

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> <small>(Ethics Commission filers)</small>	<b>2 PAGE #</b> 1 of 17															
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><small>MS / MRS / MR</small></td> <td style="width:35%;"><small>FIRST</small></td> <td style="width:15%;"><small>MI</small></td> <td style="width:35%;"></td> </tr> <tr> <td>Mr.</td> <td>HIPOLITO M.</td> <td></td> <td></td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> <td></td> </tr> <tr> <td>POLI</td> <td>ACOSTA</td> <td></td> <td></td> </tr> </table>	<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>		Mr.	HIPOLITO M.			<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>		POLI	ACOSTA			<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 0 auto;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">DEC -2 2005</p> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">CITY SECRETARY</p> </div> <p style="font-size: 0.7em; margin-top: 5px;">Date Received</p> <p style="font-size: 0.7em; margin-top: 5px;">Date Hand Delivered or Date Postmarked</p> <p style="font-size: 0.7em; margin-top: 5px;">Receipt #</p> <p style="font-size: 0.7em; margin-top: 5px;">Date Processed</p> <p style="font-size: 0.7em; margin-top: 5px;">Date Imaged</p>
<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>																
Mr.	HIPOLITO M.																	
<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>																
POLI	ACOSTA																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>ADDRESS / PO BOX;</small></td> <td style="width:15%;"><small>APT / SUITE #;</small></td> <td style="width:15%;"><small>CITY;</small></td> <td style="width:10%;"><small>STATE;</small></td> <td style="width:30%;"><small>ZIP CODE</small></td> </tr> <tr> <td>2918 BAGBY ST. HOUSTON, TX 77006</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Change of Address	<small>ADDRESS / PO BOX;</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>	2918 BAGBY ST. HOUSTON, TX 77006											
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<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>AREA CODE</small></td> <td style="width:40%;"><small>PHONE NUMBER</small></td> <td style="width:40%;"><small>EXTENSION</small></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<small>AREA CODE</small>	<small>PHONE NUMBER</small>	<small>EXTENSION</small>														
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<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><small>MS / MRS / MR</small></td> <td style="width:35%;"><small>FIRST</small></td> <td style="width:15%;"><small>MI</small></td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td>Richard</td> <td></td> <td></td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> <td></td> </tr> <tr> <td>Rick</td> <td>Sindelar</td> <td>III</td> <td></td> </tr> </table>	<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>			Richard			<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>		Rick	Sindelar	III		
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	Richard																	
<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>																
Rick	Sindelar	III																
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><small>STREET ADDRESS (NO PO BOX PLEASE);</small></td> <td style="width:15%;"><small>APT / SUITE #;</small></td> <td style="width:15%;"><small>CITY;</small></td> <td style="width:10%;"><small>STATE;</small></td> <td style="width:20%;"><small>ZIP CODE</small></td> </tr> <tr> <td>6114 Queensloch Dr. Houston, TX 77050</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<small>STREET ADDRESS (NO PO BOX PLEASE);</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>	6114 Queensloch Dr. Houston, TX 77050											
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>	<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)									
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>Month</small>    <small>Day</small>    <small>Year</small></td> <td style="width:40%; text-align: center;"><small>THROUGH</small></td> <td style="width:30%;"><small>Month</small>    <small>Day</small>    <small>Year</small></td> </tr> <tr> <td>10/29/2005</td> <td></td> <td>12/02/2005</td> </tr> </table>	<small>Month</small> <small>Day</small> <small>Year</small>	<small>THROUGH</small>	<small>Month</small> <small>Day</small> <small>Year</small>	10/29/2005		12/02/2005											
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10/29/2005		12/02/2005																
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><small>ELECTION DATE</small></td> <td style="width:60%;"><small>ELECTION TYPE</small></td> </tr> <tr> <td><small>Month</small>    <small>Day</small>    <small>Year</small></td> <td> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> <tr> <td>11/08/2005</td> <td></td> </tr> </table>	<small>ELECTION DATE</small>	<small>ELECTION TYPE</small>	<small>Month</small> <small>Day</small> <small>Year</small>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11/08/2005												
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11/08/2005																		
<b>12 OFFICE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>OFFICE HELD (if any)</small></td> <td style="width:50%;"><b>13 OFFICE SOUGHT (if known)</b> City Council At Large Pos. 2</td> </tr> <tr> <td></td> <td></td> </tr> </table>	<small>OFFICE HELD (if any)</small>	<b>13 OFFICE SOUGHT (if known)</b> City Council At Large Pos. 2															
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<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	<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><small>Name</small></p> <p><small>Address/PO Box;    Apt. / Suite #;    City;    State;    Zip Code</small></p> <p><input type="checkbox"/> additional pages</p>																	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME ACOSTA, HIPOLITO M. (Mr.)

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

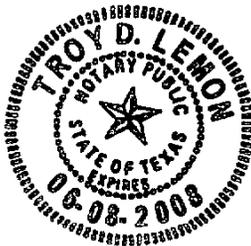
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,175.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 525.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 63,105.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,462.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 ABOVE

Sworn to and subscribed before me, by the said Hipolito M. Acosta, this the 2 day of December, 2005, to certify which, witness my hand and seal of office.

*Shayla D. [Signature]*  
Signature of officer administering oath

Print 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 PAGE #

Schedule: 1/6 Report: 3/17

2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
ALEXANDER, WILLIE

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/07/2005

6 Contributor address; City; State; Zip Code

\$500.00

HOUSTON, TX 77027

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
CAVAZOS, MARIO

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/03/2005

Contributor address; City; State; Zip Code

\$3,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
CISNEROS, LUIS

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/07/2005

Contributor address; City; State; Zip Code

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
COLON, EDGARDO E.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/07/2005

Contributor address; City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
DICHOSO, HELEN

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/07/2005

Contributor address; City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 4/17	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FLORES, DIONICIO	7 Amount of contribution (\$) \$250.00	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 11/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FONT, HENRY Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GARCIA, MARGARET	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GAXIOLA, ALFREDO	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GROH, DALIA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6 Report: 5/17	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MATAMOROS, ABELARDO (Mr.)  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) OWNER		10 Employer (See Instructions) BARRI, INC.	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McLEAN, SCOTT  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MENDEZ, B.  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) NIP, DAN  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ORTEGA, SALVADOR  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6 Report: 6/17	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) QUEZADA, JORGE (Dr.) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RIVERO-MONTY, ANEE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RODRIGUEZ, CESAR Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) FIELD WORKERS LUNCH
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RODRIGUEZ, DAVID Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SALOMON, EDUARDO Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 7/17	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SALOMON, EDUARDO	7 Amount of contribution (\$) \$1,000.00	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 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TRAN, DINH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TRUJILLO, MARINA	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TSUI, CHUN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) VEGA, ADAN	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) CAMPAIGN OFFICE HEADQUARTERS
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 8/17	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WHITE, JULIE  6 Contributor address: _____ City: _____ State: _____ Zip Code _____ ██████████, TX 78702	7 Amount of contribution (\$)  \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/9 Report: 9/17
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  11/18/2005	<b>5</b> Payee name ACOSTA, HIPOLITO  ..... <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  \$1,864.83
<b>8</b> Purpose of payment (See instructions regarding type of information required.) EXPENSE REIMBURSEMENT		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/29/2005	Payee name AMIGOS MEAT MARKET  ..... Payee address; City; State; Zip Code	Amount (\$)  \$618.00
Purpose of payment (See instructions regarding type of information required.) FUNDRAISING EXPENSE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/04/2005	Payee name C.COMM NETWORK CORP.  ..... Payee address; City; State; Zip Code	Amount (\$)  \$4,157.60
Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/09/2005	Payee name C.COMM NETWORK CORP.  ..... Payee address; City; State; Zip Code	Amount (\$)  \$3,467.04
Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/9 Report: 10/17

**2** FILER NAME ACOSTA, HIPOLITO M. (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name CARRENO GROUP INC	<b>7</b> Amount (\$)
11/02/2005	<b>6</b> Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	\$10,877.03

<b>8</b> Purpose of payment (See instructions regarding type of information required.) ADVERTISING - MAILER	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name CARRENO GROUP INC	Amount (\$)
11/02/2005	Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	\$7,779.64

Purpose of payment (See instructions regarding type of information required.) CONSULTANT FEE	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name CARRENO GROUP INC	Amount (\$)
11/03/2005	Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	\$2,421.30

Purpose of payment (See instructions regarding type of information required.) FUNDRAISING	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name CARRENO GROUP INC	Amount (\$)
11/03/2005	Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	\$4,450.00

Purpose of payment (See instructions regarding type of information required.) ADVERTISING - COMMERCIAL	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 11/17
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date  11/08/2005	5 Payee name CARRENO GROUP INC  6 Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	7 Amount (\$)  \$3,826.00
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN FIELD WORKERS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/06/2005	Payee name COPY.COM TX  Payee address; City; State; Zip Code	Amount (\$)  \$2,251.60
Purpose of payment (See instructions regarding type of information required.) PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/07/2005	Payee name COPY.COM TX  Payee address; City; State; Zip Code	Amount (\$)  \$2,251.60
Purpose of payment (See instructions regarding type of information required.) PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/14/2005	Payee name DAOS BUSINESS TX  Payee address; City; State; Zip Code	Amount (\$)  \$104.13
Purpose of payment (See instructions regarding type of information required.) PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 12/17
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date  11/14/2005	5 Payee name DE LA ISLA, JAIME  6 Payee address; City; State; Zip Code 11423 DUNLAP HOUSTON, TX 77035	7 Amount (\$)  \$400.00
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES & EXPENSES		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/10/2005	Payee name ENTERPRISE RENTAL TX  Payee address; City; State; Zip Code	Amount (\$)  \$316.16
Purpose of payment (See instructions regarding type of information required.) VEHICLE RENTAL #3		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/10/2005	Payee name ENTERPRISE RENTAL TX  Payee address; City; State; Zip Code	Amount (\$)  \$317.16
Purpose of payment (See instructions regarding type of information required.) VEHICLE RENTAL #2		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/10/2005	Payee name ENTERPRISE RENTAL TX  Payee address; City; State; Zip Code	Amount (\$)  \$342.16
Purpose of payment (See instructions regarding type of information required.) VEHICLE RENTAL #1		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/9 Report: 13/17
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  11/04/2005	<b>5</b> Payee name GARCIA, RALPH  ..... <b>6</b> Payee address; City; State; Zip Code AFAR CONCEPTS - SIGN HERE 2810 LEELEND HOUSTON, TX 77003	<b>7</b> Amount (\$)  \$1,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/24/2005	Payee name GARCIA, RALPH  ..... Payee address; City; State; Zip Code AFAR CONCEPTS - SIGN HERE 2810 LEELEND HOUSTON, TX 77003	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) SIGN PICK-UP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/08/2005	Payee name JALAPENO'S  ..... Payee address; City; State; Zip Code	Amount (\$)  \$650.77
Purpose of payment (See instructions regarding type of information required.) ELECTION NIGHT EVENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/16/2005	Payee name MARTINEZ, ELVIRA  ..... Payee address; City; State; Zip Code	Amount (\$)  \$750.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES & EXPENSES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 14/17
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/04/2005	5 Payee name NIT NOI CAFE TX ..... 6 Payee address; City; State; Zip Code	7 Amount (\$) \$67.86
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN EVENT MEETING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/10/2005	Payee name NORTHLAND DISTRIBUTION TX ..... Payee address; City; State; Zip Code	Amount (\$) \$443.82
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STICKERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/16/2005	Payee name RAMOS, JOE TX ..... Payee address; City; State; Zip Code	Amount (\$) \$400.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES & EXPENSES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 10/29/2005	Payee name SAM'S CLUB ..... Payee address; City; State; Zip Code	Amount (\$) \$146.34
Purpose of payment (See instructions regarding type of information required.) SUPPLIES FOR FUNDRAISER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 15/17
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name SBC	7 Amount (\$)
11/14/2005	6 Payee address; City; State; Zip Code 555 MAIN ST. - RM 228-OR BEAUMONT, TX 77701	\$461.21
8 Purpose of payment (See instructions regarding type of information required.) TELEPHONE SERVICE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name SIGN HERE TX	Amount (\$)
11/07/2005	Payee address; City; State; Zip Code	\$7,875.00
Purpose of payment (See instructions regarding type of information required.) R. GARCIA WORKERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name SPRINT	Amount (\$)
11/14/2005	Payee address; City; State; Zip Code 17195 TOMBALL PKWY. BLDG. 4 HOUSTON, TX 77064	\$178.45
Purpose of payment (See instructions regarding type of information required.) TEL. EQUIPMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name SPRINT	Amount (\$)
11/18/2005	Payee address; City; State; Zip Code 17195 TOMBALL PKWY. BLDG. 4 HOUSTON, TX 77064	\$356.56
Purpose of payment (See instructions regarding type of information required.) CELL PHONE EXPENSE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/9 Report: 16/17
<b>2</b> FILER NAME ACOSTA, HIPOLITO M. (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  10/30/2005	<b>5</b> Payee name SPRINT DIGITAL PRINT  <b>6</b> Payee address; City; State; Zip Code 17195 TOMBALL PARKWAY HOUSTON, TX 77064	<b>7</b> Amount (\$)  \$1,221.06
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ADVERTISING		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/03/2005	Payee name SPRINT DIGITAL PRINT  Payee address; City; State; Zip Code 17195 TOMBALL PARKWAY HOUSTON, TX 77064	Amount (\$)  \$1,221.06
Purpose of payment (See instructions regarding type of information required.) ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/14/2005	Payee name TEXANS FOR RICK PERRY TX  Payee address; City; State; Zip Code	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) POLITICAL DONATION		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/29/2005	Payee name Univision Radio  Payee address; City; State; Zip Code	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) RADIO ADVERTISEMENTS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held: