Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED JUL 15 2005 CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME — MS / MRS / MR (MR) — FIRST: ANASTASSIOS — MI: — NICKNAME: TASSO — LAST: TRIANTAPHYLLIS — SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS — ADDRESS / PO BOX / APT / SUITE # / CITY / STATE / ZIP CODE: P.O. BOX 27629 HOUSTON TX 77227

___ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE — AREA CODE: (713) — PHONE NUMBER: 520-8551 — EXTENSION:

6 CAMPAIGN TREASURER NAME — MS / MRS / MR — FIRST: JILL — MI: — NICKNAME: — LAST: TRIANTAPHYLLIS — SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business) — STREET ADDRESS (NO PO BOX PLEASE) / APT / SUITE # / CITY / STATE / ZIP CODE: 2901 BAMMEL LN #32 HOUSTON TX 77098

8 CAMPAIGN TREASURER PHONE — AREA CODE: (713) — PHONE NUMBER: 520-8551 — EXTENSION:

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: 01 01 2005 THROUGH Month / Day / Year: 06 01 2005

11 ELECTION — ELECTION DATE: Month / Day / Year: 11 04 2003 — ELECTION TYPE: ___ Primary ___ Runoff ☑ General ___ Special

12 OFFICE — OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): HOUSTON CITY COUNCIL DIST C

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: ANASTASSIOS ("TASSO") TRIANTAPHYLLIS

16 ACCOUNT # (Ethics Commission Use)

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	$ —
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ —
EXPENDITURE TOTALS:	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 530.65
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ —
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

19 AFFIDAVIT

DAVID C. WHITE
Notary Public
STATE OF TEXAS
My Comm. Exp. 04-04-2009

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anastassios Triantaphyllis, this the 15th day of July, 20 05, 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
	David C White	Bank Officer

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: ANASTASSIOS ("TASSO") TRIANTAPHYLLIS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
6/30/2005	A. TRIANTAPHYLLIS 2901 BAMMEL LN HOUSTON, TX 77098 #32	530.65

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

REPAYMENT OF THE LOAN (REIMBURSEMENT)

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

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

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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

ANASTASSIOS ("TASSO") TRIANTAPHYLLIS

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