Payee name <b>Jose Pulido</b> 6 Payee address; City; State; Zip Code <b>24218 Hamptonshire Lane Katy, TX 77494</b>	7 Amount (\$) <b>112.03</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Reimbursement for refreshments</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>8/21/2006</b>	Payee name <b>League of Women Voters</b> Payee address; City; State; Zip Code <b>2650 Fountain View Dr, Suite 328 Houston, TX 77057</b>	Amount (\$) <b>50.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Membership dues</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>8/21/2006</b>	Payee name <b>Moore, Frey &amp; Crayton</b> Payee address; City; State; Zip Code <b>11490 Westheimer Rd. # 610 Houston, TX 77077</b>	Amount (\$) <b>231.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Professional fees</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>8/21/2006</b>	Payee name <b>Cingular</b> Payee address; City; State; Zip Code <b>P.O. Box 650574 Dallas, TX 75265-0574</b>	Amount (\$) <b>64.18</b>
Purpose of payment (See instructions regarding type of information required.) <b>Service for Blackberry</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>5 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/24/2006</b>	5 Payee name <b>Advantage</b> 6 Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	7 Amount (\$) <b>103.89</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign payroll</b> (If travel outside of Texas, complete Schedule T)		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date <b>8/24/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>12.38</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll taxes</b> (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date <b>8/24/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>51.86</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll fee</b> (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date <b>8/28/2006</b>	Payee name <b>T-Mobile</b> Payee address; City; State; Zip Code <b>P.O. Box 790047 St. Louis, MO 63179-0047</b>	Amount (\$) <b>139.01</b>
Purpose of payment (See instructions regarding type of information required.) <b>Blackberry Service</b> (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F. 6 of 16
2 FILER NAME Shelley Sekula-Gibbs M.D.		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/28/2006	5 Payee name Fort Bend Chamber of Commerce 6 Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land, TX 77478	7 Amount (\$) 35.00
8 Purpose of payment (See instructions regarding type of information required.) Luncheon (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/01/2006	Payee name Human Point Resources Payee address; City; State; Zip Code 7520 Hornwood Dr. #901 Houston, TX 77036	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) web site services (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/01/2006	Payee name Mayors & Councils' Association Payee address; City; State; Zip Code P.O. Box 700 Deer Park, TX 77536	Amount (\$) 30.00
Purpose of payment (See instructions regarding type of information required.) Dinner meeting (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/01/2006	Payee name Kight Printing Payee address; City; State; Zip Code 10450 Stancliff, Suite 110 Houston, TX 77099	Amount (\$) 32.48
Purpose of payment (See instructions regarding type of information required.) Ad design for BARW yearbook (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 7 of 16
2 FILER NAME Shelley Sekula-Gibbs, MD		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/01/2006	5 Payee name Pearland Area Republican Women	7 Amount (\$) 10.00
6 Payee address; City; State; Zip Code c/o Susan Elam, Treasurer P.O. Box 1423 Pearland, TX 77588		
8 Purpose of payment (See instructions regarding type of information required.) 2007 Membership dues (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/01/2006	Payee name Bay Area Republican Women PAC	Amount (\$) 75.00
Payee address; City; State; Zip Code c/o Debbie Roan 3406 Erin Knoll Ct. Houston, TX 77059		
Purpose of payment (See instructions regarding type of information required.) Directory Ad (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/07/2006	Payee name Advantage	Amount (\$) 55.41
Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555		
Purpose of payment (See instructions regarding type of information required.) Campaign payroll (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/07/2006	Payee name Advantage	Amount (\$) 9.90
Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555		
Purpose of payment (See instructions regarding type of information required.) Payroll taxes (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>8 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs, MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/07/2006</b>	5 Payee name <b>Advantage</b> 6 Payee address: City: State: Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	7 Amount (\$) <b>51.86</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Payroll fee</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>9/21/2006</b>	Payee name <b>Advantage</b> Payee address: City: State: Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>62.34</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign payroll</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>9/21/2006</b>	Payee name <b>Advantage</b> Payee address: City: State: Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>11.13</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll taxes</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>9/21/2006</b>	Payee name <b>Advantage</b> Payee address: City: State: Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	Amount (\$) <b>51.86</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll fee</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 9 of 16
2 FILER NAME Shelley Sekula-Gibbs, MD.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/30/2006	5 Payee name The Arts Alliance Center at Clear Lake 6 Payee address; City, State; Zip Code 2000 NASA Parkway Nassau Bay, TX 77058	7 Amount (\$) 200.00
8 Purpose of payment (See instructions regarding type of information required.) Event tickets (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/30/2006	Payee name Helping a Hero Payee address; City, State; Zip Code P.O. Box 51281 Webster, TX 77598	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) Contribution - Service Medal Sponsor (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/04/2006	Payee name Jose Pulido Payee address; City, State; Zip Code 24218 Hamptonshire Lane Katy, TX 77494	Amount (\$) 218.71
Purpose of payment (See instructions regarding type of information required.) Reimbursement for refreshments (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/2006	Payee name Space Center Rotary Payee address; City, State; Zip Code P.O. Box 58862 Houston, TX 77258	Amount (\$) 1000.00
Purpose of payment (See instructions regarding type of information required.) Contribution - Shrimporee Sponsor (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 10 of 16
2 FILER NAME Shelley Sekula-Gibbs, MD		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/10/2006	5 Payee name Harris County Medical Society Alliance 6 Payee address; City; State; Zip Code 1515 Hermann Drive Houston, TX	7 Amount (\$) 3,000.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution - Fundraising Event, Table (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 11/21/2006	Payee name Fort Bend County Fair Payee address; City; State; Zip Code P.O. Box 428 Rosenberg, TX 77471	Amount (\$) 3,450.00
Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 11/27/2006	Payee name Charles Foster Payee address; City; State; Zip Code 600 Travis, Suite 2800 Houston, TX 77002	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Refund for 3/29/06 Contribution (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 11/27/2006	Payee name Giti Zarinkelk Payee address; City; State; Zip Code 3033 Chimney Rock, Suite 630 Houston, TX 77056	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Refund for contribution (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>11 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs, MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/27/2006</b>	5 Payee name <b>George DeMontrond</b> 6 Payee address; City; State; Zip Code <b>14101 North Freeway Houston, TX 77090</b>	7 Amount (\$) <b>500.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Refund for contribution</b> (If travel outside of Texas, complete Schedule T)		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>11/27/2006</b>	Payee name <b>Ted Dinerstein</b> Payee address; City; State; Zip Code <b>6363 Woodway, 10th Fl. #1000 Houston, TX 77057</b>	Amount (\$) <b>250.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Refund for contribution</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>11/27/2006</b>	Payee name <b>George Gee</b> Payee address; City; State; Zip Code <b>1524 Michigan Houston, TX 77006</b>	Amount (\$) <b>100.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Refund for contribution</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>11/28/2006</b>	Payee name <b>National Federation of Republican Women</b> Payee address; City; State; Zip Code <b>124 North Alfred Street Alexandria, VA 22314-3011</b>	Amount (\$) <b>1,000.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Regents dues</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>12 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs, MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/29/2006</b>	5 Payee name <b>San Jacinto Republican Women</b>	7 Amount (\$) <b>300.00</b>
6 Payee address; City; State; Zip Code <b>5500 Genoa Red Bluff Road Pasadena, TX 77505</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Contribution - Newsletter Sponsor</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/29/2006</b>	Payee name <b>San Jacinto Republican Women</b>	Amount (\$) <b>10.00</b>
Payee address; City; State; Zip Code <b>5500 Genoa Red Bluff Road Pasadena, TX 77505</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Membership dues</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/30/2006</b>	Payee name <b>Advantage</b>	Amount (\$) <b>55.41</b>
Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign payroll</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/30/2006</b>	Payee name <b>Advantage</b>	Amount (\$) <b>9.90</b>
Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Payroll taxes</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
13 of 16

