Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: 14

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED OCT 10 2005 CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI: Felicia Galloway NICKNAME LAST SUFFIX: Hall
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O 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: Carol Mims NICKNAME LAST SUFFIX: Galloway
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4810 Lavender St. Hou. Tx 77026
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION: (713) 3033444
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: 07/01/05 THROUGH Month Day Year: 10/08/05
11 ELECTION	ELECTION DATE Month Day Year: 11/08/05 ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special
12 OFFICE	OFFICE HELD (if any): N/A 13 OFFICE SOUGHT (if known): Houston City Council District 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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)

•• 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 350.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 25075.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 2337.28
	4. **TOTAL POLITICAL EXPENDITURES**	$ 29774.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10649.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

ANDREW D. MARTIN
MY COMMISSION EXPIRES
March 16, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Felicia Galloway Hall, this the 10 day of October, 2005, to certify which, witness my hand and seal of office.

Andrew D. Martin — Signature of officer administering oath
Andrew D. Martin — Printed name of officer administering oath
Notary Public — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1 of 5

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/5/05	Brandon Brown [redacted] Los Angeles, CA	100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/19/05	James J. Smith [redacted] Houston, TX 77021	200.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/19/05	Plumbers L.U. #68 PAC [redacted] Houston, TX 77249	2000.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/22/05	Fulbright & Jaworski L.L.P. TX. Comm [redacted] Houston, TX 77010	500.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/5/05	Allen Boone Humphries Robinson [redacted] Houston, TX 77027	1000.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 5

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/9/05	Willie B. Holman Sr. / [redacted] Houston, TX 77039	100.00	

9 Principal occupation / Job title (See Instructions): 10 Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/11/05	Jesse W. Holmes / [redacted] Detroit, MI	500.00	

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

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/24/05	Home-PAC / [redacted] Houston, TX 77064	1000.00	

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

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/24/05	Varinder P. Singh / [redacted] Houston, TX 77041	1000.00	

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

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/25/05	Willard L. Jackson, Jr. / [redacted] Houston, TX 77014	1000.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 5

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/19/05	Gerrald Jones [redacted] Stafford, Tx 77497	50.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/24/05	James Jard [redacted] Houston, Tx. 77024	1000.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/16/05	Bernard Barnes [redacted] Houston, Tx 77245	500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/10/05	George Dawson [redacted] Houston, Tx 77028	500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/10/05	Donald Dewberry [redacted] Houston, Tx 77002	250.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 5

2 FILER NAME: Felicia Galloway Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/15/05	Milton Seaton [redacted] Los Angeles Ca. 90036	2500.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/16/05	Norma Bediako [redacted] Houston, Tx. 77045	1000.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/20/05	Janice Asfaw [redacted] Denver Co 80203	1000.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/21/05	Richard Jackson [redacted] Fontana, CA 92336	2000.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/05	Doylene Perry [redacted] Houston Tx. 77058	5000.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 5

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/2/05	William Miller [redacted] Austin, TX 78703	500.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/5/09	Tony Council [redacted] Houston, TX 77042	250.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/5/09	Roy D. Malonson [redacted] Houston, TX 77091		3000.00

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/5/09	Ulysses W. Watkins Jr. [redacted] Houston, TX 77045	75.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/10/05	Leroy Chevalier [redacted] Houston, TX	50.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 7

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/12/05	Clear Channel 1313 West Loop North Houston, TX 77055	7885.68

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Campaign billboards	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/18/05	T Mobile P.O Box 790047 St Louis, MO 63179	287.39

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
Campaign Cell	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/20/05	B & G Printing 9500 Westview Ste. 109 Houston, TX 77055	507.69

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
Door Hangers	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/20/05	H-BAD P O Box 111913 Houston, TX 77293	100.00

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
Sponsor memberships	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 7

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/3/05	HCDP 1445 N. Loop West Houston, TX 77008	120.00

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

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/8/05	Sprint Digital Print 10100 Clay Rd Ste. C Houston, TX 77080	2000.00

Purpose of payment (See instructions regarding type of information required.): Deposit yard sign & push cards

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/12/05	Sprint Digital Print 10100 Clay Rd Ste. C Houston, TX 77080	1834.05

Purpose of payment (See instructions regarding type of information required.): yard signs & push cards

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/18/05	Musi Graphic 17440 W. Little York Houston, TX 77084	600.00

Purpose of payment (See instructions regarding type of information required.): Campaign T Shirts dep.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 7

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/19/05	V & H Floor PO Box 23712 Houston, TX 77228	149.61

8 Purpose of payment (See instructions regarding type of information required.): Campaign headquarter floor repair

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/20/05	Musi Graphics 17440 W. Little York Houston, TX 77084	588.04

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/22/05	T Mobile P O Box 790047 St. Louis, MO 63179	201.65

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 / Payee address; City; State; Zip Code	Amount ($)
8/29/05	Kinkas 2200 South West Freeway Houston, Tx 77098	396.20

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 7

2 FILER NAME: Felicia Galloway Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/29/05	Herbert Mitchell 7611 Sterling Shire Houston, TX 77016	500.00

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

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/30/05	Reliant Energy P.O Box 650476 ~~Houston~~ Dallas, Tx 75265	86.48 XX

Purpose of payment (See instructions regarding type of information required.): Light Bill (Campaign HQ.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/29/05	Clear Channel 1313 West Loop North Houston, TX 77055	5200.00

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/1/05	City of Houston 900 Bagby Houston, Tx 77003	500.00

Purpose of payment (See instructions regarding type of information required.): (Cashier's check) Filing Fee

•• 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: 5 of 7

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/1/05	W C Management 3522 White Oak Dr. Houston, TX 77007	2892.71

8 Purpose of payment (See instructions regarding type of information required.): Campaign mail-out

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/6/05	B & G Printing 9500 Westview Houston, TX 77055	698.21

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

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/12/05	Paul Bettencourt 1001 Preston Houston, TX 77002	248.00

Purpose of payment (See instructions regarding type of information required.): Pct Walk List & Maps

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/12/05	Herb Mitchell 7611 Sterlingshire Houston, TX 77016	500.00

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

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin,

POLITICAL EXPENDITURES

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 OF 7

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/15/05	Sprint Digital Print 10100 Clay Rd Houston, TX 77080	1531.74 xx

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/15/05	Herb Mitchell 7611 Sterlingshire Houston, TX 77016	500.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/28/05	K L H & Associates 2005 Dewalt Houston, TX 77088	1000.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/28	Herb Mitchell 7611 Sterlingshire Houston, TX 77016	500.00

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

** 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: 7 of 7

2 FILER NAME: Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/30/03	PharGreen Printing 4403 Akard St Houston, TX 77047	947.19

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED