

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
Mr. Hipolito M.
NICKNAME LAST SUFFIX
Poli Acosta

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*4402 Riverside Oaks
Kingwood, Tx 77345*

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 233-8142

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Richard
NICKNAME LAST SUFFIX
Sindelar

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6114 Queenslock Dr. Houston, Tx 77050

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 229-8733

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 06 THROUGH 12 / 31 / 06

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council at Large #2

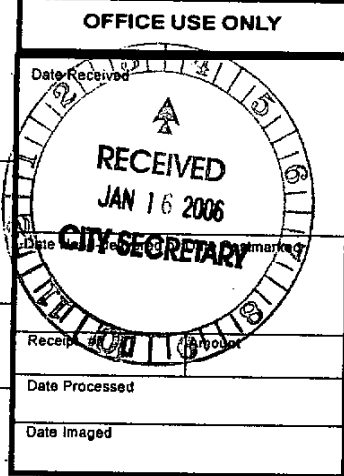
14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

 additional pages

** 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



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Hipolito M. Acosta **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

COMMITTEE NAME

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) \$ 0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 35.43

4. TOTAL POLITICAL EXPENDITURES \$ 2541.34

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4454.82

OUTSTANDING LOAN TOTALS

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

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.

Hipolito M. Acosta
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said Hipolito Acosta this the 16th day of January, 2007, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath
Printed name of officer administering oath
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>ROOSTA HIPOLITO</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/8/06</i>	5 Payee name <i>RUBEN KIHUEN Campaign</i>	7 Amount (\$) <i>300⁰⁰</i>
6 Payee address; City; State; Zip Code <i>1528 N-22nd St #3 LAS VEGAS, Nevada 89101</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Contribution</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/23/06</i>	Payee name <i>Sylvestre Reyes Campaign</i>	Amount (\$) <i>800⁰⁰</i>
Payee address; City; State; Zip Code <i>310 N. Mesa, Suite 400 El Paso, TX 79901</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Contribution</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/6</i>	Payee name <i>FIVE STAR Merchant Services</i>	Amount (\$) <i>199.00</i>
Payee address; City; State; Zip Code <i>1111 Wilcrest Green, Suite 435 Houston, TX 77042</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Credit Card Equipment</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12/18</i>	Payee name <i>DISCOVER NETWORK Settlement</i>	Amount (\$) <i>1206.91</i>
Payee address; City; State; Zip Code <i>P.O. Box 52145 Phoenix, Arizona 85072-2145</i>		
Purpose of payment (See instructions regarding type of information required.) <i>BANK originated adjustment to erroneous credit</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED