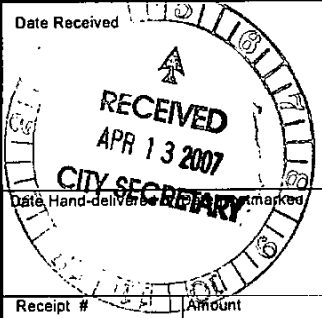


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: 16 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. NOEL A <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX FREEMAN | OFFICE USE ONLY Date Received  Date Hand-delivered <input type="checkbox"/> Date marked <input type="checkbox"/> Receipt # <input type="text"/> Amount <input type="text"/> Date Processed <input type="text"/> Date Imaged <input type="text"/> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 66656 Houston, TX 77266 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 880-2004 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. WILLIAM B <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX PRITCHETT | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2815 Westheimer Road Houston, TX 77098 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 880-2004 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 1 / 01 / 2007 4 / 12 / 2007 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05 / 12 / 2007 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) City Council At-Large Position 3 (Unexpired Term) | |
| 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 <input type="text"/> Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="text"/> | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **Mr. NOEL A. FREEMAN** 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. ***

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 880.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 24,093.46 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 30.11 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 7,147.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,275.42 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

19 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 Noel A. Freeman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Noel A. Freeman, this the 13th day of April, 2007, to certify which, witness my hand and seal of office.

Louis Gonzalez
Signature of officer administering oath

Louis Gonzalez
Printed name of officer administering oath

Notary Public in and for the State of Texas
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/1/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Pritchett 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 76.04 <small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) Telephone & Internet Service |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/7/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ismael Lerma Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 2,412.89 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Graphic Design Services |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/10/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ismael Lerma Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 320.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Photography Services |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/16/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 21.27 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Catering |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/16/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 8.95 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Web Hosting |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/17/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 37.87 <small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) Office Supplies |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/19/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Pritchett Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 108.25 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Printing Services |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/29/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 35.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Catering |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/29/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Taylor Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/29/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Freeman Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/29/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Matherne 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/29/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Matherne Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/1/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Pritchett Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 76.04 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Telephone & Internet Service |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/1/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Coyledean Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 4,050.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) Website Design and Monthly Maintenance |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/6/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 25.00 <small>(If travel outside of Texas, complete Schedule T)</small> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**






SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 2/14/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John T. Sherman | 7 Amount of contribution (\$) 39.00 | 8 In-kind contribution description (if applicable) Postage |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 2/16/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Pritchett | Amount of contribution (\$) 535.84 | In-kind contribution description (if applicable) Printing Services |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/19/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman | Amount of contribution (\$) 30.00 | In-kind contribution description (if applicable) Computer Software |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/20/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ismael Lerma | Amount of contribution (\$) 1,330.39 | In-kind contribution description (if applicable) Graphic Design Services |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 2/20/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 2/21/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Sommers | 7 Amount of contribution (\$) 1,000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code  | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 2/27/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.T. Burns, II | Amount of contribution (\$) 1,000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/1/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Coyledean | Amount of contribution (\$) 2,550.00 | In-kind contribution description (if applicable) Office Space |
| Contributor address; City; State; Zip Code  | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/01/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Coyledean | Amount of contribution (\$) 1,500.00 | In-kind contribution description (if applicable) Office Equipment and Utilities |
| Contributor address; City; State; Zip Code  | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/2/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodd Guillory | Amount of contribution (\$) 286.86 | In-kind contribution description (if applicable) Printing Services |
| Contributor address; City; State; Zip Code  | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 3/4/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Farraria 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 1,299.00 | 8 In-kind contribution description (if applicable) Advertising |
| 9 Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| 10 Employer (See Instructions) | | | |
| Date 3/9/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Kelly Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |
| Date 3/11/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Sommers Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) Catering |
| Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |
| Date 3/11/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Lindsay Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1,000.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |
| Date 3/11/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Matejowski Contributor address; City; State; Zip Code [REDACTED] | 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) | |
| Employer (See Instructions) | | | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 3/12/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David H. Knapp 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/16/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Bradley Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/16/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Natale Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/19/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel A. Freeman Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 30.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) Computer Software Subscription |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/30/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geoff Russell Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) 4/1/07 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 4/1/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion E. Coleman | 7 Amount of contribution (\$) 97.50 | 8 In-kind contribution description (if applicable) Postage |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/3/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yigal Kass | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/8/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Boyle | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) Public Relations Services |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/12/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Boyle | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) Catering |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/12/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey L. Dorrell | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) 2/2/07 |
| Contributor address; City; State; Zip Code [REDACTED] | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 | |
| 2 FILER NAME Mr. NOEL A. FREEMAN | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 2/2/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Pritchett 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 243.56 | 8 In-kind contribution description (if applicable) Printing Services <small>(If travel outside of Texas, complete Schedule T)</small> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. **1** Total pages this Schedule B: **1**