2 FILER NAME Shelley SeKula-Gibbs, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/30/2006	5 Payee name Advantage	7 Amount (\$) 86.86
6 Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555		

8 Purpose of payment (See instructions regarding type of information required.) Payroll fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/30/2006	Payee name TWP Technologies	Amount (\$) 465.48
Payee address; City; State; Zip Code 1151 Mariner Cove Sugar Land, TX 77478		

Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/30/2006	Payee name Yolanda Caldwell	Amount (\$) 65.66
Payee address; City; State; Zip Code 4021 Ella Lee Lane Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Reimbursement for photo labels, refreshments (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/15/2006	Payee name Advantage	Amount (\$) 759.36
Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555		

Purpose of payment (See instructions regarding type of information required.) Campaign payroll (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>14 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs, MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/15/2006</b>	5 Payee name <b>Advantage</b> 6 Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>	7 Amount (\$) <b>203.96</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Payroll taxes</b> (If travel outside of Texas, complete Schedule T)		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>12/15/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL</b>	Amount (\$) <b>51.86</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll fee</b> (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>12/27/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL</b>	Amount (\$) <b>180.08</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Payroll</b> (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>12/27/2006</b>	Payee name <b>Advantage</b> Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL</b>	Amount (\$) <b>32.18</b>
Purpose of payment (See instructions regarding type of information required.) <b>Payroll taxes</b> (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 15 of 16
2 FILER NAME Shelley Sekula-Gibbs, MD		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/27/2006	5 Payee name Advantage 6 Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555	7 Amount (\$) 51.86
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/29/2006	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 650661 Dallas, TX 75265-0661	Amount (\$) 978.73
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/29/2006	Payee name Advantage Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) 207.79
Purpose of payment (See instructions regarding type of information required.) Campaign Payroll  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/29/2006	Payee name Advantage Payee address; City; State; Zip Code 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) 37.12
Purpose of payment (See instructions regarding type of information required.) Payroll taxes  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>16 of 16</b>
2 FILER NAME <b>Shelley Sekula-Gibbs, MD</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/29/2006</b>	5 Payee name <b>Advantage</b>	7 Amount (\$) <b>51.86</b>
6 Payee address; City; State; Zip Code <b>4300 Weaver Parkway Warrenville, IL 60555</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Payroll fee</b>		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)		

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