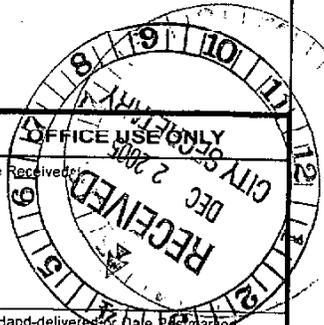


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <b>30</b>					
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST		MI		
		NICKNAME	LAST		SUFFIX		
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment / officeholder report <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)	Date Received: _____ Date Hand-delivered: _____ Date Postmarked: _____ Receipt # _____ Amount _____ Legal _____ Totals _____ Date Processed _____ Date Imaged _____		
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		08 / 04 / 2005		THROUGH	09 / 30 / 2005		

6 EXPLANATION OF CORRECTION

Cover Sheet, page two. Line one changed from 0 amount to \$150.00. Line two changed from \$148,225.57 to \$151,539.10. Line three to reflect expenses of \$1009.11. Line four changed from \$100,032.20 to \$100,983.83. Changes made due to in-kind contribution of \$3313.53 not included in previous report.\*

Contribution dated August 22, 2005 of \$5,000 under the name of Jose Camarena changed to Silvia Camarena.

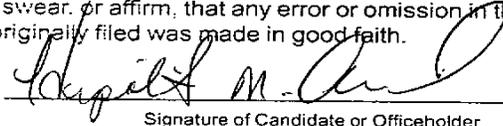
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

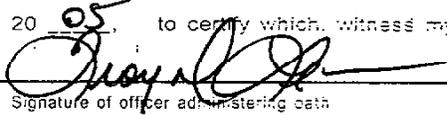
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete.

I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL HERE

Sworn to and subscribed before me by Hipolito M. Acosta this the 2 day of December 2005 to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Printed name of officer administering oath: \_\_\_\_\_ Title of officer administering oath: \_\_\_\_\_



Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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 PAGE # 1 of 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST HIPOLITO M.	MI
	NICKNAME POLI	LAST ACOSTA	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2918 BAGBY ST. HOUSTON, TX 77006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Richard	MI
	NICKNAME Rick	LAST Sindelar	SUFFIX III
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
6114 Queensloch Dr. Houston, TX 77050			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 229-8733			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
08/04/2005		THROUGH	09/30/2005
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/08/2005		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
		City Council At Large Pos. 2	
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		
<b>GO TO PAGE 2</b>			

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

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

15 C/OH NAME ACOSTA, HIPOLITO M. (Mr.)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> 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 \$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 151,539.10

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 1,009.11

4. TOTAL POLITICAL EXPENDITURES \$ 100,983.83

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 43,914.67 ~~0.00~~

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

*Hipolito Acosta*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hipolito M. Acosta, this the 2 day of December 20 05, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 1/13 Report: 3/23

**2** FILER NAME ACOSTA, HIPOLITO M. (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
ACOSTA, IRMA

**7** Amount of contribution (\$)

**8** In-kind contribution description (if applicable)

10/03/2005

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$200.00

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
ACOSTA, JESSICA

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/17/2005

Contributor address; City; State; Zip Code  
[REDACTED]

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
ACOSTA, MARIA DEL ROSARIO

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/17/2005

Contributor address; City; State; Zip Code  
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
BOYLE, THOMAS C.

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/25/2005

Contributor address; City; State; Zip Code  
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
CALDERON, MARCOS

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/27/2005

Contributor address; City; State; Zip Code  
[REDACTED]

