

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Green, Ronald (Mr.)

16 ACCOUNT # (Ethics Commission files)
00000003

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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 191.24

4. TOTAL POLITICAL EXPENDITURES \$ 9,516.83

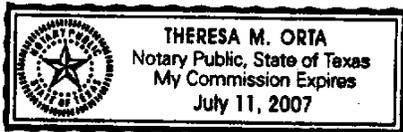
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 108,693.57

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 Ronald Green, this the 31st day of October, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Theresa Orta
Print name of officer administering oath

Notary Public
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: 1/1 Report: 3/9	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 10/14/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Contractors PAC (HOU CON) 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 772920843	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
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# _____) Kennedy, Nathelyne Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770811009	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lazard, Pamela Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 774893921	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ross, Jeff Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770051715	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sheet Metal Workers Local Union, #54 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770186319	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
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: 1/6 Report: 4/9

2 FILER NAME Green, Ronald (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000003

4 Date	5 Payee name Academy Awards	7 Amount (\$)
10/19/2005	6 Payee address; City; State; Zip Code 4102 Fannin St. Houston, TX 77004	\$449.27

8 Purpose of payment (See instructions regarding type of information required.) Campaign Mugs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Arnold, Rhonda	Amount (\$)
10/05/2005	Payee address; City; State; Zip Code 10918 Shawbrook Houston, TX 77071	\$150.00

Purpose of payment (See instructions regarding type of information required.) Telephone	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Arnold, Rhonda	Amount (\$)
10/05/2005	Payee address; City; State; Zip Code 10918 Shawbrook Houston, TX 77071	\$84.72

Purpose of payment (See instructions regarding type of information required.) Postage & Mailing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Arnold, Rhonda	Amount (\$)
10/12/2005	Payee address; City; State; Zip Code 10918 Shawbrook Houston, TX 77071	\$55.00

Purpose of payment (See instructions regarding type of information required.) Event Expenses	** 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.**1** PAGE #

Schedule: 2/6 Report: 5/9

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000003**4** Date

10/12/2005**5** Payee name
Candy Stripe Academy**6** Payee address; City; State; Zip Code
5606 Beldart
Houston, TX 77033**7** Amount
(\$)

\$95.00**8** Purpose of payment (See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Culinary Kreations

10/13/2005

Payee address; City; State; Zip Code
5225 Almeda
Houston, TX 77004Amount
(\$)

\$245.00Purpose of payment (See instructions regarding type of information required.)
Texas Minority Council Luncheon**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Earl Carl Institute for Legal and Social Policy, Inc.

10/05/2005

Payee address; City; State; Zip Code
3100 Cleburne
Houston, TX 77004Amount
(\$)

\$500.00Purpose of payment (See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
FastSigns Downtown

10/11/2005

Payee address; City; State; Zip Code
813 Dallas
Houston, TX 77002Amount
(\$)

\$112.50Purpose of payment (See instructions regarding type of information required.)
Printin**9** ** 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: 3/6 Report: 6/9

2 FILER NAME Green, Ronald (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000003

4 Date	5 Payee name FastSigns Downtown	7 Amount (\$)
10/13/2005	6 Payee address; City; State; Zip Code 813 Dallas Houston, TX 77002	\$103.60

8 Purpose of payment (See instructions regarding type of information required.) Signs	<p>9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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Date	Payee name Gittings	Amount (\$)
10/11/2005	Payee address; City; State; Zip Code 910 Travis Ste. T-100 Houston, TX 77002	\$250.00

Purpose of payment (See instructions regarding type of information required.) Photography	<p>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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Date	Payee name Houston 80-20 PAC	Amount (\$)
10/14/2005	Payee address; City; State; Zip Code 8300 Bender Rd. Humble, TX 77396	\$65.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship	<p>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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Date	Payee name I-10 Media	Amount (\$)
10/19/2005	Payee address; City; State; Zip Code 2020 Texas Ave., Ste. 1229 Houston, TX 77004	\$250.00

Purpose of payment (See instructions regarding type of information required.) Advertisement	<p>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/6 Report: 7/9

2 FILER NAME Green, Ronald (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000003

4 Date 10/04/2005	5 Payee name IBV Visual 6 Payee address; City; State; Zip Code 802 Bolster St. Baytown, TX 77520	7 Amount (\$) \$750.00
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8 Purpose of payment (See instructions regarding type of information required.)
Graphic Design

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date 10/19/2005	Payee name In Action Shelters, Inc. Payee address; City; State; Zip Code 919 Caperton Houston, TX 77022	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.)
Sponsorship

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:

Office sought:
Office held:

Date 10/05/2005	Payee name Kingwood Area Democrats Payee address; City; State; Zip Code 3011 Brookshore Court Kingwood, TX 77345	Amount (\$) \$80.00
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Purpose of payment (See instructions regarding type of information required.)
Sponsorship

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:

Office sought:
Office held:

Date 10/13/2005	Payee name Let the Fashions Begin Payee address; City; State; Zip Code 440 Louisiana Ste. 475 Houston, TX 77002	Amount (\$) \$1,500.00
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Purpose of payment (See instructions regarding type of information required.)
Sponsorship

**** 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: 5/6 Report: 8/9**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000003

4 Date 10/05/2005	5 Payee name Sloan UMC 6 Payee address; City; State; Zip Code 3102 Nance St. Houston, TX 77020	7 Amount (\$) \$65.00
8 Purpose of payment (See instructions regarding type of information required.) Advertisement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/19/2005	Payee name Sprint Digital Print Payee address; City; State; Zip Code 10101 Clay Rd. Ste. C Houston, TX 77080	Amount (\$) \$3,083.50
Purpose of payment (See instructions regarding type of information required.) Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/19/2005	Payee name St. Mary's Catholic Church Payee address; City; State; Zip Code 3447 Quail Meadow Dr. Missouri City, TX 77459	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/05/2005	Payee name TABCCM Payee address; City; State; Zip Code 1821 Rutherford Ln., Ste. 400 Austin, TX 78754	Amount (\$) \$125.00
Purpose of payment (See instructions regarding type of information required.) Dues		** 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: 6/6 Report: 9/9

2 FILER NAME Green, Ronald (Mr.)

3 ACCOUNT # (Ethics Commission file)
00000003

4 Date	5 Payee name Texas Southern University	7 Amount (\$)
10/06/2005	6 Payee address; City; State; Zip Code 3100 Cleburne Houston, TX 77004	\$55.00

8 Purpose of payment (See instructions regarding type of information required.) Sponsorship	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name TSU-Alumni Affairs Homecoming Gala	Amount (\$)
10/05/2005	Payee address; City; State; Zip Code 3100 Cleburne Houston, TX 77004	\$850.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name United State Department of State	Amount (\$)
10/13/2005	Payee address; City; State; Zip Code 515 Rusk, Ste. 10017 Houston, TX 77002	\$157.00

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