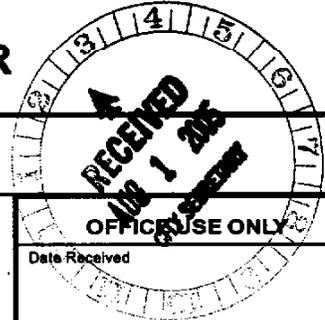


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH



1 ACCOUNT #

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
*Michael C*  
NICKNAME LAST SUFFIX  
*Berry*

OFFICE USE ONLY  
Date Received

4 ORIGINAL REPORT TYPE

January 15  Runoff  Other (specify)  
 July 15  Exceeded \$500 limit  
 30th day before election  15th day after treasurer appointment (officeholder only)  
 8th day before election  Final report

Date Hand-delivered or Date Postmarked  
Receipt # Amount

5 ORIGINAL PERIOD COVERED

Month Day Year Month Day Year  
*01 / 01 / 2005 THROUGH 06 / 30 / 2005*

Legal Totals  
Date Processed  
Date Imaged

6 EXPLANATION OF CORRECTION AND PENALTY WAIVER/REDUCTION REQUEST

1. Clerical errors  
2. Centerpoint Energy PAC was originally erroneously listed as Energy PAC.

7 AFFIDAVIT  
AFFIX NOTARY STAMP ABOVE  
Sworn to and subscribed before me by MICHAEL BERRY this the 2 day of AUGUST, 2005.  
to certify which, witness my hand and seal of office.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  
*[Signature]*  
Signature of Candidate or Officeholder  
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 REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Michael Berry

16 ACCOUNT # (Ethics Commission Use)

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

GENERAL

SPECIFIC

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)

\$ ~~248,005~~ 246,705

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ ~~47,720.43~~ 55,047.60

CONTRIBUTION BALANCE

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

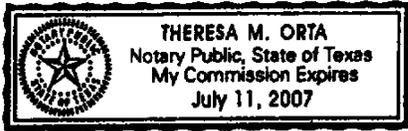
\$ 9638.72

OUTSTANDING LOAN TOTALS

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

\$ ~~0.00~~ 194,151.20

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL BERRY, this the 15<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Theresa Orta

Printed name of officer administering oath

Notary

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:

**2** FILER NAME

Michael Berry

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

**4** Date

6/30/05

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

Centerpoint Energy PAC

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

1000.00

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

**6** Contributor address; City; State; Zip Code

Houston, TX 77210

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

**10** Employer (See Instructions)

~~Date~~

~~Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)~~

~~Amount of contribution (\$)~~

~~In-kind contribution description (if applicable)~~

~~Contributor address; City; State; Zip Code~~

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

~~Employer (See Instructions)~~

~~Date~~

~~Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)~~

~~Amount of contribution (\$)~~

~~In-kind contribution description (if applicable)~~

~~Contributor address; City; State; Zip Code~~

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

~~Employer (See Instructions)~~

~~Date~~

~~Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)~~

~~Amount of contribution (\$)~~

~~In-kind contribution description (if applicable)~~

~~Contributor address; City; State; Zip Code~~

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

~~Employer (See Instructions)~~

~~Date~~

~~Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)~~

~~Amount of contribution (\$)~~

~~In-kind contribution description (if applicable)~~

~~Contributor address; City; State; Zip Code~~

~~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:

2 FILER NAME

Michael Berry

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/05

5 Payee name

Houston Chronicle

6 Payee address; City; State; Zip Code

7 Amount (\$)

15.00

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

Subscription

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/3/05

Payee name

Michael Berry Properties

Payee address; City; State; Zip Code

Amount (\$)

3000.00

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

rental fee, campaign HQ, equipment, supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/18/05

Payee name

Monica Aizpurua

Payee address; City; State; Zip Code

Amount (\$)

1000.00

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

Consulting

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/13/05

Payee name

Office Depot

Payee address; City; State; Zip Code

Amount (\$)

28.12

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

supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Michael Berry

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/19/05

5 Payee name

NY Times

6 Payee address; City; State; Zip Code

7 Amount (\$)

23.00

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

Subscription

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

Date

5/4/05

Payee name

Michael Berry Properties

Payee address; City; State; Zip Code

Amount (\$)

3000.00

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

rental fee, Campaign HQ  
equipment, supplies

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

Date

5/17/05

Payee name

NY Times

Payee address; City; State; Zip Code

Amount (\$)

23.00

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

Subscription

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

Date

5/20/05

Payee name

Intuit

Payee address; City; State; Zip Code

Amount (\$)

81.13

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

supplies

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Monica Aizpurua

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/11/05

5 Payee name

Office Depot

7 Amount (\$)

156.92

6 Payee address; City; State; Zip Code

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

supplies

9 \*\* 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.)

\*\* 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.)

\*\* 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.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED