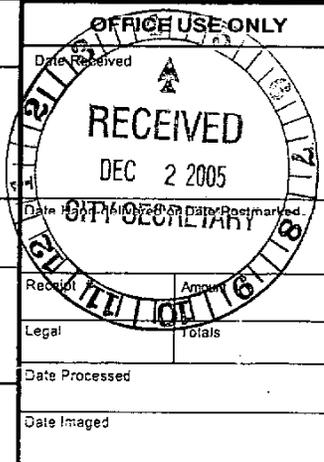


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 24		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	

6 EXPLANATION OF CORRECTION

Cover Sheet, page two. Line one changed from \$445.00 to \$425.00. Line two changed to reflect correct amount of contributions from \$48,066.04 to \$47,543.09. Line three corrected from \$37.00 in expenditures to \$569.98 and line four corrected to show change from \$41,874.56 to \$42,893.75. Page thirteen contribution of Hugh Sazear changed from \$100.00 to \$97.05. Contribution of \$500 from Jose Saucedo removed from report. Page sixteen changed to include expenses from American Express \$36.88 and \$88.50. Page 30: expense of \$32.45 to Office depot added. Page 22 postage expense changed from \$111.50 to \$111.00. Page 23 includes added expenses of \$58.90, \$52.32, \$50.96 and \$55.70 not included in previous report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Hipolito M. Acosta
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP ABOVE

Sworn to and subscribed before me by Hipolito M. Acosta this the 2 day of December

20 05 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**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 PAGE # 1 of 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST HIPOLITO	MI M.
	NICKNAME POLI	LAST ACOSTA	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2918 BAGBY ST. HOUSTON, TX 77006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Richard	MI M.
	NICKNAME Rick	LAST Sindelar	SUFFIX III
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
6114 Queensloch Dr. Houston, TX 77050			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 229-8733			
9 REPORT TYPE	<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
10/01/2005		THROUGH	10/28/2005
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/08/2005	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council at Large Pos. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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	\$ 425.00
---	-----------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,543.09
--	--------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 569.98
--	-----------

4. TOTAL POLITICAL EXPENDITURES	\$ 42,893.75
---------------------------------	--------------

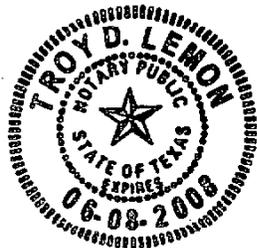
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 39,462.74
--	--------------

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 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 20 05, to certify which, witness my hand and seal of office.

Quayle
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: 1/13 Report: 3/23

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

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/03/2005

5 Full name of contributor out-of-state PAC(ID# _____)
ACOSTA, IRMA

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2005

Full name of contributor out-of-state PAC(ID# _____)
ACOSTA, JESSICA

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2005

Full name of contributor out-of-state PAC(ID# _____)
ACOSTA, MARIA DEL ROSARIO

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2005

Full name of contributor out-of-state PAC(ID# _____)
BOYLE, THOMAS C.

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2005

Full name of contributor out-of-state PAC(ID# _____)
CALDERON, MARCOS

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)
BUSINESSMAN

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/13 Report: 4/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CALI F.JA, ANGELICA	7 Amount of contribution (\$) \$200.00	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 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CAMARENA, JOSE (Mr.)	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) ARANDAS FRANCHISES, INC.		Employer (See Instructions) CEO	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CASTILLO, MAX	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CHELALA, RICARDO	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 10/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CLAROS, JUAN A.	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: 3/13 Report: 5/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/25/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) COLON, EDGARDO E. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) COOPER, CHARLES E. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions)	
Date 10/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CORRAL, ALICE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CORRAL, MANUEL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) FUNDRAISING EVENT
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CRUZ, DELY Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) ADVERTISEMENT
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: 4/13 Report: 6/23

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

3 ACCOUNT # (Ethics Commission filers)

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
10/03/2005 CUESTA, ELIZABETH

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/03/2005

6 Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
10/03/2005 CUESTA, ELIZABETH

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/03/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
10/24/2005 DE LA GARZA, ERICK

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/2005

Contributor address; City; State; Zip Code
[REDACTED] STON, TX 77660

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
10/19/2005 DICKINSON, GEORGE

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/19/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)
FINANCE

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
10/25/2005 DINH, VU

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/25/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$250.00

Principal occupation / Job title (See Instructions)
BUSINESSMAN

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/13 Report: 7/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/08/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ESPINOZA, SATURNINO	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions) CONTRACTOR		10 Employer (See Instructions) SELF EMPLOYED	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FOSTER, CHARLES C.	Amount of contribution (\$) \$315.74	In-kind contribution description (if applicable) FUNDRAISING EVENT
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TINDALL & FOSTER, PC	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GARZA, MARTHA	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 10/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GATHMANN, WILLIAM D.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GONZALEZ, JOSE F.	Amount of contribution (\$) \$500.00	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: 6/13 Report: 8/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GONZALEZ, ROBERTO 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$997.00	8 In-kind contribution description (if applicable) FUNDRAISING EVENT
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GRIJALVA, ANTONIO 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 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HAYES, ROBERTO Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HERNANDEZ, RICARDO 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) FRANCHISE OWNER.		Employer (See Instructions) TAQUERIAS ARANDAS	
Date 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAWDAT, I.M. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	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: 7/13 Report: 9/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JONES, JOHN WILSON	7 Amount of contribution (\$) \$200.00	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 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KHAN, MOHAMMAD M.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LANGLOIS, JOSEPH	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAWYER, KEITH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) KEITH LAWYER MANAGEMENT	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LOPEZ, NICOLAS	Amount of contribution (\$) \$500.00	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: 8/13 Report: 10/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/26/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MALIK, AHMAD 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) BUSINESSMAN		10 Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARAZITA, JOSE (Mr.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MATAMOROS, ABELARDO (Mr.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McKINNEY, RANDOLPH (Mr.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) HOUSE SUPERVISOR		Employer (See Instructions) ALLEY THEATRE	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MEMON, MANZOOR 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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/13 Report: 11/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MONTY, SARAH DEE 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PALMA, JUANITA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) ADVERTISEMENT
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PARSLEY, JESUS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PERRY, DOYLENE 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 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PITTS, JOHN R. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/13 Report: 12/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission file#)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAMIREZ, REYNALDO Jr. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAMIREZ, RITA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RIVAS, JOSE GERMAN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) HERMAN PACKAGING	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RIVERA, CORALINA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$304.15	In-kind contribution description (if applicable) FUNDRAISING EVENT
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROMERO, C.E. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	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: 11/13 Report: 13/23	
2 FII FR NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission file#)	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RUTH, GUERA	7 Amount of contribution (\$) \$100.00	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 10/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SALDANA, DAGOBERTO	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SAZEGAR, HUGH	Amount of contribution (\$) \$97.05	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX [REDACTED]			
Principal occupation / Job title (See Instructions) PRESIDENT/CEO		Employer (See Instructions) TECHESS GROUP	
Date 10/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SERRANO, JUAN	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) DOCTOR		Employer (See Instructions) SELF EMPLOYED	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SILVA, ISABEL C.	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: 12/13 Report: 14/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SKINNER, VIRGIL 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STENOIEN, RANDALL 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 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THIES, KENNETH J. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TING, JOE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) WPM HOLDINGS	
Date 10/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TOPPINS, WILKA (Ms.) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$304.15	In-kind contribution description (if applicable) FUNDRAISING EVENT
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/13 Report: 15/23	
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WALLACE, WILLIAM BRANTON 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WANG, DON J. 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) CEO		Employer (See Instructions) METRO BANK	
Date 10/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) YBARRA, RUSSELL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) GRINGO'S MEXICAN KITCHEN	
Date 10/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) YOUNG, RICHARD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ZAKA, MOHAMMAD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 16/23
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/05/2005	5 Payee name AMERICAN EXPRESS 6 Payee address; City; State; Zip Code	7 Amount (\$) \$36.88
8 Purpose of payment (See instructions regarding type of information required.) FEES		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/21/2005	Payee name AMERICAN EXPRESS Payee address; City; State; Zip Code	Amount (\$) \$88.50
Purpose of payment (See instructions regarding type of information required.) FEES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/07/2005	Payee name AVILAN, ARNULFO Payee address; City; State; Zip Code 2818 AUSTIN ST. - APT. #6 HOUSTON, TX 77004	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) POSTERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2005	Payee name CARRENO GROUP INC Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$) \$7,106.50
Purpose of payment (See instructions regarding type of information required.) POLITICAL CONSULTING		** 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: 2/7 Report: 17/23
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/08/2005	5 Payee name CARRENO GROUP INC 6 Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	7 Amount (\$) \$223.00
8 Purpose of payment (See instructions regarding type of information required.) PRINTING EXPENSE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2005	Payee name CARRENO GROUP INC Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$) \$1,094.10
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:
Date 10/22/2005	Payee name CARRENO GROUP INC Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$) \$1,806.66
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 10/25/2005	Payee name CARRENO GROUP INC Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	Amount (\$) \$12,666.00
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 18/23
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/25/2005	5 Payee name CARRENO GROUP INC 6 Payee address; City; State; Zip Code 714 PARKER ST. HOUSTON, TX 77007	7 Amount (\$) \$8,255.00
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/17/2005	Payee name COURTYARD Payee address; City; State; Zip Code 1885 ST. JAMES PLACE HOUSTON, TX 77056	Amount (\$) \$764.25
Purpose of payment (See instructions regarding type of information required.) FUNDRAISING EVENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2005	Payee name CUMMINS, JANE Payee address; City; State; Zip Code 5523 ASHMERE LN SPRING, TX 77379	Amount (\$) \$57.48
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/11/2005	Payee name DE LA ISLA, JAIME Payee address; City; State; Zip Code 11423 DUNLAP HOUSTON, TX 77035	Amount (\$) \$200.00
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: 4/7 Report: 19/23

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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name FLORES, LEONARD	7 Amount (\$)
10/20/2005	6 Payee address; City; State; Zip Code	\$50.00

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN OFFICE WORK	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date	Payee name GARCIA, RALPH	Amount (\$)
10/01/2005	Payee address; City; State; Zip Code AFAR CONCEPTS - SIGN HERE 2810 LEELAND HOUSTON, TX 77003	\$1,154.00

Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name GARCIA, RALPH	Amount (\$)
10/05/2005	Payee address; City; State; Zip Code AFAR CONCEPTS/SIGN HERE 2810 LEELAND HOUSTON, TX 77003	\$550.00

Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name GARCIA, RALPH	Amount (\$)
10/13/2005	Payee address; City; State; Zip Code AFAR CONCEPTS 2810 LEELAND HOUSTON, TX 77003	\$325.00

Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION	** 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: 5/7 Report: 20/23
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/13/2005	5 Payee name NORTHLAND DISTRIBUTING 6 Payee address; City; State; Zip Code 11210 STEEPCREST DR. HOUSTON, TX 77065	7 Amount (\$) \$1,125.00
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MATERIALS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/12/2005	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 3443 KIRBY HOUSTON, TX 77098	Amount (\$) \$32.45
Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2005	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 3443 KIRBY HOUSTON, TX //098	Amount (\$) \$36.99
Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2005	Payee name RELIANT ENERGY Payee address; City; State; Zip Code P.O. BOX 3765 HOUSTON, TX 77253-3765	Amount (\$) \$163.52
Purpose of payment (See instructions regarding type of information required.) ELECTRICITY		** 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: 6/7 Report: 21/23
2 FILER NAME ACOSTA, HIPOLITO M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/10/2005	5 Payee name RICHMOND PRINTING LLC 6 Payee address; City; State; Zip Code 5825 SCHUMACHER HOUSTON, TX 77057	7 Amount (\$) \$1,833.77
8 Purpose of payment (See instructions regarding type of information required.) LETTERHEADS, CARDS, PUSH CARDS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2005	Payee name SBC Payee address; City; State; Zip Code 555 MAIN ST. - RM 228-OR BEAUMONT, TX 77701	Amount (\$) \$459.45
Purpose of payment (See instructions regarding type of information required.) TELEPHONE SERVICE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2005	Payee name SPRINT Payee address; City; State; Zip Code 17195 TOMBALL PKWY. BLDG. 4 HOUSTON, TX 77064	Amount (\$) \$173.40
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 10/19/2005	Payee name SPRINT DIGITAL PRINT Payee address; City; State; Zip Code 17195 TOMBALL PARKWAY BLDG 4 HOUSTON, TX 77064	Amount (\$) \$2,570.94
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/7 Report: 22/23

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

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/20/2005

5 Payee name
U.S. POSTMASTER

7 Amount
(\$)

\$111.00

6 Payee address; City; State; Zip Code
BARBARA JORDAN MAIN POST OFFICE
HOUSTON, TX 77201-9978

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date

10/20/2005

Payee name
U.S. POSTMASTER

Amount
(\$)

\$111.00

Payee address; City; State; Zip Code
BARBARA JORDAN MAIN POST OFFICE
HOUSTON, TX 77201-9978

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date

10/20/2005

Payee name
U.S. POSTMASTER

Amount
(\$)

\$111.00

Payee address; City; State; Zip Code
BARBARA JORDAN MAIN POST OFFICE
HOUSTON, TX 77201-9978

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 23/23

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/03/2005	5 Payee name ACOSTA, HIPOLITO	8 Amount (\$) \$58.90
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/04/2005	Payee name ACOSTA, HIPOLITO	Amount (\$) \$52.32
	Payee address; City; State; Zip Code	
	Purpose of expenditure GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/08/2005	Payee name ACOSTA, HIPOLITO	Amount (\$) \$50.96
	Payee address; City; State; Zip Code	
	Purpose of expenditure GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/18/2005	Payee name ACOSTA, HIPOLITO	Amount (\$) \$55.70
	Payee address; City; State; Zip Code	
	Purpose of expenditure GAS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended