

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT# (Ethics Commission filers)</p>	<p>2 Total pages filed: 4</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: MR. FIRST: AL MI: _____ NICKNAME: _____ LAST: HOANG SUFFIX: _____</p>	<p>OFFICE USE ONLY</p> <p>Date Received: _____</p> <p>Date Held in Office or Date Postmarked: _____</p> <p>RECEIVED DEC 5 CITY SECRETARY</p> <p>Receipt # _____ Amount _____</p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1900 N. LOOP WEST, SUITE 500 HOUSTON, TX 77018</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (713) 680-9922</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: MRS. FIRST: MELISA MI: _____ NICKNAME: _____ LAST: HOANG SUFFIX: _____</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 8877 HOUSTON, TX 77249</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (713) 446-5852</p>		
<p>9 REPORT TYPE</p>	<p> <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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 10 / 27 / 03 11 / 6 / 03</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year 11 / 4 / 03</p>	<p>ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </p>	
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) COUNCIL MAN AT LARGE #5</p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>** 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. **</p> <p>Name: _____</p> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code: _____</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

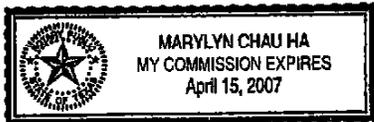
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>AL HOANG</u>	16 ACCOUNT # (Ethics Commission files)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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	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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,475.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,888.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALOYSIUS HOANG, this the 4th day of Dec, 2004, to certify which, witness my hand and seal of office.

[Signature] MARYLYN CHAU HA Notary Public
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

AL HOANG

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/4

5 Payee name

MELISA HOANG

6 Payee address; City; State; Zip Code

19119 DIANESHIRE DR
SPRING 77388

7 Amount (\$)

\$ 975.00

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

REIMBURSEMENT

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

Candidate / Officeholder name Office sought Office held

Date

11/4

Payee name

TERESA HOANG

Payee address; City; State; Zip Code

17415 CONSTOCK CIRCLE
HOUSTON, TX 77090

Amount (\$)

\$ 1,500.00

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

REIMBURSEMENT

** 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

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

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" **

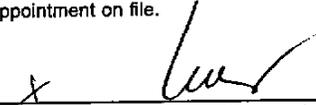
1 C/OH NAME

AL HOANG

2 ACCOUNT # (Ethics Commission filers)

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

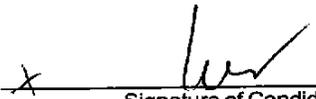
Check only one:



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