

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:

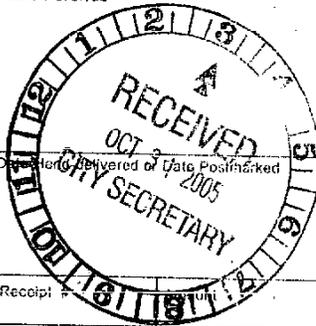
11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI D.
Dennis LAST SUFFIX
Cartel

OFFICE USE ONLY

Date Received



Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
810 Lamonte Hou TX 77018

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 695-7175

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI V.
Pence LAST SUFFIX
Carter

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
810 Lamonte Hou. TX 77018

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 695-7175

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
- July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 10 / 05 10 / 31 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 8 / 05

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Dist A

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Dennis D. Carter

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

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

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

\$ 1605.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1140.22

CONTRIBUTION BALANCE

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

\$ 464.78

OUTSTANDING LOAN TOTALS

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

\$ 0

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.

Dennis D. Carter
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dennis Carter, this the 31st day of October, 2005, to certify which, witness my hand and seal of office.

Cheryl [Signature]
Signature of officer administering oath

Printed 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 Total pages Schedule A: **7**

2 FILER NAME **Dennis D. Carter**

3 ACCOUNT # (Ethics Commission filers)

4 Date **10/27**

5 Full name of contributor out-of-state PAC (ID#: _____)
Arthur Brownie

7 Amount of contribution (\$) **20.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED] **TX 77429**

9 Principal occupation / Job title (See Instructions)
Engineer

10 Employer (See Instructions)

Date **10/27/05**

Full name of contributor out-of-state PAC (ID#: _____)
Christine Moushedi

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] **TX 77377**

Principal occupation / Job title (See Instructions)
IT Engineer

Employer (See Instructions)
EXXON

Date **10/27/05**

Full name of contributor out-of-state PAC (ID#: _____)
Charles Mauch

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] **Hou TX 77006**

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date **10/27/05**

Full name of contributor out-of-state PAC (ID#: _____)
William B. St John

Amount of contribution (\$) **25.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] **TX 77018**

Principal occupation / Job title (See Instructions)
Welder

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Herbert M. Chelton

Amount of contribution (\$) **75.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] **TX 77092**

Principal occupation / Job title (See Instructions)
IT Engineer

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME

Donnis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27/055 Full name of contributor out-of-state PAC (ID#: _____)V. W. Haley

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED] Hou TX 77018

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

10/27/05Full name of contributor out-of-state PAC (ID#: _____)Stanley Bohon

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Hou TX 77018

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

10/27/05Full name of contributor out-of-state PAC (ID#: _____)Joyce A. Gandy

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] TX 77092

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/27/05Full name of contributor out-of-state PAC (ID#: _____)Randolph Scott

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Hou, TX 77092

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Date

10/27/05Full name of contributor out-of-state PAC (ID#: _____)Blanche Ragsdale

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] TX 77018

Principal occupation / Job title (See Instructions)

Interior Designer

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

7

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27/05

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

Brian Dupnick

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED] TX 77018

9 Principal occupation / Job title (See Instructions)

Chef

10 Employer (See Instructions)

Date

10/27/05

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

Dr. Elizabeth Whitsitt

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Ho. TX 77018

Principal occupation / Job title (See Instructions)

Scientist

Employer (See Instructions)

Date

10/27/05

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

Debra C. Talaska

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Ho. TX 77018

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Talaska Law Firm.