\$1,000.00

Principal occupation / Job title (See Instructions)  
BUSINESSMAN

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/13 Report: 4/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CALLEJA, ANGELICA	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CAMARENA, JOSE (Mr.)	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) ARANDAS FRANCHISES, INC.		Employer (See Instructions) CEO	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CASTILLO, MAX	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CHELALA, RICARDO	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CLAROS, JUAN A.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/13 Report: 5/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/25/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) COLON, EDGARDO E. 6 Contributor address: City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) COOPER, CHARLES E. Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions)	
Date 10/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CORRAL, ALICE Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CORRAL, MANUEL Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) FUNDRAISING EVENT
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CRUZ, DELY Contributor address: City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) ADVERTISEMENT
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/13 Report: 6/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CUESTA, ELIZABETH	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CUESTA, ELIZABETH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DE LA GARZA, ERICK	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DICKINSON, GEORGE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions)	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DINH, VU	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/13 Report: 7/23	
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 10/08/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ESPINOZA, SATURNINO	<b>7</b> Amount of contribution (\$) \$500.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code [REDACTED]			
<b>9</b> Principal occupation / Job title (See Instructions) CONTRACTOR		<b>10</b> Employer (See Instructions) SELF EMPLOYED	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FOSTER, CHARLES C.	Amount of contribution (\$) \$315.74	In-kind contribution description (if applicable) FUNDRAISING EVENT
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TINDALL & FOSTER, PC	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GARZA, MARTHA	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GATHMANN, WILLIAM D.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GONZALEZ, JOSE F.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/13 Report: 8/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GONZALEZ, ROBERTO	7 Amount of contribution (\$) \$997.00	8 In-kind contribution description (if applicable) FUNDRAISING EVENT
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GRIJALVA, ANTONIO	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HAYES, ROBERTO	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HERNANDEZ, RICARDO	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) FRANCHISE OWNER		Employer (See Instructions) TAQUERIAS ARANDAS	
Date 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAWDAT, I.M.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/13 Report: 9/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JONES, JOHN WILSON	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KHAN, MOHAMMAD M.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LANGLOIS, JOSEPH	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAWYER, KEITH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) KEITH LAWYER MANAGEMENT	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LOPEZ, NICOLAS	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] DALLAS, TX 75236			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/13 Report: 10/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/26/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MALIK, AHMAD 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) BUSINESSMAN		10 Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARAZITA, JOSE (Mr.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MATAMOROS, ABELARDO (Mr.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McKINNEY, RANDOLPH (Mr.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) HOUSE SUPERVISOR		Employer (See Instructions) ALLEY THEATRE	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MEMON, MANZOOR Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/13 Report: 11/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MONTY, SARAH DEE 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PALMA, JUANITA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) ADVERTISEMENT
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PARSLEY, JESUS Contributor address; City; State; Zip Code [REDACTED] 28	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PERRY, DOYLENE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PITTS, JOHN R. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/13 Report: 12/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filters)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAMIREZ, REYNALDO Jr.	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] 074			
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAMIREZ, RITA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77003			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RIVAS, JOSE GERMAN	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77003			
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) HERMAN PACKAGING	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RIVERA, CORALINA	Amount of contribution (\$) \$304.15	In-kind contribution description (if applicable) FUNDRAISING EVENT
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROMERO, C.E.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77003			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 11/13 Report: 13/23

**2** FILER NAME ACOSTA, HIPOLITO M. (Mr.)

**3** ACCOUNT # (Ethics Commission files)

**4** Date  
10/03/2005

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
RUTH, GUERA

**7** Amount of contribution (\$)

\$100.00

**8** In-kind contribution description (if applicable)

10/03/2005

**6** Contributor address; City; State; Zip Code  
HOUSTON, TX

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
10/21/2005

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
SALDANA, DAGOBERTO

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

10/21/2005

Contributor address; City; State; Zip Code  
HOUSTON, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/12/2005

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
SAZEGAR, HUGH

Amount of contribution (\$)

\$97.05

In-kind contribution description (if applicable)

10/12/2005

Contributor address; City; State; Zip Code  
HOUSTON, TX

Principal occupation / Job title (See Instructions)  
PRESIDENT/CEO

Employer (See Instructions)  
TECHESS GROUP

Date  
10/27/2005

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
SERRANO, JUAN

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

10/27/2005

Contributor address; City; State; Zip Code  
HOUSTON, TX

Principal occupation / Job title (See Instructions)  
DOCTOR

Employer (See Instructions)  
SELF EMPLOYED

Date  
10/03/2005

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
SILVA, ISABEL C.

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

10/03/2005

Contributor address; City; State; Zip Code  
HOUSTON, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/13 Report: 14/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SKINNER, VIRGIL 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STENOIEN, RANDALL 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)		Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THIES, KENNETH J. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TING, JOE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) WPM HOLDINGS	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TOPPINS, WILKA (Ms.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$304.15	In-kind contribution description (if applicable) FUNDRAISING EVENT
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 13/13 Report: 15/23	
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filters)	
<b>4</b> Date 10/13/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WALLACE, WILLIAM BRANTON	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
	<b>6</b> Contributor address; City; State; Zip Code [REDACTED]		
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 10/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WANG, DON J.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) METRO BANK	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) YBARRA, RUSSELL	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) GRINGO'S MEXICAN KITCHEN	
Date 10/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) YOUNG, RICHARD	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ZAKA, MOHAMMAD	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/7 Report: 16/23

**2** FILER NAME ACOSTA, HIPOLITO M. (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name AMERICAN EXPRESS	<b>7</b> Amount (\$)
10/05/2005	<b>6</b> Payee address; City; State; Zip Code	\$36.88

<b>8</b> Purpose of payment (See instructions regarding type of information required.) FEES	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	---

Date	Payee name AMERICAN EXPRESS	Amount (\$)
10/21/2005	Payee address; City; State; Zip Code	\$88.50

Purpose of payment (See instructions regarding type of information required.) FEES	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date	Payee name AVILAN, ARNULFO	Amount (\$)
10/07/2005	Payee address; City; State; Zip Code 2818 AUSTIN ST. - APT. #6 HOUSTON, TX 77004	\$1,000.00

