

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ADA EDWARDS 16 ACCOUNT # (Ethics Commission file #)

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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>none</u>
	COMMITTEE ADDRESS	<u>none</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>none</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>none</u>

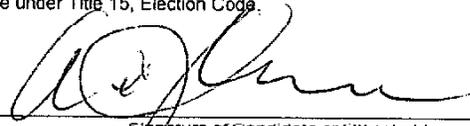
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2116.08
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	\$ - 0 -

19 AFFIDAVIT



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

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ada Edwards, this the 30th day of October, 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
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

3

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 10/7/2005	Payee Name Tiffany A. Bundick	Amount (\$) \$500.00
	Payee address [REDACTED] City; Houston TX Zip Code 77021	

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

office help

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

Candidate / Officeholder name Office sought Office held

Date 10/16/2005	Payee Name Ada Edwards	Amount (\$) \$297.18
	Payee address [REDACTED] City; Houston TX Zip Code 77002	

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

reimburse for rental car

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

Candidate / Officeholder name Office sought Office held

Date 10/16/2005	Payee Name Ada Edwards	Amount (\$) \$80.92
	Payee address [REDACTED] City; Houston TX Zip Code 77002	

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

reimburse for book

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

Candidate / Officeholder name Office sought Office held

Date 10/16/2005	Payee Name Ada Edwards	Amount (\$) \$294.90
	Payee address [REDACTED] City; Houston TX Zip Code 77002	

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

reimburse for plane ticket

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

3

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 10/17/2005	Payee Name Loretta's Floral Design	Amount (\$)
	Payee address 1909 Blodgett Houston, TX 77004	City; State; Zip Code Houston TX 77004
		\$59.54

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

flowers for funeral

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

Candidate / Officeholder name Office sought Office held

Date 10/17/2005	Payee Name Loretta's Floral Design	Amount (\$)
	Payee address 1909 Blodgett Houston, TX 77004	City; State; Zip Code Houston TX 77004
		\$64.96

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

flowers for staff

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

Candidate / Officeholder name Office sought Office held

Date 10/17/2005	Payee Name The Houston Chronicle	Amount (\$)
	Payee address PO Box 4560 Houston, TX 77210	City; State; Zip Code Houston TX 77210
		\$105.28

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

subscription

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

Candidate / Officeholder name Office sought Office held

Date 10/23/2005	Payee Name Tiffany A. Bundick	Amount (\$)
	Payee address 5500 M L King Blvd # 5044 Houston, TX 77021	City; State; Zip Code Houston TX 77021
		\$500.00

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

office staff

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

Candidate / Officeholder name Office sought Office held

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Revised 11/05/2003

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

3

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
10/26/2005Payee Name
Cedric Hunter

Payee address

City;

State;

Zip Code

Amount
(\$)

\$125.00

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

engineer for radio broadcast/candidate forum

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

Candidate / Officeholder name

Office sought

Office held

Date
10/26/2005Payee Name
Ada Edwards

Payee address

City;

State;

Zip Code

Amount
(\$)

\$88.30

900 Bagby, 1st Floor Houston, Houston
TX 77002

TX 77002

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

reimburse for dinner for staff

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

Candidate / Officeholder name

Office sought

Office held

Schedule F Report Total:

\$2,116.08

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003