

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Michael Berry

15 ACCOUNT # (Ethics Commission filers)
00

16 NOTICE FROM POLITICAL COMMITTEE(S)

... This listing includes 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

| | |
|-----------------------------------------------------------------------------------------------------------------------|---------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
|-----------------------------------------------------------------------------------------------------------------------|---------|

| | |
|--------------------------------------------------------------------------------------|---------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
|--------------------------------------------------------------------------------------|---------|

EXPENDITURE TOTALS

| | |
|------------------------------------------------------------------|---------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
|------------------------------------------------------------------|---------|

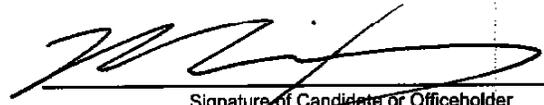
| | |
|---------------------------------|------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 3887.28 |
|---------------------------------|------------|

OUTSTANDING LOAN TOTALS

| | |
|-----------------------------------------------------------------------------------------------|---------|
| 5. 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.


Signature of Candidate or Officeholder

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
3/6

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission filers)
00

| | | |
|------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|
| 4 Date 07/06/2004 | 5 Payee name Aaron Brothers | 7 Amount (\$) 81.19 |
| 6 Payee address; City; State; Zip Code 5144 Richmond Houston TX 77056 | | |

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

| | | |
|--------------------------------------------------------------------------------------|--------------------------------------|-----------------------|
| Date 09/23/2004 | Payee name Blakemore & Associates | Amount (\$) 208.42 |
| Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston TX 77027 | | |

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

| | | |
|------------------------------------------------------------------------------|------------------------------------|-----------------------|
| Date 07/07/2004 | Payee name Daughters of Liberty | Amount (\$) 100.00 |
| Payee address; City; State; Zip Code 10670 Northbrook Houston TX 77047 | | |

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

| | | |
|--------------------------------------------------------------------------|---------------------------------|----------------------|
| Date 07/01/2004 | Payee name Houston Chronicle | Amount (\$) 15.00 |
| Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | | |

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Purpose of expenditure (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 Total pages report: 4/6 |
| 2 FILER NAME Michael Berry | | 3 ACCOUNT # (Ethics Commission files) 00 |
| 4 Date 08/02/2004 | 5 Payee name Houston Chronicle <hr/> 6 Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | 7 Amount (\$) 15.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Advertising | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/31/2004 | Payee name Houston Chronicle <hr/> Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | Amount (\$) 15.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/30/2004 | Payee name Houston Chronicle <hr/> Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | Amount (\$) 15.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/01/2004 | Payee name Houston Chronicle <hr/> Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | Amount (\$) 15.00 |
| Purpose of expenditure (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 Total pages report: 5/6 |
| 2 FILER NAME Michael Berry | | 3 ACCOUNT # (Ethics Commission filers) 00 |
| 4 Date 11/30/2004 | 5 Payee name Houston Chronicle 6 Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | 7 Amount (\$) 15.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Advertising | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/31/2004 | Payee name Houston Chronicle Payee address; City; State; Zip Code 801 Texas St Houston TX 77002 | Amount (\$) 15.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/17/2004 | Payee name R Club Payee address; City; State; Zip Code 3823 Marquette Houston TX 77005 | Amount (\$) 800.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Membership Dues | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/15/2004 | Payee name Target Payee address; City; State; Zip Code 7051 Southwest Freeway Houston TX 77074 | Amount (\$) 600.77 |
| Purpose of expenditure (See instructions regarding type of information required.) Office Equipment - Camera | | 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 Total pages report:
6/6

2 FILER NAME
Michael Berry

3 ACCOUNT # (Ethics Commission files)
00

4 Date
07/06/2004

5 Payee name
United State Treasury

7 Amount
(\$)
846.90

6 Payee address; City; State; Zip Code
P O Box 970030
St Louis MO 63197

8 Purpose of expenditure (See instructions regarding type of information required.)
Officeholder: Payroll Taxes

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

Date
10/07/2004

Payee name
United State Treasury

Amount
(\$)
1145.00

Payee address; City; State; Zip Code
P O Box 970030
St Louis MO 63197

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder: Payroll Taxes

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

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

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

15 C/OH NAME Michael Berry **16 ACCOUNT #** (Ethics Commission filers)

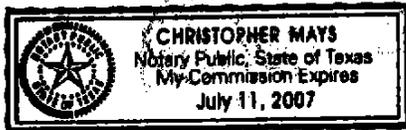
17 NOTICE FROM POLITICAL COMMITTEE(S)

*** 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. ***

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| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | 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 | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3887.28 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9638.72 |
| 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Berry, this the 18th day of January, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Christopher Mays
Printed name of officer administering oath

Notary Public
Title of officer administering oath