

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Angle LAST	MI S SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 333 North Sam Houston Parkway East Suite 400 PMB 124 Houston, TX 77060		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 961-6389	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Tosha LAST	MI P SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 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 checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2005 10 / 9 / 2005		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 2005	ELECTION TYPE <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 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Angle Bush

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

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

\$ 150.00

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

\$ 2392.15

EXPENDITURE TOTALS

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

\$ 137.15

4. TOTAL POLITICAL EXPENDITURES

\$ 2270.95

CONTRIBUTION BALANCE

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

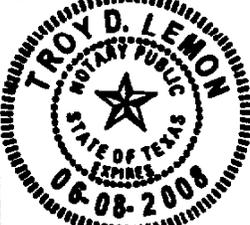
\$ 8.30

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Angle Bush, this the 27th day of October, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
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: 2	
2 FILER NAME Angie Bush		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jason Hamilton 6 Contributor address; City; State; Zip Code Houston, TX	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Teresa Branson Contributor address; City; State; Zip Code [REDACTED] Wyoming, MT 49509	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ernest Davis Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Victoria Ochiche Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nana Omponseh Contributor address; City; State; Zip Code Houston, TX	Amount of contribution (\$) 25.00	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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Angie Bush

3 ACCOUNT # (Ethics Commission files)

4 Date

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

Margaret Eyster

6 Contributor address; City; State; Zip Code

Houston, TX 77060

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Leatrice Coleman

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Angie Bush

Contributor address; City; State; Zip Code

Houston, TX 77060

Amount of contribution (\$)

~~1,792.15~~
1,792.15

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Debra Obougye / CoZone

Contributor address; City; State; Zip Code

Houston, Texas 77060

Amount of contribution (\$)

90.00

In-kind contribution description (if applicable)

Posters

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)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME <i>Angie Bush</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9-9-05</i>	5 Payee name <i>Clear Channel Outdoor</i> 6 Payee address; City; State; Zip Code <i>1313 West Loop North Houston, TX 77055</i>	7 Amount (\$) <i>470.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Billboard</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9-9-05</i>	Payee name <i>Clear Channel Outdoor</i> Payee address; City; State; Zip Code <i>1313 West Loop North Houston, TX 77055</i>	Amount (\$) <i>70.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Billboard</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>8-19-05</i>	Payee name <i>Building Blocks Graphic Design</i> Payee address; City; State; Zip Code <i>P.O. Box 680326 Houston, TX 77268</i>	Amount (\$) <i>475.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Hand Bills</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>7-9-05</i>	Payee name <i>Oriental Trading Company</i> Payee address; City; State; Zip Code <i>9101 F Street Omaha, NE 68127</i>	Amount (\$) <i>38.85</i>
Purpose of payment (See instructions regarding type of information required.) <i>Promotional Items</i>		-- 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:

3

2 FILER NAME

Angle Bush

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-5-05

5 Payee name

Terrence Shanks

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

Houston, TX

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

Consultation

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

Date

10-5-05

Payee name

USPS

Amount (\$)

6.90

Payee address; City; State; Zip Code

Houston TX 77208

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

Stamps

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

Date

10-5-05

Payee name

USPS

Amount (\$)

41.40

Payee address; City; State; Zip Code

Houston TX 77208

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

Stamps

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

Date

7-28-05

Payee name

Clear Channel Outdoor

Amount (\$)

446.45

Payee address; City; State; Zip Code

1313 West Loop North
Houston, TX 77055

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

Billboard

** 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: 3
2 FILER NAME Angie Bush		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-19-05	5 Payee name Abby Office Center	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code 333 North Sam Houston Pkwy East Suite 400 Houston, TX 77060		
8 Purpose of payment (See instructions regarding type of information required.) Campaign Mail box		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-29-05	Payee name Magos Print Shop	Amount (\$) 72.35
Payee address; City; State; Zip Code 16637 W. Hardy Ste E Houston, TX 77060		
Purpose of payment (See instructions regarding type of information required.) Labels		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name City of Houston	Amount (\$) 500.00
Payee address; City; State; Zip Code 900 Bagby Houston, TX 77002		
Purpose of payment (See instructions regarding type of information required.) Filing Fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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

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