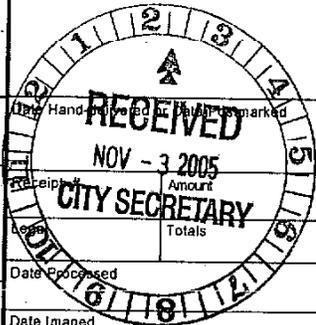


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <i>1/5</i>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <i>Mr.</i>	FIRST <i>Michael</i>	MI	Date Received
		NICKNAME	LAST <i>Berry</i>	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		Date Imaged
		<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	
		<i>9 / 30 / 05</i>		<i>10 / 29 / 05</i>	

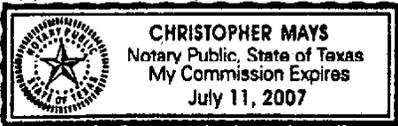
6 EXPLANATION OF CORRECTION  
*Inadvertently omitted description of payment.*

7 AFFIDAVIT

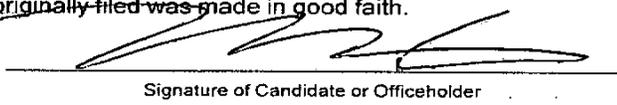
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.



CHRISTOPHER MAYS  
Notary Public, State of Texas  
My Commission Expires  
July 11, 2007



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Michael Berry this the 3rd day of November 2005, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Christopher Mays

Printed name of officer administering oath

Notary Public

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 Total pages filed:

2/5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Michael  
LAST

SUFFIX

Berry

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

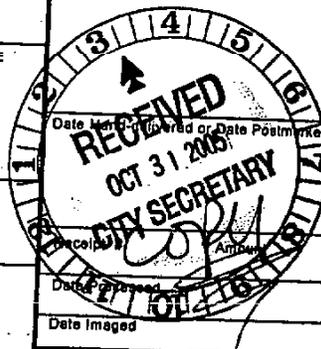
CITY:

STATE:

ZIP CODE

Change of Address

1907 Southwest Freeway  
Houston, TX 77098



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 201.5308

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Walter  
LAST

SUFFIX

Zivley

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1907 Southwest Freeway  
Houston, TX 77098

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 201.5308

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

THROUGH

Month

Day

Year

09 / 30 / 05

10 / 29 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 08 / 05

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Councilman

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

Michael Berry

16 ACCOUNT # (Ethics Commission Refs)

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

additional pages

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

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 73,166.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 40,786.99

CONTRIBUTION BALANCE

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

\$ 240,444.25

OUTSTANDING LOAN TOTALS

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

\$ 0.00

19 AFFIDAVIT



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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Berry, this the 31 day of OCTOBER 20 05, to certify which, witness my hand and seal of office.

Theresa Orta  
Signature of officer administering oath

Theresa Orta  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4/3**

2 FILER NAME **Michael Berry**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/11/05**

5 Payee name  
**Academy Awards Trophy**

6 Payee address; City; State; Zip Code

7 Amount (\$)  
**405.94**

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

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**10/11/05**

Payee name  
**Atlas Sign Co.**

Payee address; City; State; Zip Code

Amount (\$)  
**1082.50**

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  
**10/12/05**

Payee name  
**Circle Graphics**

Payee address; City; State; Zip Code

Amount (\$)  
**366.00**

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

Date  
**10/19/05**

Payee name  
**Baptist Ministers Association**

Payee address; City; State; Zip Code

Amount (\$)  
**2000.00**

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5/5**

2 FILER NAME **Michael Berry**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/19/05**

5 Payee name  
**Circle Graphics**  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
**955.00**

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 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