

Socialist Workers 2005 Houston Campaign
Anthony Dutrow for Mayor
4800 W. 34th Street, Suite C51A
Houston TX 77092
713-869-6550; Email: swphouston@sbcglobal.net

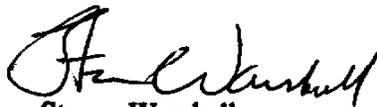
October 6, 2005

Ms Anna Russell
City Secretary
City Hall Annex
Houston TX 77002

Dear Ms. Russell,

Information identifying all contributors to, and recipients of expenditures from, the Socialist Workers Campaign is withheld in the enclosed financial report as permitted by the order filed January 2, 1979, in the Socialist Workers 1974 National Campaign Committee v. Federal Election Commission Civil Action #74-1338. The disclosure exemption was upheld again in 2003 by the Federal Election Commission, see FEC advisory opinion 2003-02.

Sincerely,


Steven Warshell



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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Anthony
Dutrow

LAST

M.

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4200 W. 34th Apt 55

Houston TX 77092

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

869 6550

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Steven

LAST

SUFFIX

WARSHAW

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8872 Kempwood, Houston TX 77080

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

201 4143

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

8 / 29 / 2005

9 / 30 / 2005

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 8 / 2005

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

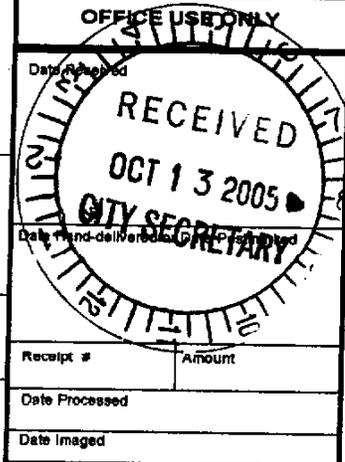
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

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

Anthony M. Dutrow

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. --

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

\$

EXPENDITURE TOTALS

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

\$

1425⁰⁰

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1397³⁸

CONTRIBUTION BALANCE

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

\$

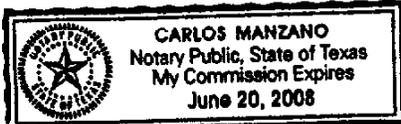
OUTSTANDING LOAN TOTALS

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

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Anthony M. Dutrow
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ANTHONY M. DUTROW, this the 12th day of October, 2005, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Carlos Manzano
Printed name of officer administering oath

notary public
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

Anthony M. Dutrow

3 ACCOUNT # (Ethics Commission file)

4 Date

*8/31*5 Full name of contributor out-of-state PAC (ID# _____)*Contributor 1*

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

300 -

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*8/31*Full name of contributor out-of-state PAC (ID# _____)*Contributor 2*

Contributor address; City; State; Zip Code

Amount of contribution (\$)

300 -

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/31*Full name of contributor out-of-state PAC (ID# _____)*Contributor 3*

Contributor address; City; State; Zip Code

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/31*Full name of contributor out-of-state PAC (ID# _____)*Contributor 4*

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100 -

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/31*Full name of contributor out-of-state PAC (ID# _____)*Contributor 5*

Contributor address; City; State; Zip Code

Amount of contribution (\$)

25 -

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:

3

2 FILER NAME

Anthony M. Dutrow

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/31

5 Full name of contributor

 out-of-state PAC (ID# _____)

Contributor 6

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

25-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/31

Full name of contributor

 out-of-state PAC (ID# _____)

Contributor 7

Contributor address; City; State; Zip Code

Amount of contribution (\$)

35-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31

Full name of contributor

 out-of-state PAC (ID# _____)

Contributor 8

Contributor address; City; State; Zip Code

Amount of contribution (\$)

45-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31

Full name of contributor

 out-of-state PAC (ID# _____)

Contributor 9

Contributor address; City; State; Zip Code

Amount of contribution (\$)

15-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31

Full name of contributor

 out-of-state PAC (ID# _____)

Contributor 10

Contributor address; City; State; Zip Code

Amount of contribution (\$)

60-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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

Anthony M. Dutton

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/1

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

Contributor 11

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

50-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/1

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

Contributor 12

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1

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

Contributor 13

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1

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

Contributor 14

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1

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

Contributor 15

Contributor address; City; State; Zip Code

Amount of contribution (\$)

120.

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: **1**

2 FILER NAME

Anthony M Dutrow

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/29/05

5 Payee name

Vendor 1

6 Payee address; City; State; Zip Code

7 Amount (\$)

2738

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

Printing

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

9/2/05

Payee name

Vendor 2

Payee address; City; State; Zip Code

Amount (\$)

1250-

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

Filing Fees

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

9/28/05

Payee name

Vendor 3

Payee address; City; State; Zip Code

Amount (\$)

120-

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

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