

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Felicia Galloway

NICKNAME

LAST

SUFFIX

Hall

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

PO Box 21572

Change of Address

Houston, TX 77226

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 676-1570

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Carol Mims

NICKNAME

LAST

SUFFIX

Galloway

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

4810 Lavender St. Houston, TX 77026

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 303-3444

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 / 9 / 05 10 / 31 / 05

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

General

Special

11 / 08 / 05

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

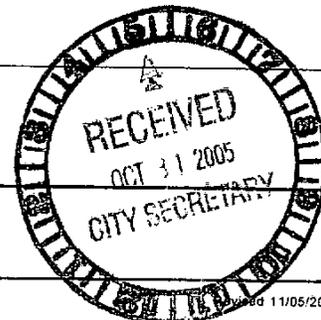
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

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

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 <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

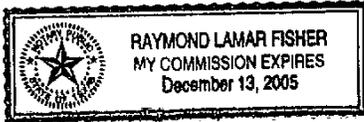
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,935. ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 3,960. ⁴⁸
4. TOTAL POLITICAL EXPENDITURES	\$ 27,867. ⁵⁰
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5156. ⁰⁴
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

Felicia Galloway Hall
Signature of Candidate or Officeholder

Sworn and subscribed before me, by the said Felicia Galloway Hall this the 3/9 day of Oct, 20 05, to certify which, witness my hand and seal of office.

Raymond Lamar Fisher *Raymond Lamar Fisher* *Notary*
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:

1 of 4

2 FILER NAME

Felicia Galloway Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/10/05

5 Full name of contributor

out-of-state PAC (ID#)

Rev. L. V. Adams

7 Amount of contribution (\$)

1000.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX 77026

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/12/05

Full name of contributor

out-of-state PAC (ID#)

Noncon PAC

Amount of contribution (\$)

1000.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77292

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/05

Full name of contributor

out-of-state PAC (ID#)

David F. Martinez

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/05

Full name of contributor

out-of-state PAC (ID#)

Dr. I. V. Hilliard

Amount of contribution (\$)

5000.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Spring, TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/05

Full name of contributor

out-of-state PAC (ID#)

Wilbert Ellis

Amount of contribution (\$)

85.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Grumbling LA 71245

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 4

2 FILER NAME

Felicia Galloway Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/05

5 Full name of contributor

 out-of-state PAC (ID#:

Gerald Brady

6 Contributor address; City; State; Zip Code

Houston, TX 77291

7 Amount of contribution (\$)

500.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/18/05

Full name of contributor

 out-of-state PAC (ID#:

Janice Walker

Contributor address; City; State; Zip Code

Houston, TX 77026

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/05

Full name of contributor

 out-of-state PAC (ID#:

Willie Lois Lee

Contributor address; City; State; Zip Code

Houston, TX 77026

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/05

Full name of contributor

 out-of-state PAC (ID#:

Verlena Sautter

Contributor address; City; State; Zip Code

Houston, TX 77028

Amount of contribution (\$)

50.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/05

Full name of contributor

 out-of-state PAC (ID#:

Lee P. Brown

Contributor address; City; State; Zip Code

Houston, TX 77057

Amount of contribution (\$)

1000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 4

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/19/05

5 Full name of contributor

J. C. Hooker

out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX 77015

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/20/05

Full name of contributor

Micheal Zilkha

out-of-state PAC (ID#)

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/05

Full name of contributor

David Sadegupore

out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/05

Full name of contributor

Larry Lockhart

out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Cypress, TX 77429

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/05

Full name of contributor

Ralph Eads

out-of-state PAC (ID#)

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77024

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 4

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/26/05

5 Full name of contributor

out-of-state PAC (ID#)

Rev. T. O. Berry

7 Amount of contribution (\$)

500.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX 77044

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/27/05

Full name of contributor

out-of-state PAC (ID#)

Maconda O'Connor Ph.D.

Amount of contribution (\$)

5000.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/05

Full name of contributor

out-of-state PAC (ID#)

John Peavy

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77288

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/05

Full name of contributor

out-of-state PAC (ID#)

Gerald Womack

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

Full name of contributor

out-of-state PAC (ID#)

S. Malonson

Amount of contribution (\$)

600.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77091

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:

1 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/10/05

5 Payee name

SBC

7 Amount (\$)

1252.⁶⁴

6 Payee address; City; State; Zip Code

Dallas TX 75285

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

Campaign office telephone

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

Candidate / Officeholder name Office sought Office held

Date

10/10/05

Payee name

Clear Channel

Amount (\$)

5200.⁰⁰

Payee address; City; State; Zip Code

Houston, TX

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

billboard rental

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

Candidate / Officeholder name Office sought Office held

Date

10/10/05

Payee name

City of Houston Water Dept

Amount (\$)

129.⁹²

Payee address; City; State; Zip Code

Houston, TX 77251

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

Campaign office water

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

Candidate / Officeholder name Office sought Office held

Date

10/10/05

Payee name

Reliant Energy

Amount (\$)

206.⁶⁷

Payee address; City; State; Zip Code

Dallas TX 75265

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

Campaign office lights

** 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 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/13/05

5 Payee name

Fry's

7 Amount (\$)

210.⁴⁴

6 Payee address; City, State, Zip Code

Houston, TX 77037

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

Computer & printer supplies

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

Date

10/14/05

Payee name

Sprint Digital Print

Amount (\$)

2483.⁶⁵

Payee address; City, State, Zip Code

Houston, TX 77080

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

Campaign yard signs

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

Date

10/14/05

Payee name

K.L.H. & Associates

Amount (\$)

500.⁰⁰

Payee address; City, State, Zip Code

Houston, TX 77088

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

Campaign Consultant

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

Date

10/14/05

Payee name

Herb Mitchell

Amount (\$)

500.⁰⁰

Payee address; City, State, Zip Code

Houston, TX 77016

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

Campaign Consultant

-- 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:
3 of 5

2 FILER NAME
Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/14/05

5 Payee name
Phar Green

7 Amount (\$)
866.00

6 Payee address; City; State; Zip Code
[Redacted]
Houston, TX 77047

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

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

Date
10/17/05

Payee name
W.C. Management

Amount (\$)
4470.00

Payee address; City; State; Zip Code
[Redacted]
Houston, TX 77007

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

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

Date
10/18/05

Payee name
T. Mobile

Amount (\$)
462.52

Payee address; City; State; Zip Code
[Redacted]
St. Louis, MO 63179

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

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

Date
10/23/05

Payee name
Fedex Kinko

Amount (\$)
68.16

Payee address; City; State; Zip Code
[Redacted]
Houston, TX 77098

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

** 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:

4 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/05

5 Payee name

W. C. management

6 Payee address; City; State; Zip Code

Houston, TX 77007

7 Amount (\$)

4178.⁰⁰

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

Campaign phone bank

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

Candidate / Officeholder name Office sought Office held

Date

10/28/05

Payee name

FedEx Kinko

Payee address; City; State; Zip Code

Houston, TX 77098

Amount (\$)

308.⁴¹

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

Campaign fliers

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

Candidate / Officeholder name Office sought Office held

Date

10/29/05

Payee name

J. Baker

Payee address; City; State; Zip Code

Houston, TX 77091

Amount (\$)

500.⁰⁰

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

Signs distribution

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

Candidate / Officeholder name Office sought Office held

Date

10/29/05

Payee name

HBAD

Payee address; City; State; Zip Code

Houston, TX 77252

Amount (\$)

500.⁰⁰

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

GOTV Program

** 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:
5 of 5

2 FILER NAME

Felicia Galloway - Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-30-05

5 Payee name

W.C. Management

7 Amount (\$)

4177⁷⁵

6 Payee address; City, State; Zip Code

Houston, Texas 77007

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

Campaign Phone bank

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

Date

10-30-05

Payee name

Reliant Energy

Amount (\$)

100³⁴

Payee address; City, State; Zip Code

Dallas, Tx 75263

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

campaign head quarter (lights)

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

Date

10-20-05

Payee name

KCOH Radio

Amount (\$)

1753⁰⁰

Payee address; City, State; Zip Code

Houston, Texas

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

Radio Ads

-- 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