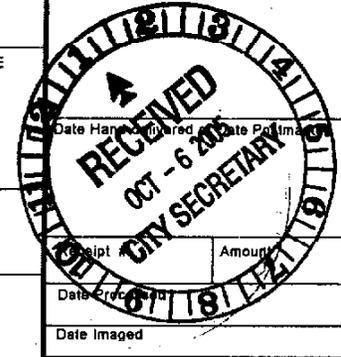


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: _____ FIRST: ADA MI: S</p> <p>NICKNAME: _____ LAST: EDWARDS SUFFIX: _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center;">  </div> <p>Date Handled: _____ Date Paid: _____</p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: PO BOX 1564 APT / SUITE #: _____ CITY: HOUSTON, TX STATE: _____ ZIP CODE: 77251</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE: (713) PHONE NUMBER: 247-2001 EXTENSION: _____</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: _____ FIRST: CYNTHIA MI: _____</p> <p>NICKNAME: _____ LAST: COOPER SUFFIX: _____</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): PO BOX 1564 APT / SUITE #: _____ CITY: HOUSTON, TX STATE: _____ ZIP CODE: 77251</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE: (713) PHONE NUMBER: 247-2001 EXTENSION: _____</p>		
<p>9 REPORT TYPE</p>	<p> <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) </p> <p> <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) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year: 07/01/05 THROUGH Month Day Year: 09/30/05</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE: Month Day Year: 11/08/05</p> <p>ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any): CITY COUNCIL DISTRICT D</p>	<p>13 OFFICE SOUGHT (if known): CITY COUNCIL DISTRICT</p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>** 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. **</p> <p>Name: _____</p> <p>Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____</p>		
<p>GO TO PAGE 2</p>			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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

\$

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

\$ 8350.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 13,974.10

CONTRIBUTION BALANCE

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

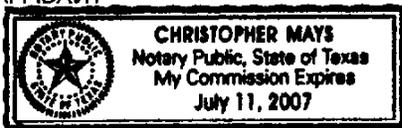
\$

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.

Ada J. Edwards
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ada J. Edwards, this the 4th day of October, 2005, to certify which, witness my hand and seal of office.

Christopher Mays
Signature of officer administering oath

Christopher Mays
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **2**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/1/20055 Full Name of Contributor: out of state PAC
Jack Drake7 Amount of
contribution:
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77060

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/27/20055 Full Name of Contributor: out of state PAC
CDM PAC7 Amount of
contribution:
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77027

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/1/20055 Full Name of Contributor: out of state PAC
HAL PAC7 Amount of
contribution:
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77020

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/1/20055 Full Name of Contributor: out of state PAC
Uptown Houston Political Action Committee7 Amount of
contribution:
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77056

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
7/22/20055 Full Name of Contributor: out of state PAC
HAL PAC7 Amount of
contribution:
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77010

9 Principal occupation \ Job title (See Instructions)

10 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 A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 2	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Dannenbaum	7 Amount of contribution: \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linebarger Goggan Blair & Sampson, LLP	7 Amount of contribution: \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Austin, TX 78760			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Police Officers Union PAC	7 Amount of contribution: \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-7730			
9 Principal occupation \ Job title (See Instructions)		10 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.

Total pages Schedule F

4

FILER NAME

ACCOUNT # (Ethics Commission filers)

Ada Edwards

Date	Payee Name	City;	State;	Zip Code	Amount (\$)
7/25/2005	Tiffany A. Bundick				\$500.00
	Payee address				
	00 M L King Blvd # 5044	Houston	TX	77021	
	Houston, TX 77021				

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

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

Candidate / Officeholder name Office sought Office held

Research

Date	Payee Name	City;	State;	Zip Code	Amount (\$)
7/28/2005	Shape Community Center				\$1,000.00
	Payee address				
	PO Box 8428 Houston, TX	Houston	TX	77288-8428	
	77288-8428				

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

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

Candidate / Officeholder name Office sought Office held

After School Program

Date	Payee Name	City;	State;	Zip Code	Amount (\$)
8/10/2005	Tiffany A. Bundick				\$500.00
	Payee address				
	5500 M L King Blvd # 5044	Houston	TX	77021	
	Houston, TX 77021				

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

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

Candidate / Officeholder name Office sought Office held

office help

Date	Payee Name	City;	State;	Zip Code	Amount (\$)
8/12/2005	Keith Wade				\$4,000.00
	Payee address				
	P. O. Box 88013 Houston, TX	Houston	TX	77288	
	77288				

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

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

Candidate / Officeholder name Office sought Office held

work in district

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

4

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	City	State	Zip Code	Amount (\$)
8/19/2005	Charity Productions	Houston	TX	77033	\$150.00
Payee address					
8607 MLF Blvd Houston, TX					
77033					

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

Partnership Breakfast

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

Candidate / Officeholder name

Office sought

Office held

Date	Payee Name	City	State	Zip Code	Amount (\$)
8/19/2005	Charity Productions	Houston	TX	77033	\$350.00
Payee address					
8607 MLF Blvd Houston, TX					
77033					

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

Table at fundraiser

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

Candidate / Officeholder name

Office sought

Office held

Date	Payee Name	City	State	Zip Code	Amount (\$)
8/25/2005	Tiffany A. Bundick	Houston	TX	77021	\$500.00
Payee address					
5500 M L King Blvd # 5044					
Houston, TX 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	Payee Name	City	State	Zip Code	Amount (\$)
9/10/2005	Tiffany A. Bundick	Houston	TX	77021	\$500.00
Payee address					
5500 M L King Blvd # 5044					
Houston, TX 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

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

4

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date
9/12/2005

Payee Name

Harris County Council or Organization

Amount
(\$)

Payee address

City;

State;

Zip Code

\$250.00

4610 Delano Houston, TX
77004

Houston

TX

77004

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

Banquet/Ad/photo

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

Candidate / Officeholder name

Office sought

Office held

Date
9/13/2005

Payee Name

Keith Wade

Amount
(\$)

Payee address

City;

State;

Zip Code

\$3,200.00

P. O. Box 88013 Houston, TX
77288

Houston

TX

77288

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

work in district

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

Candidate / Officeholder name

Office sought

Office held

Date
9/15/2005

Payee Name

Keith Wade

Amount
(\$)

Payee address

City;

State;

Zip Code

\$500.00

P. O. Box 88013 Houston, TX
77288

Houston

TX

77288

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

reimburse for application

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

Candidate / Officeholder name

Office sought

Office held

Date
9/15/2005

Payee Name

Houston Image Group

Amount
(\$)

Payee address

City;

State;

Zip Code

\$10,000.00

901 Bagby #100 Houston, TX
77002

Houston

TX

77002

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

Chocolate Bayou Festival Donation

** 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

4

FILER NAME

ACCOUNT # (Ethics Commission filers)

Ada EdwardsDate
9/25/2005

Payee Name

Tiffany A. Bundick

Amount
(\$)

Payee address

City;

State;

Zip Code

\$500.00

5500 M L King Blvd # 5044

Houston

TX

77021

Houston, TX 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

Schedule F Report Total:

\$21,950.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 ACCOUNT # (Ethics Commission filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	
	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)	\$
	CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$	
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 <div style="text-align: center;"> <p>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.</p> <hr style="width: 80%; margin: 10px auto;"/> <p style="text-align: center; margin: 0;">Signature of Candidate or Officeholder</p> </div> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.</p> <hr style="width: 100%; margin-top: 10px;"/> <p style="display: flex; justify-content: space-between; font-size: small;"> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath </p>			

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

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officials 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

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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