Date

10/27/05

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

Edward DeAlba

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Ho. TX 77018

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

10/27/05

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

Richard H. Averitt

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Ho. TX 77018

Principal occupation / Job title (See Instructions)

Retailer

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:

7

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/25/05

5 Full name of contributor

Gary Krins

out-of-state PAC (ID#)

7 Amount of contribution (\$)

10.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED] TX 77099

9 Principal occupation / Job title (See Instructions)

Engineer

10 Employer (See Instructions)

Date

10/27/05

Full name of contributor

Dorothy D. Bisby

out-of-state PAC (ID#)

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Hou. TX 77008

Principal occupation / Job title (See Instructions)

RN - Retired

Employer (See Instructions)

Date

10/27/05

Full name of contributor

Tim Pagel

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] TX 77018

Principal occupation / Job title (See Instructions)

Trucker

Employer (See Instructions)

Date

10/25/05

Full name of contributor

Rupert E. Hazle

out-of-state PAC (ID#)

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Hou. TX 77254

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

10/25/05

Full name of contributor

Mary Lynn Fuvay

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Hou TX 77096

Principal occupation / Job title (See Instructions)

Teacher Retired

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:
7

2 FILER NAME
Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/20/05

5 Full name of contributor out-of-state PAC (ID#: _____)
Linda Rogers

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED] Hou. TX 77018

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

Date
10/16/05

Full name of contributor out-of-state PAC (ID#: _____)
Jane W. Elioseff

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] Hou TX 77005

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
10/22/05

Full name of contributor out-of-state PAC (ID#: _____)
Henry F. Lindley

Amount of contribution (\$)
40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] TX 77018

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
10/27/05

Full name of contributor out-of-state PAC (ID#: _____)
Herb Flowers

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] Hou TX 77091

Principal occupation / Job title (See Instructions)
Insurance agent

Employer (See Instructions)

Date
10/26/05

Full name of contributor out-of-state PAC (ID#: _____)
Anne Kitgore

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED] Hou TX 77037

Principal occupation / Job title (See Instructions)
Consultant

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: 7	
2 FILER NAME Dennis D. Carter		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/18/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Aldon Randall	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Ho. TX 77025			
9 Principal occupation / Job title (See Instructions) ecological anthropologist		10 Employer (See Instructions)	
Date 10/19/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Hardy Love Hardy Love	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Hou. TX 77098			
Principal occupation / Job title (See Instructions) Patrol UTSPH		Employer (See Instructions)	
Date 10/23/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marcus E Roberts	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Hou. TX 77018			
Principal occupation / Job title (See Instructions) Director HR support Symc AIG		Employer (See Instructions)	
Date 10/28/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Welker	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] TX 77018			
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions)	
Date 10/30/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carolyn E McDavid	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Ho. TX 77092			
Principal occupation / Job title (See Instructions) Retired		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27/05

5 Full name of contributor out-of-state PAC (ID#:

Genevill Wootan

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED] HOV. TX 77092

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/27/05

Full name of contributor out-of-state PAC (ID#:

Elvert Collazos

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] HOV TX 77018

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

10/27/05

Full name of contributor out-of-state PAC (ID#:

David R. Renner

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] HO - TX 77018

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Walgreen

7 Amount (\$)

10/14/05

6 Payee address; City, State; Zip Code

8301 Broadway HO TX

6.43

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

Letters, Stationery

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

Date

Payee name

America's Star Copies Inc.

Amount (\$)

10/28/05

Payee address; City, State; Zip Code

1701 Durham HO TX 77007

26.52

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

Copies

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

Date

Payee name

America's Star Copies Inc.

Amount (\$)

10/15/05

Payee address; City, State; Zip Code

1701 Durham HO TX 77007

46.70

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

Copies

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

Date

Payee name

Costco

Amount (\$)

10/26/05

Payee address; City, State; Zip Code

12405 N. Gossner HO TX 77055

247.67

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

Fund Raising Party - Food.

-- 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

2 FILER NAME

Dennis D. Cantel

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/05

5 Payee name

Sprint Printing

7 Amount (\$)

741.00

6 Payee address; City; State; Zip Code

~~10100~~ 10100 Clay Rd Hou TX 77080

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

Signs

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

Candidate / Officeholder name Office sought Office held

Date

10/20/05

Payee name

Krugel

Amount (\$)

71.90

Payee address; City; State; Zip Code

1352 W. 43rd Hou. TX 77018

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

Home Party Fund Raisers Food

** 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