

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

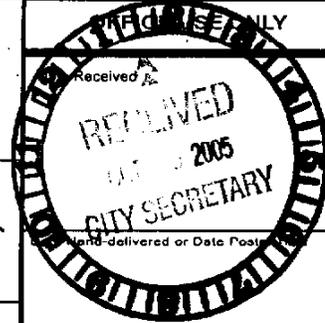
NICKNAME

LAST

SUFFIX

Larry
Williams

T.



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

634 Foam star Houston, TX 77022

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 691-8030

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jeff
Marshall

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

833 W. 16th St. Houston, TX 77008

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 862-3323

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 MONTH Day Year

9 / 7 / 05 THROUGH 10 / 10 / 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)

City Council - District H

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

Larry Williams

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 <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	\$	305.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	915.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	210.00
4. TOTAL POLITICAL EXPENDITURES	\$	1387.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	260.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	- 0 -

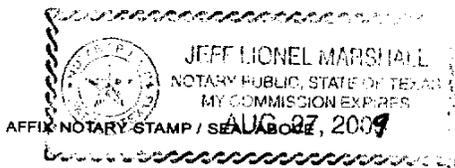
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

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.



Larry Williams
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Larry Williams, this the 10th day of October, 2005, to certify which, witness my hand and seal of office.

Jeff Lionel Marshall Jeff Lionel Marshall Notary Public
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: 3	
2 FILER NAME Larry Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/17/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Jean Fowler	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/17/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ella Thomas	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] sta, TX 77022			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/28/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Fitch	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattie Marshall	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rev. David Rougeau	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Stafford, TX 77497			
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: <u>3</u>	
2 FILER NAME <i>Larry Williams</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/1/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rev. Frank Rush</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code [REDACTED] <i>Houston, TX 77065</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/2/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lonnie Perkins</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] <i>Houston, TX 77008</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/5/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria Moody</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] <i>Houston, TX 77018</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/5/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cloria Moody</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] <i>Houston, TX 77018</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/6/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Fitch</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] <i>Houston, TX 77008</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME <i>Larry Williams</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10/6/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Johnson</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <i>Houston TX 77022</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/6/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vonda Williams - Davis</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston TX 77088</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/6/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renette Brown</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston TX 77045</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>Larry Williams</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9/17/05</u>	5 Payee name <u>Texas Cafeteria</u> 6 Payee address; City; State; Zip Code <u>2400 N. Shepherd Houston, TX 77008</u>	7 Amount (\$) <u>\$138.00</u>
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 <u>9/21/05</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>5330 W. 34th St. Houston, TX 77092</u>	Amount (\$) <u>\$48.75</u>
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 <u>9/28/05</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>5330 W. 34th St. Houston TX 77092</u>	Amount (\$) <u>\$48.69</u>
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 <u>10/1/05</u>	Payee name <u>Bison Signs</u> Payee address; City; State; Zip Code <u>6205 W. 34th St. Houston, TX 77092 Suite D</u>	Amount (\$) <u>\$607.90</u>
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		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME
Larry Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/1/05

5 Payee name
Texas Cafeteria
6 Payee address; City; State; Zip Code
2400 N. Shepherd Houston, TX 77008

7 Amount (\$)
\$108.00

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
10/6/05

Payee name
Subway
Payee address; City; State; Zip Code
1989 W.T.C. Jester Houston, TX 77008

Amount (\$)
\$35.70

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
10/6/05

Payee name
Salvador Salinas
Payee address; City; State; Zip Code
214 E. Crosstimbers Houston, TX 77022

Amount (\$)
\$200.00

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

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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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