Purpose of payment (See instructions regarding type of information required.) POSTERS	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date	Payee name CARRENO GROUP INC	Amount (\$)
10/08/2005	Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	\$7,106.50

Purpose of payment (See instructions regarding type of information required.) POLITICAL CONSULTING	** 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.		<b>1</b> PAGE # Schedule: 2/7 Report: 17/23
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 10/08/2005	<b>5</b> Payee name CARRENO GROUP INC  <b>6</b> Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	<b>7</b> Amount (\$)  \$223.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) PRINTING EXPENSE		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/13/2005	Payee name CARRENO GROUP INC  Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$)  \$1,094.10
Purpose of payment (See instructions regarding type of information required.) FUNDRAISING.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/22/2005	Payee name CARRENO GROUP INC  Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$)  \$1,806.66
Purpose of payment (See instructions regarding type of information required.) FUNDRAISING EXPENSE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/25/2005	Payee name CARRENO GROUP INC  Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$)  \$12,666.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/7 Report: 18/23
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 10/25/2005	<b>5</b> Payee name CARRENO GROUP INC  <b>6</b> Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	<b>7</b> Amount (\$)  \$8,255.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ADVERTISING		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/17/2005	Payee name COURTYARD  Payee address; City; State; Zip Code 1885 ST. JAMES PLACE HOUSTON, TX 77056	Amount (\$)  \$764.25
Purpose of payment (See instructions regarding type of information required.) FUNDRAISING EVENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/03/2005	Payee name CUMMINS, JANE  Payee address; City; State; Zip Code 5523 ASHMERE LN SPRING, TX 77379	Amount (\$)  \$57.48
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/11/2005	Payee name DE LA ISLA, JAIME  Payee address; City; State; Zip Code 11423 DUNLAP HOUSTON, TX 77035	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES & EXPENSES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/7 Report: 19/23
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  10/20/2005	<b>5</b> Payee name FLORES, LEONARD  <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  \$50.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN OFFICE WORK		<b>9</b> ** Complete if direct expenditure to benefit C/OI ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/01/2005	Payee name GARCIA, RALPH  Payee address; City; State; Zip Code AFAR CONCEPTS - SIGN HERE 2810 LEELEND HOUSTON, TX 77003	Amount (\$)  \$1,154.00
Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/05/2005	Payee name GARCIA, RALPH  Payee address; City; State; Zip Code AFAR CONCEPTS/SIGN HERE 2810 LEELEND HOUSTON, TX 77003	Amount (\$)  \$550.00
Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/13/2005	Payee name GARCIA, RALPH  Payee address; City; State; Zip Code AFAR CONCEPTS 2810 LEELEND HOUSTON, TX 77003	Amount (\$)  \$325.00
Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/7 Report: 20/23
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  10/13/2005	<b>5</b> Payee name NORTHLAND DISTRIBUTING  <b>6</b> Payee address; City; State; Zip Code 11210 STEEPLECREST DR. HOUSTON, TX 77065	<b>7</b> Amount (\$)  \$1,125.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MATERIALS		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/12/2005	Payee name OFFICE DEPOT  Payee address; City; State; Zip Code 3443 KIRBY HOUSTON, TX 77098	Amount (\$)  \$32.45
Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/20/2005	Payee name OFFICE DEPOT  Payee address; City; State; Zip Code 3443 KIRBY HOUSTON, TX 77098	Amount (\$)  \$36.99
Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/13/2005	Payee name RELIANT ENERGY  Payee address; City; State; Zip Code P.O. BOX 3765 HOUSTON, TX 77253-3765	Amount (\$)  \$163.52
Purpose of payment (See instructions regarding type of information required.) ELECTRICITY		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 21/23
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name RICHMOND PRINTING LLC	7 Amount (\$)
10/10/2005	6 Payee address; City; State; Zip Code 5825 SCHUMACHER HOUSTON, TX 77057	\$1,833.77
8 Purpose of payment (See instructions regarding type of information required.) LETTERHEADS, CARDS, PUSH CARDS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name SBC	Amount (\$)
10/13/2005	Payee address; City; State; Zip Code 555 MAIN ST. - RM 228-OR BEAUMONT, TX 77701	\$459.45
Purpose of payment (See instructions regarding type of information required.) TELEPHONE SERVICE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name SPRINT	Amount (\$)
10/15/2005	Payee address; City; State; Zip Code 17195 TOMBALL PKWY. BLDG. 4 HOUSTON, TX 77064	\$173.40
Purpose of payment (See instructions regarding type of information required.) TEL. EQUIPMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name SPRINT DIGITAL PRINT	Amount (\$)
10/19/2005	Payee address; City; State; Zip Code 17195 TOMBALL PARKWAY BLDG 4 HOUSTON, TX 77064	\$2,570.94
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/7 Report: 22/23

**2** FILER NAME ACOSTA, HIPOLITO M. (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name U.S. POSTMASTER	<b>7</b> Amount (\$)
10/20/2005	<b>6</b> Payee address; City; State; Zip Code BARBARA JORDAN MAIN POST OFFICE HOUSTON, TX 77201-9978	\$111.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) POSTAGE	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	---

Date	Payee name U.S. POSTMASTER	Amount (\$)
10/20/2005	Payee address; City; State; Zip Code BARBARA JORDAN MAIN POST OFFICE HOUSTON, TX 77201-9978	\$111.00

Purpose of payment (See instructions regarding type of information required.) POSTAGE	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date	Payee name U.S. POSTMASTER	Amount (\$)
10/20/2005	Payee address; City; State; Zip Code BARBARA JORDAN MAIN POST OFFICE HOUSTON, TX 77201-9978	\$111.00

Purpose of payment (See instructions regarding type of information required.) POSTAGE	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 1/1 Report: 23/23

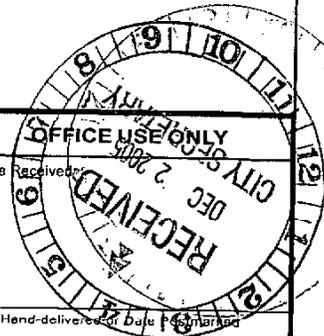
**2 FILER NAME** ACOSTA, HIPOLITO M. (Mr.)

**3 ACCOUNT #** (Ethics Commission filers)

<b>4 Date</b>  10/03/2005	<b>5 Payee name</b> ACOSTA, HIPOLITO	<b>8 Amount (\$)</b>  \$58.90
	<b>6 Payee address; City; State; Zip Code</b>	
	<b>7 Purpose of expenditure</b> GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>  10/04/2005	<b>Payee name</b> ACOSTA, HIPOLITO	<b>Amount (\$)</b>  \$52.32
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b> GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>  10/08/2005	<b>Payee name</b> ACOSTA, HIPOLITO	<b>Amount (\$)</b>  \$50.96
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b> GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>  10/18/2005	<b>Payee name</b> ACOSTA, HIPOLITO	<b>Amount (\$)</b>  \$55.70
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b> GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <b>30</b>			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <b>Mr.</b>	FIRST <b>Hipolito M.</b>		Date Received
		NICKNAME <b>Poli</b>	LAST <b>ACOSTA</b>		
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment, officers ceremony <input type="checkbox"/> Final report	Date Hand-delivered or Date Registered Receipt # Amount Legal Totals Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year <b>08/04/2005</b>	THROUGH Month Day Year <b>09/30/2005</b>		

6 EXPLANATION OF CORRECTION

Cover Sheet, page two. Line one changed from 0 amount to \$150.00. Line two changed from \$148,225.57 to \$151,539.10. Line three to reflect expenses of \$1009.11. Line four changed from \$100,032.20 to \$100,983.83. Changes made due to in-kind contribution of \$3313.53 not included in previous report.\*

Contribution dated August 22, 2005 of \$5,000 under the name of Jose Camarena changed to Silvia Camarena.

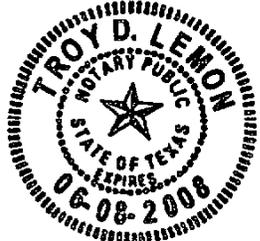
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete.

I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP SEAL HERE

Signature of Candidate or Officeholder: *Hipolito M. Acosta*

Sworn to and subscribed before me by Hipolito M. Acosta this the 2 day of December 2005 to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: \_\_\_\_\_ Title of officer administering oath: \_\_\_\_\_

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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 PAGE # 1 of 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST HIPOLITO M.	MI
	NICKNAME POLI	LAST ACOSTA	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2918 BAGBY ST. HOUSTON, TX 77006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Richard	MI
	NICKNAME Rick	LAST Sindelar	SUFFIX III
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	6114 Queensloch Dr. Houston, TX 77050		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(713) 229-8733	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
		08/04/2005	09/30/2005
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		11/08/2005	<input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council At Large Pos. 2	
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 ACOSTA, HIPOLITO M. (Mr.)

16 ACCOUNT # (Ethics Commission files)

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

additional pages

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

\$ 150.00

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

\$ 151,539.10

EXPENDITURE TOTALS

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

\$ 1,009.11

4. TOTAL POLITICAL EXPENDITURES

\$ 100,983.83

CONTRIBUTION BALANCE

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

\$ 43,914.67 ~~0.00~~

OUTSTANDING LOAN TOTALS

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

\$ 0.00

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.

*Hipolito M. Acosta*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hipolito M. Acosta, this the 2 day of December 20 05, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath