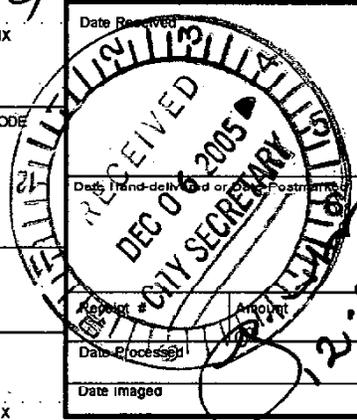


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:  <b>18</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Felicia</b>	MI <b>Galloway</b>
	NICKNAME	LAST <b>Hall</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>PO Box 21572 Houston, TX 77226</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
<b>(713) 676-1570</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Carol Mims</b>	MI <b>Galloway</b>
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<b>4810 Lavender St. Houston, TX 77026</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
<b>(713) 303-3444</b>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)		
10 PERIOD COVERED	Month	Day	Year
<b>11 / 01 / 05</b>		THROUGH	<b>12 / 01 / 05</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
** 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. **			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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

<b>15 C/OH NAME</b>		<b>16 ACCOUNT #</b> (Ethics Commission files)																		
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. **																			
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>18 CONTRIBUTION TOTALS</b></td> <td style="padding: 5px;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="padding: 5px; text-align: right;">\$ 140.00</td> </tr> <tr> <td style="padding: 5px;">EXPENDITURE TOTALS</td> <td style="padding: 5px;">2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="padding: 5px; text-align: right;">\$ 48,160.00</td> </tr> <tr> <td style="padding: 5px;">CONTRIBUTION BALANCE</td> <td style="padding: 5px;">3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="padding: 5px; text-align: right;">\$ 3,154.09</td> </tr> <tr> <td style="padding: 5px;">OUTSTANDING LOAN TOTALS</td> <td style="padding: 5px;">4. TOTAL POLITICAL EXPENDITURES</td> <td style="padding: 5px; text-align: right;">\$ 37,520.71</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="padding: 5px; text-align: right;">\$ 6,885.20</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="padding: 5px; text-align: right;">\$ - 0 -</td> </tr> </table>		<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 140.00	EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,160.00	CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 3,154.09	OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 37,520.71		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,885.20		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
	<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 140.00																	
	EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,160.00																	
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 3,154.09																		
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 37,520.71																		
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,885.20																		
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -																		

**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.

*Felicia Galloway Hall*  
Signature of Candidate or Officeholder

My Commission expires 4/5/2009  
Sworn to and subscribed before me, by the said Felicia Galloway Hall, this the 2nd day of December, 20 09, to certify which, witness my hand and seal of office.

*Linda F. Gamble* Linda F. Gamble Notary  
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: <b>1 of 10</b>	
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/01/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John E. Williams Jr.</b>	7 Amount of contribution (\$) <b>5000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>Houston, TX 77017</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/01/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Benjamin Hall</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77006</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/01/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Gooden</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77085</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/01/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Outdoor PAC</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77055</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/01/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Chip Lewis</b>	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77019</b>			
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 of 10**

2 FILER NAME  
**Felicia Galloway-Hall**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/03/05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Linebarger Groggan Blair & Sampson LLP**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]  
**Austin, TX 78760**

**1000.00**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**11/05/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Dr. Bridget E. Hilliard**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Spring, TX 77379**

**2500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11/07/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**AFSCME PAC**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Washington, DC 20036**

**1000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11/07/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Coats, Rose PAC**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston, TX 77046**

**1000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11/07/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cynthia Clay Briggs**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston, TX 77091**

**100.00**

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 of 10

2 FILER NAME

Felicia Galloway - Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11/05

5 Full name of contributor  out-of-state PAC (ID#:Lineberger Groggan, Blair: Sampson  
CLD

6 Contributor address; City; State; Zip Code

Austin, TX 78760

7 Amount of contribution (\$)

2500.<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/15/05

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

A Date Tadesse Woide-Kirks

Contributor address; City; State; Zip Code

Bellaire, TX 77402

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/05

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

A Fred Moody

Contributor address; City; State; Zip Code

Spring, TX 77379

Amount of contribution (\$)

250.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/05

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

Rudolph Bruhns

Contributor address; City; State; Zip Code

Houston, TX 77025

Amount of contribution (\$)

1000.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/05

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

Willie C. Jordan

Contributor address; City; State; Zip Code

Houston, TX 77021

Amount of contribution (\$)

250.<sup>00</sup>

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:

4 of 10

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/15/05

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

Karunakar Sreerama

6 Contributor address; City; State; Zip Code

Houston, TX 77059

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/15/05

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

Mir S. ALIKAN

Contributor address; City; State; Zip Code

Houston, TX 77099

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/05

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

Home - Pac

Contributor address; City; State; Zip Code

Houston, TX 77064

Amount of contribution (\$)

3000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/05

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

Houston Police Officer Union PAC

Contributor address; City; State; Zip Code

Houston, TX 77007

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/05

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

Jim Jard

Contributor address; City; State; Zip Code

Houston, TX 77024

Amount of contribution (\$)

1000.00

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:  
**5 of 10**

2 FILER NAME  
**Felicia Galloway-Hall**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/16/05**

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

**Doylene Perry**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston, TX 77058**

**5000.<sup>00</sup>**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**11/16/05**

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

**Bob J. Perry**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston, TX 77234**

**5000.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11/17/05**

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

**Jack Drake**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston TX 77060**

**200.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11/17/05**

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

**Jeanette Rash**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston, TX 77020**

**200.<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11/17/05**

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

**Gerald Brady**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
**Houston, TX 77291**

**1000.<sup>00</sup>**

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: <b>6 of 10</b>	
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/17/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Zynetta Burney</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>Houston, TX 77004</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/17/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dwight Boykins</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77230</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/17/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>T. Blackshear</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77028</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Essie Hebert</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Baytown, TX 77521</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gerald Womack</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Houston, TX 77004</b>			
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: 7 0510	
2 FILER NAME Felicia Galloway-Hall		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/18/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carl Dudensing	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 77006			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelvin A. Smith	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77014			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward C. Locke	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77049			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/28/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thurman H. West	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pearland TX 77584			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allen Boone Humphries Robinson LLP	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77027			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></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:

8 of 10

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/28/05

5 Full name of contributor

Richard Mims

 out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

Houston, TX 77231

7 Amount of contribution (\$)

500.<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/28/05

Full name of contributor

Power PAC

 out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Houston, TX 77005

Amount of contribution (\$)

1360.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/05

Full name of contributor

Eric Bouthe

 out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Humble TX 77346

Amount of contribution (\$)

1000.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/05

Full name of contributor

HouCon PAC

 out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Houston, TX 77292

Amount of contribution (\$)

1000.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/05

Full name of contributor

Alan Helfman

 out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Houston, TX 77024

Amount of contribution (\$)

100.<sup>00</sup>

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:

9 of 10

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/30/05

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

Roy Malonson

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Newspaper ad

6 Contributor address: City: State: Zip Code

Houston, TX 770

600.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/28/05

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

Home PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Houston, TX 77064

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/05

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

Landry's Restaurants PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Houston, TX 77027

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/05

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

Howard Jefferson

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Houston, TX 77035

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/05

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

Dr. I. V. Hilliard

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Spring, TX 77379

3000.00

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:  
**10 OF 10**

2 FILER NAME  
**Felicia Galloway-Hall**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/01/05**

5 Full name of contributor  out-of-state PAC (ID#)  
**Across The Track PAC**

6 Contributor address; City; State; Zip Code  
**[REDACTED]**  
**Sugarland TX 77479**

7 Amount of contribution (\$)  
**500.<sup>00</sup>**

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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

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.

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

American Federation of State, County and Municipal Employees

ADDRESS (number and street) 1625 L Street, N.W.

(Check if address is changed)

Washington, DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ► C 00011114

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Lucy

Signature of Treasurer

Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
-----------------	--	--	--	--	--

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission files)

4 Date

11/02/05

5 Payee name

City of Houston Water Dept.

6 Payee address; City; State; Zip Code

P O BOX 1560  
Houston, TX 77251

7

Amount  
(\$)

196.69

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

Campaign Headqtr. Water bill

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

Candidate / Officeholder name

Office sought

Office held

Date

11/06/05

Payee name

Musigraphics

Payee address; City; State; Zip Code

10110 Sand Trail Ct.  
Houston, TX 77064Amount  
(\$)

1641.41

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

Campaign T-shirts

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

Candidate / Officeholder name

Office sought

Office held

Date

11/07/05

Payee name

Herb Mitchell

Payee address; City; State; Zip Code

Houston, TX 770

Amount  
(\$)

1148.00

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

Campaign consultant

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

Candidate / Officeholder name

Office sought

Office held

Date

11/07/05

Payee name

Pha Green

Payee address; City; State; Zip Code

Houston

A Kard St.

Amount  
(\$)

1068.00

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

Campaign card printing

-- 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:  
**2 of 6**

2 FILER NAME **Felicia Galloway-Hall** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/08/05</b>	5 Payee name <b>Ms. Mac Catering</b>	7 Amount (\$) <b>1400.00</b>
6 Payee address; City, State, Zip Code <b>7308 Fawnridge Houston, TX 77016</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Catering card pushers/Victory Club</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <b>11/08/05</b>	Payee name <b>Hall Campaign Election Day</b>	Amount (\$) <b>8000.00</b>
Payee address; City, State, Zip Code <b>5205 Lockwood Houston, TX 77026</b>		

Purpose of payment (See instructions regarding type of information required.) <b>GOTV / card pushers</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <b>11/08/05</b>	Payee name <b>K.L.H. Associates</b>	Amount (\$) <b>1000.00</b>
Payee address; City, State, Zip Code <b>1925 Dewalt Houston, TX 77088</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Campaign Coordinator</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <b>11/08/05</b>	Payee name <b>T-Mobile</b>	Amount (\$) <b>382.58</b>
Payee address; City, State, Zip Code <b>PO Box 790047 St Louis, MO 63179</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Campaign cell telephone bill</b>	-- 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 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/13/05

5 Payee name

Rev R. C. Bell

7 Amount (\$)

50.<sup>00</sup>

6 Payee address; City; State; Zip Code

8101 Wileysvale  
Houston, TX 77016

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

Anniversary 8d

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

Candidate / Officeholder name Office sought Office held

Date

11/13/05

Payee name

Sandra Mims

Amount (\$)

125.<sup>00</sup>

Payee address; City; State; Zip Code

6330 Ludington  
Houston, TX 77035

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

Reimbursement Campaign Victory

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

Candidate / Officeholder name Office sought Office held

Date

11/14/05

Payee name

Clear Channel Outdoor

Amount (\$)

3570.<sup>58</sup>

Payee address; City; State; Zip Code

1313 West Loop North  
Houston, TX 77055

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

Billboards

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

Candidate / Officeholder name Office sought Office held

Date

11/16/05

Payee name

SBC

Amount (\$)

519.<sup>19</sup>

Payee address; City; State; Zip Code

PO Box 650661  
Dallas, TX 75285

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

Campaign office telephone

9 \*\* 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: <b>4 of 6</b>
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/17/05</b>	5 Payee name <b>RAC</b>	7 Amount (\$) <b>369.00</b>
6 Payee address; City; State; Zip Code <b>9417 Mess@Tidwell Rd Houston, TX 77628</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign office T.V. rental</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/21/05</b>	Payee name <b>American Express</b>	Amount (\$) <b>2684.78</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Yard signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/22/05</b>	Payee name <b>Glenda Buckner</b>	Amount (\$) <b>300.00</b>
Payee address; City; State; Zip Code <b>3013 Corksle Houston, TX 77058</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign office manager</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/22/05</b>	Payee name <b>Joseph Baker</b>	Amount (\$) <b>500.00</b>
Payee address; City; State; Zip Code <b>6719 Cohn Houston, TX 77091</b>		
Purpose of payment (See instructions regarding type of information required.) <b>signs distribution</b>		** 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: <b>5 of 6</b>
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/22/05</b>	5 Payee name <b>KLH Associates</b>	7 Amount (\$) <b>500.00</b>
6 Payee address; City; State; Zip Code <b>1925 Dewalt Houston, TX 77088</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Consultant</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>11/23/05</b>	Payee name <b>Sprint Digital Prints</b>	Amount (\$) <b>6427.48</b>
Payee address; City; State; Zip Code <b>10100 Clay Rd Houston, TX 77081</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Yard signs and 4x8 signs</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>11/25/05</b>	Payee name <b>W. C. Management</b>	Amount (\$) <b>4802.00</b>
Payee address; City; State; Zip Code <b>3522 White Oak Houston, TX 77007</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Phone Bank</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>11/26/05</b>	Payee name <b>Ph3 Green</b>	Amount (\$) <b>500.00</b>
Payee address; City; State; Zip Code <b>4403 Akard St Houston, TX 77047</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Leaflet Printing</b>		-- 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:

6 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/29/05

5 Payee name

KCOH Radio

6 Payee address; City; State; Zip Code

5011 Alameda  
Houston, TX 77004

7 Amount (\$)

2336.<sup>00</sup>

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

Radio Ads

9 -- 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

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**