

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / © FIRST MI	OFFICE USE ONLY	
James B. Neal	B		
NICKNAME Jim Neal	LAST Neal		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	1411 Yorkchester Dr. Houston, TX 77079		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 468-2191	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
Mr. Kimbal Urofia	M.		
NICKNAME Urofia	LAST Urofia		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
14877 Wunderlich, Houston, TX 77069			
8 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER 229-5874	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 10 / 1 / 05	THROUGH	Month Day Year 10 / 28 / 05
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) At Large # 2	
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 <input type="checkbox"/> additional pages		
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Council Position #2 at Large - James B. Neal

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

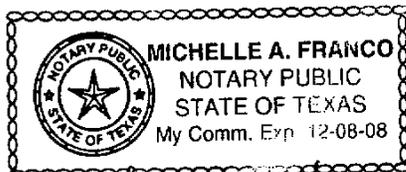
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2694.50
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0- 000.00
4. TOTAL POLITICAL EXPENDITURES	\$ 1905.82
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 325.85
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



Michelle A. Franco
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.

James B. Neal
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Neal, this the 28th day of October, 2005, to certify which, witness my hand and seal of office.

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:
2

2 FILER NAME

James B. Neal

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/14/2005

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

David H. Ferdman

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]
Austin, Texas 78731-4528

9 Principal occupation / Job title (See Instructions)

Ferdman company - President/owner

10 Employer (See Instructions)

Self-employed

Date

10/18/2005

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

Judith and Richard Chiburis

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Houston, Texas 77079

Principal occupation / Job title (See Instructions)

Exxon Oil Company Supervisor husband

Employer (See Instructions)

EXXON OIL COMPANY

Date

10/20/2005

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

Chris Pappas

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Houston, Texas 77024-506

Principal occupation / Job title (See Instructions)

Attorney - General Manager

Employer (See Instructions)

Godwin/Kruber Law Firm

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (2)	
2 FILER NAME James B. Neal		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/18/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeannie Mary Kerns	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code Houston, Texas			
9 Principal occupation / Job title (See Instructions) Cashier/Events coordinator		10 Employer (See Instructions) Self employed	
Date 10/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lois E. Neal	Amount of contribution (\$) \$994.50	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code Houston, Texas 77079			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY F. Lopez	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code League City, Texas 77573			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert W Gilbert	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code Houston, Texas 77018			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Griffin	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code Houston, Texas 77019			
Principal occupation / Job title (See Instructions) K-Griff Private Investigators		Employer (See Instructions) owner/self employed	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ↪ ↪ ↪ ↪ ↪ ↪	\$
---	----

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
---	---------------------------------------

14 Description of Collateral <input type="checkbox"/> none
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15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender 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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10/21/05	Kimbal Utzertia	\$1500
	6 Payee address; City; State; Zip Code 14777 Wandaedlich Houston, TX 77069	

8 Purpose of payment (See instructions regarding type of information required.) <i>Political Consultant - Marketing</i>	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.)	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.)	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.)	9 ** 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

ONE

2 FILER NAME

James B. Neal

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7/05

5 Payee name

Kimball Uzartia

6 Payee address;

City; State; Zip Code

[Redacted] Houston, TX 77069

7 Purpose of expenditure (See instructions regarding type of information required.)

Political Consultant - Marketing

8 Amount (\$)

\$1000

Reimbursement from political contributions intended

Date

10/2/05

Payee name

Bill's Photo & Fingerprints

Payee address;

City; State; Zip Code

[Redacted] Houston, TX 77081

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

Political Photos

Amount (\$)

\$40

Reimbursement from political contributions intended

Date

10/18/05

Payee name

B+G Printing

Payee address;

City; State; Zip Code

[Redacted] Houston, TX 77055

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

Political Signs

Amount (\$)

\$386.45

Reimbursement from political contributions intended

Date

10/17/05

Payee name

SPEC'S WINE SPIRITS & FINE FOODS

Payee address;

City; State; Zip Code

[Redacted] Houston TX 77079

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

Campaign Party Supplies

Amount (\$)

\$418.53

Reimbursement from political contributions intended

Date

Payee name

Kreiser

Payee address;

City; State; Zip Code

[Redacted] Houston TX 77079

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

Amount (\$)

\$60.84

Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule H:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code		

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

Date	Business name	Amount (\$)
Business 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
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Date	Business name	Amount (\$)
Business 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
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Date	Business name	Amount (\$)
Business 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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
---------------	--	----------------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 ACCOUNT # (Ethics Commission file)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder