

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 file #)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME Ms.	FIRST LAST Angle Bush	MI S SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 333 N Sam Houston Pkwy E Ste 400 PHB 124	APT / SUITE #; Houston, TX	CITY; STATE; ZIP CODE 77060-2414
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 961-6389	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME TAS.	FIRST LAST Tasha Liddell	MI P SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 311 North Vista Apt. 1901 Houston, TX 77073		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 443-6483	EXTENSION
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 checked="" type="checkbox"/> July 15 <input 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 THROUGH Month Day Year 04/15/2005 06/30/2005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/08/2005		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council District B	
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			

OFFICE USE ONLY

Date Received


Date Hand-delivered
 Date Processed
 Date Imaged

Receipt # Amount



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Angle Bush **16 ACCOUNT # (Ethics Commission files)**

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ 163.62
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1943.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 322.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 1622.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 47.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Angle Bush
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Candidate, this the 15th day of July, 2005, to certify which, witness my hand and seal of office.

Patricia Whetsell Patricia Whetsell Financial Service Coordinator
Signature of officer administering oath Printed 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 Total pages Schedule A: 3	
2 FILER NAME Angle Bush		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-17-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenard Polk 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77067	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 5-17-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Flakes Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77373	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Ochiche Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-08-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Angle Bush		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04-15-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush	7 Amount of contribution (\$) 15.18	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05-14-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush	Amount of contribution (\$) 2.17	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-14-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush	Amount of contribution (\$) 20.44	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush	Amount of contribution (\$) 13.81	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-11-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle Bush	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Angie Bush

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-21-05

5 Full name of contributor out-of-state PAC (ID#: _____)

Angie Bush

7 Amount of contribution (\$)

12.02

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX 77060

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05-6-05

Full name of contributor out-of-state PAC (ID#: _____)

Angie Bush

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05-17-05

Full name of contributor out-of-state PAC (ID#: _____)

Angie Bush

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-05

Full name of contributor out-of-state PAC (ID#: _____)

Angie Bush

Amount of contribution (\$)

180.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Angle Bush		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-13-05	5 Payee name Pappas Bar-B-Q 6 Payee address; City; State; Zip Code 4430 J-45 North Houston, TX 77022	7 Amount (\$) \$30.69
8 Purpose of payment (See instructions regarding type of information required.) Campaign Dinner		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-14-05	Payee name Walmart Payee address; City; State; Zip Code 7075 FM 1960 West Houston, TX 77069	Amount (\$) \$41.82
Purpose of payment (See instructions regarding type of information required.) Campaign Announcement Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-17-05	Payee name Office Depot Payee address; City; State; Zip Code 10311 Highway 45 North Houston, TX 77037	Amount (\$) \$13.81
Purpose of payment (See instructions regarding type of information required.) Campaign Announcement Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05-11-05	Payee name Jason Hamilton / Building Blocks Graphic Design Payee address; City; State; Zip Code P.O. Box 680326 Houston, TX 77268	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Campaign Hand Bills		** 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
2 FILER NAME Angie Bush		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-19-05	5 Payee name Shelton Body Foundation 6 Payee address; City; State; Zip Code 1770 1/2 Imperial Valley Drive Houston, TX 77060	7 Amount (\$) \$ 65.00
8 Purpose of payment (See instructions regarding type of information required.) Vendor/Walkathon		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-21-05	Payee name Walmart Payee address; City; State; Zip Code 10411 North Freeway Houston, TX 77035	Amount (\$) \$ 12.02
Purpose of payment (See instructions regarding type of information required.) Campaign Vendor / Walkathon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05-21-05	Payee name Walmart Payee address; City; State; Zip Code 155 Louetta Crossing Spring, TX 77388	Amount (\$) \$ 55.08
Purpose of payment (See instructions regarding type of information required.) Phone Air Time / Campaign Materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06-04-05	Payee name Big Lots Payee address; City; State; Zip Code 4613 FM 1960 West Houston, TX 77069	Amount (\$) \$ 23.00
Purpose of payment (See instructions regarding type of information required.) Stationery for Campaign		** 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

2 FILER NAME: Angie Bush **3** ACCOUNT # (Ethics Commission filers)

4 Date 05-6-05	5 Payee name Hyatt Regency 6 Payee address: City: State: Zip Code 15747 JFK Blvd. Houston TX 77032	7 Amount (\$) \$250.00
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8 Purpose of payment (See instructions regarding type of information required.) Campaign Announcement	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5-17-05	Payee name Hyatt Regency Payee address: City: State: Zip Code 15747 JFK Blvd. Houston, TX 77032	Amount (\$) \$ 250.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Announcement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-15-05	Payee name Cracker Barrel Store Payee address: City: State: Zip Code 14765 N. Freeway Houston, TX 77090	Amount (\$) \$ 15.18
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Purpose of payment (See instructions regarding type of information required.) Campaign Dinner	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6-1-05	Payee name Office Depot Payee address: City: State: Zip Code 4534 West FM 1960 Bammel, TX 77069	Amount (\$) \$ 19.46
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Purpose of payment (See instructions regarding type of information required.) Campaign Sign	** 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 Total pages Schedule F: 5
2 FILER NAME Angie Bush		3 ACCOUNT # (Ethics Commission filers)
4 Date 06-04-05	5 Payee name USPS	7 Amount (\$) \$ 14.80
6 Payee address; City; State; Zip Code 1530 Greensmark Drive Houston, TX 77067		
8 Purpose of payment (See instructions regarding type of information required.) Stamps		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6-4-05	Payee name Office Depot	Amount (\$) \$ 20.56
Payee address; City; State; Zip Code 10311 Highway 45 North Houston, TX 77037		
Purpose of payment (See instructions regarding type of information required.) Campaign Tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06-17-05	Payee name TGI Fridays	Amount (\$) \$ 41.19
Payee address; City; State; Zip Code 12150 Greenspoint Drive Houston TX 77060		
Purpose of payment (See instructions regarding type of information required.) Campaign Fundraising Dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6-18-05	Payee name Family Dollar	Amount (\$) \$ 2.50
Payee address; City; State; Zip Code 11046 Airline Drive Houston, TX 77037		
Purpose of payment (See instructions regarding type of information required.) Program for Yo Outreach Organization		** 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
2 FILER NAME Angie Bush		3 ACCOUNT # (Ethics Commission filers)
4 Date 6-18-05	5 Payee name Walmart 6 Payee address; City; State; Zip Code 155 Louetta Crossing Spring, Texas 77388	7 Amount (\$) \$ 40.00
8 Purpose of payment (See instructions regarding type of information required.) Program for YoOutreach Organization		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6-28-05	Payee name Yellow Lotus Express Payee address; City; State; Zip Code Two Stett Plaza 77 Walker Houston, TX 77002	Amount (\$) \$ 11.98
Purpose of payment (See instructions regarding type of information required.) Campaign Luncheon w/ Consultant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-18-05	Payee name ██████████ Abby Office Centers Payee address; City; State; Zip Code 333 North Sam Houston Pkwy East Suite 400 Houston, TX 77060	Amount (\$) \$ 180.00
Purpose of payment (See instructions regarding type of information required.) Campaign Mailbox		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6-15-05	Payee name Shelton Body Foundation Payee address; City; State; Zip Code 17770 1/2 Imperial Valley Drive Houston TX 77060	Amount (\$) \$ 35.00
Purpose of payment (See instructions regarding type of information required.) Vendor - Conference Booth		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		