

# 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 files)

2 Total pages filed:

18

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR  FIRST MI  
NICKNAME LAST SUFFIX  
*Felicia Galloway*  
*Hall*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*PO Box 21572*  
*Houston, TX 77226*

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(713) 676-1570*

6 CAMPAIGN TREASURER NAME

MS/MRS/MR  FIRST MI  
NICKNAME LAST SUFFIX  
*Carol Mims*  
*Galloway*

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*4810 Lavender St. Houston, TX 77026*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(713) 303-3444*

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  
*03 / 12 / 05* THROUGH *06 / 30 / 05*

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
*11 / 08 / 05*

12 OFFICE

OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)  
*N/A* *Houston City Council Dist. B*

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

OFFICE USE ONLY

Date Received

Date Hand-delivered to the Clerk

RECEIVED  
JUL 12 2005  
CITY CLERK

Receipt # Amount

Date Processed

Date Imaged

# 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

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

\$ 185.<sup>00</sup>

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

\$ 27,060.<sup>00</sup>

EXPENDITURE TOTALS

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

\$ 224.<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 3264.<sup>06</sup>

CONTRIBUTION BALANCE

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

\$ 17236.<sup>94</sup>

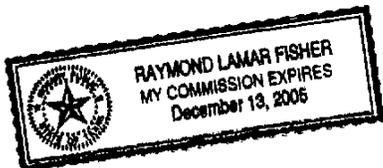
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Felicia Galloway Hall*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Felicia Galloway Hall, this the 11<sup>th</sup> day of July, 20 05, to certify which, witness my hand and seal of office.

*Raymond Lamar Fisher*  
Signature of officer administering oath

Raymond Lamar Fisher  
Printed name of officer administering oath

Notary  
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 13</b>	
2 FILER NAME <b>Felicia Galloway Hall</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>3/12/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Alan Helfman</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED] Houston TX 77024</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/13/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Jarvis Hollingsworth</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Missouri City, TX 77459</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/13/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Dwight Boykins</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Houston, TX 77230</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/8/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Zeineba Mohammed</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Sugarland, TX 77479</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/8/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Kefegne Tesfaye</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Sugarland, TX 77479</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: <b>2 of 13</b>	
2 FILER NAME <b>Felicia Galloway Hall</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4/11/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Raymond K. Turner</b>	7 Amount of contribution (\$) <b>1000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>Houston, TX 77017</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/20/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Brain Smith</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston, TX 77021</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/21/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James A. Prince</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston, TX 77093</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/23/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Anna Clark</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston TX 77028</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/25/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kelvin A. Smith</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston, TX 77014</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <b>3 of 13</b>	
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4/27/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lee P Brown</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>Fundraiser Reception</b> <b>500.<sup>00</sup></b>
6 Contributor address: City, State, Zip Code <b>[REDACTED]</b> <b>Houston TX 77</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/27/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joseph Rollin</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>Fundraiser Reception</b> <b>2000.<sup>00</sup></b>
Contributor address: City, State, Zip Code <b>[REDACTED]</b> <b>Houston TX 77026</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/27/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles &amp; Eunice Domain</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>[REDACTED]</b> <b>Houston TX 77028</b>		<b>50.<sup>00</sup></b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/27/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kevin &amp; Valene Davis</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>[REDACTED]</b> <b>Houston TX 77047</b>		<b>50.<sup>00</sup></b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/27/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dever Linsey Jr</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>[REDACTED]</b> <b>Houston TX 77085</b>		<b>50.<sup>00</sup></b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:

4 of 12

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/05

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

Helen Wheatley

6 Contributor address; City; State; Zip Code

Houston, TX 77092

7 Amount of contribution (\$)

50.<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/27/05

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

Margie Bingham

Contributor address; City; State; Zip Code

Houston, TX 77002

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/05

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

Lester Shirley Howard

Contributor address; City; State; Zip Code

Houston, TX 77028

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/05

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

Z. Burney

Contributor address; City; State; Zip Code

Houston, TX 77004

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/05

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

Willie C. Jordan Jr.

Contributor address; City; State; Zip Code

Houston, TX 77021

Amount of contribution (\$)

150.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 5 of 13	
2 FILER NAME Felicia Galloway-Hall		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/27/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George R. Dawson	7 Amount of contribution (\$) 200. <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code [REDACTED] Houston TX 77028			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donald Dewberry	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] Houston, TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carl Dudensing	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] Houston, TX 77006			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Drake	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] Houston, TX 77060			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry D. Williamson	Amount of contribution (\$) 500. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code [REDACTED] Houston, TX 77008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 6 of 12	
2 FILER NAME Felicia Galloway-Hall		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/27/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jerry Brady	7 Amount of contribution (\$) 250. <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77291			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charles Gooden	Amount of contribution (\$) 500. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77085			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ned S. Holmes	Amount of contribution (\$) 500. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bob J. Perry	Amount of contribution (\$) 1000. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77237			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) George Dawson	Amount of contribution (\$) 1000. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77028			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages Schedule A: <b>7 of 13</b>	
2 FILER NAME <b>Felicia Galloway Hall</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>5/19/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Landry's Restaurants, PAC</b>	7 Amount of contribution (\$) <b>1000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>Houston TX 77027</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/19/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>C. M. Garver</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Houston TX 77023</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/25/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>James Dannenbaum</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Houston TX 77098</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/25/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Outdoor PAC</b>	Amount of contribution (\$) <b>250.<sup>00</sup></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>5/25/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>S. Lynn Mays</b>	Amount of contribution (\$) <b>150.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>Houston TX 77024</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 8 of 12	
2 FILER NAME Felicia Galloway-Hall		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/25/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wayne Klotz	7 Amount of contribution (\$) 250. <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barbara M. Howard	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Humble, TX 77396			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donald Hollingsworth	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James C. Box	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77040			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paula Arnold	Amount of contribution (\$) 250. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <b>9 of 13</b>	
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/25/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>William "Bill" King</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>Fundraiser Reception</b> <b>2085.00</b>
6 Contributor address: City, State, Zip Code <b>Houston, TX 77002</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/25/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Giti ZarinkeK</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>Woodlands, TX 77380</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/26/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gerald Brady</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>Houston, TX 77291</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/26/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Willie Walker</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>Missouri City, TX 77459</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/27/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Vinson &amp; Elkins TX PAC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>Houston, TX 77002</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:  
10 of 13

2 FILER NAME  
Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission files)

4 Date  
5/31/05

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

Joel Scott

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

Houston, TX 77056

500.<sup>00</sup>

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
5/31/05

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

Harris Masterson IV

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Houston, TX 77005

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/1/05

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

Zinetta Burney

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Houston, TX 77004

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/1/05

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

Tammie Kahn

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Houston, TX 77024

1000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/1/05

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

James E. Sowell

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Dallas, TX 75201

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: 11 of 13	
2 FILER NAME Felicia Galloway-Hall		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lashondia Pollard	7 Amount of contribution (\$) 1000. <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77088			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth W. Ulmer	Amount of contribution (\$) 200. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77041			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F. Owens	Amount of contribution (\$) 150. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Cypress, TX 77429			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erma Palmer	Amount of contribution (\$) 150. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77042			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Tanner	Amount of contribution (\$) 200. <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77			
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:

12 of 13

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission files)

4 Date

6/15/05

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

Jeanette Rash

6 Contributor address; City; State; Zip Code

Houston TX 77020

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/15/05

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

M. Algenita Scott Davis

Contributor address; City; State; Zip Code

Houston, TX 77004

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/05

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

Baley Davis Jr

Contributor address; City; State; Zip Code

Houston, TX 77021

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/20/05

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

Eric Boute

Contributor address; City; State; Zip Code

Humble TX 77346

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/05

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

Marchris G. Robinson

Contributor address; City; State; Zip Code

Houston, TX 77065

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

13 of 13

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/05

5 Full name of contributor

Roy D. Malonson

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

Houston, TX 77091

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

newspaper ad

1750.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

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

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

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

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)

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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 of 3

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/6/05

5 Payee name

Sprint Digital Print, Inc

6 Payee address; City; State; Zip Code

10100 Clay Rd Ste C  
Houston TX 77080

7 Amount (\$)

1931.18

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

Campaign Cards

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

Candidate / Officeholder name

Office sought

Office held

Date

4/11/05

Payee name

B &amp; G Printing

Payee address; City; State; Zip Code

9500 Westview Ste. 109  
Houston, TX 77055

Amount (\$)

129.37

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

Campaign envelopes

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

Candidate / Officeholder name

Office sought

Office held

Date

4/14/05

Payee name

Office Depot

Payee address; City; State; Zip Code

13435 I-10 East  
Houston, TX 77015

Amount (\$)

119.54

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

Laser Printing Paper

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

Candidate / Officeholder name

Office sought

Office held

Date

4/15/05

Payee name

United State Postal Service

Payee address; City; State; Zip Code

Jensen Drive  
Houston, TX 77026

Amount (\$)

185.00

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

Postal Stamp

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>2 of 3</b>
2 FILER NAME <b>Felicia Galloway-Hall</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>4/15/05</b>	5 Payee name <b>Office Depot</b>	7 Amount (\$) <b>51.51</b>
6 Payee address; City; State; Zip Code <b>5330 W. 34th Houston TX 77092</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Paper material</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/15/05</b>	Payee name <b>Copy House</b>	Amount (\$) <b>324.00</b>
Payee address; City; State; Zip Code <b>3572 West T.C. Jester Houston TX 77018</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Copy material</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/19/05</b>	Payee name <b>United State Postal Service</b>	Amount (\$) <b>74.00</b>
Payee address; City; State; Zip Code <b>main PO Houston TX 77201</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Postal Stamps</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/19/05</b>	Payee name <b>B &amp; G Printing</b>	Amount (\$) <b>119.07</b>
Payee address; City; State; Zip Code <b>9500 Westview Ste. 109 Houston, TX 77055</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign print material</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:  
**3 of 3**

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

4 Date <b>4/20/05</b>	5 Payee name <b>Office Depot</b>	7 Amount (\$) <b>111.47</b>
6 Payee address; City; State; Zip Code <b>122 E. Fm 1960 Humble TX 77338</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign paper material</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>4/27/05</b>	Payee name <b>B &amp; G Printing</b>	Amount (\$) <b>146.13</b>
Payee address; City; State; Zip Code <b>9500 Westview Ste 109 Houston, TX 77055</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Campaign printing stickers</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>5/24/05</b>	Payee name <b>Wells Fargo</b>	Amount (\$) <b>72.79</b>
Payee address; City; State; Zip Code <b>Houston, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Checks printed</b>	-- 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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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**