2 FILER NAME **Mr. NOEL A. FREEMAN** **3** ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ **\$ 250.00**

| | | | |
|---------------|--|--------------------------------|--|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
3

2 FILER NAME
Mr. NOEL A. FREEMAN

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|----------------------------------|---------------------------|
| 4 Date 1/29/07 | 5 Payee name Double Dimond PR | 7 Amount (\$) 3,000.00 |
| 6 Payee address; City; State; Zip Code PO Box 7821, Houston, TX 77270 | | |

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) General Consulting (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 2/7/07 | Payee name Double Dimond PR | Amount (\$) 1,000.00 |
| Payee address; City; State; Zip Code PO Box 7821, Houston, TX 77270 | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) General Consulting (If travel outside of Texas, complete Schedule T) | .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|---|-------------------------------|-----------------------|
| Date 2/12/07 | Payee name City of Houston | Amount (\$) 500.00 |
| Payee address; City; State; Zip Code 901 Bagby St, Houston, TX 77002 | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) Filing Fees (If travel outside of Texas, complete Schedule T) | .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--|-----------------------|-----------------------|
| Date 2/26/07 | Payee name EZ Tees | Amount (\$) 180.00 |
| Payee address; City; State; Zip Code 681 Longview Dr, Huntingdon Valley, PA 19006 | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) Public Relations: T-Shirts (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

2 FILER NAME
Mr. NOEL A. FREEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/2/07

5 Payee name
Sprint Digital Print

7 Amount (\$)

6 Payee address; City; State; Zip Code

8748 Clay Rd, Houston, TX 77080

64.95

8 Purpose of payment (See instructions regarding type of information required.)
Printing Services
(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
3/2/07

Payee name
Double Dimond PR

Amount (\$)

Payee address; City; State; Zip Code

PO Box 7821, Houston, TX 77270

1,000.00

Purpose of payment (See instructions regarding type of information required.)
General Consulting
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date
3/5/07

Payee name
City of Houston

Amount (\$)

Payee address; City; State; Zip Code

901 Bagby St, Houston, TX 77002

500.00

Purpose of payment (See instructions regarding type of information required.)
Filing Fees
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date
3/11/07

Payee name
AIDS Walk Houston

Amount (\$)

Payee address; City; State; Zip Code

3202 Wesleyan, Houston, TX 77027

100.00

Purpose of payment (See instructions regarding type of information required.)
Sponsorship
(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

2 FILER NAME

Mr. NOEL A. FREEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/11/07

5 Payee name
Office Max

7 Amount (\$)

6 Payee address; City; State; Zip Code

1576 W. Gray ST, Houston, TX 77019

187.29

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies

(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
3/17/07

Payee name
Houston St. Patrick's Day Parade Commission

Amount (\$)

Payee address; City; State; Zip Code

10220 Memorial Drive #131, Houston, TX 77024

75.00

Purpose of payment (See instructions regarding type of information required.)

Sponsorship

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date
4/11/07

Payee name
Bison Signs

Amount (\$)

Payee address; City; State; Zip Code

4729 Ramus, Houston, TX 77092

460.39

Purpose of payment (See instructions regarding type of information required.)

Printing 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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

| | |
|---|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule G: 1 |
| 2 FILER NAME Mr. NOEL A. FREEMAN | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|--------------------------|---|--|
| 4 Date 2/25/07 | 5 Payee name MECA | 8 Amount (\$) 50.00 |
| | 6 Payee address; City; State; Zip Code  | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Parade Sponsorship (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

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