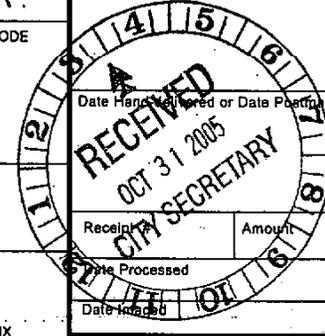


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 9999 9999	2 Total pages filed: 1 of 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. ROGELIO NICKNAME LAST SUFFIX ROY MORALES JR.	OFFICE USE ONLY Date Received  Date Hand Delivered or Date Postmarked Receipt # Amount Date Processed Date Mailed	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2450 LOUISIANA Suite 400-224 Houston TX 77006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. CATHERINE NICKNAME LAST SUFFIX MORALES		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2450 LOUISIANA Suite 400-224 Houston TX 77006		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 520-7825		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input 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 C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/10/2005 10/31/2005		
11 ELECTION	ELECTION DATE Month Day Year 11/08/2005	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council At Large 1	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME MORALES, ROGELIO JR. (MR.) **16 ACCOUNT # (Ethics Commission filers)** 9999 9999

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 365.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,744.32
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	25,392.01 25,112.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 204.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,316.51

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.

Signature of Candidate or Officeholder: Rogelio Morales Jr.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Natividad Pena, to certify which, witness my hand and seal of office this the 31 day of October, 2008.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Natividad Pena Title of officer administering oath: Notary Public

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>Schedule: 1/3 Report 3/10</i>	
2 FILER NAME <i>MORALES ROGELIO JR. (MR.)</i>		3 ACCOUNT # (Ethics Commission filers) <i>9999 9999</i>	
4 Date <i>10/18/2005</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G Club PAC</i>	7 Amount of contribution (\$) <i>3,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77056</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/18/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Otoole, Austin</i>	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77007</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ryder, Verdene</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77056</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fontenot, Rashann and Ted</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77043-1317</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/21/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Boylan, Michael</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77018</i>			
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: <i>Schedule: 2/3 Report #10</i>	
2 FILER NAME <i>MORALES ROGELIO JR. (MR.)</i>		3 ACCOUNT # (Ethics Commission filers) <i>9999 9999</i>	
4 Date <i>10/21/2005</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Clark, Michael</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Houston TX 77005</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/25/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Houston Police Retired Officers Association PAC</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Houston TX 77252-2288</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bales, John</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Bedford TX 76021</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fraga, Stephen</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Houston TX 77018</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Abraham Schnitzer</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Houston TX 77096</i>			
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: <i>Schedule: 3/3 Report 3/10</i>	
2 FILER NAME <i>MORALES, ROGELIO JR. (MR.)</i>		3 ACCOUNT # (Ethics Commission filers) <i>9999 9999</i>	
4 Date <i>10/25/2005</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin Beirne, Maynard & Parsons</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77056</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/25/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hartman Partnership LP</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77043</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/13/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Romero, Tomas</i>	Amount of contribution (\$) <i>\$4,824.32</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] Houston TX 77056</i>			
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.

LOANS		SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: Schedule: 1/1 Report 6/10	
2 FILER NAME MORALES, ROGELIO JR. (MR.)		3 ACCOUNT # (Ethics Commission filers) 9999 9999	
4 TOTAL OF UNITEMIZED LOANS: > > > > > >			\$
5 Date of loan	7 Name of lender MORALES, ROY (MR.) <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$14,861.88	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2450 Louisiana Suite 400-224 Houston TX 77006		10 Interest rate 0
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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: <i>Schedule: 1/4 Reports 7/10</i>
2 FILER NAME <i>MORALES, ROGELIO JR. (MR.)</i>		3 ACCOUNT # (Ethics Commission filers) <i>9999 9999</i>
4 Date <i>10/14/2005</i>	5 Payee name <i>Sign Here</i> 6 Payee address; City; State; Zip Code <i>2810 Leeland Houston TX 77003</i>	7 Amount (\$) <i>\$300.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Assistance</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/18/2005</i>	Payee name <i>Business Extension Bureau</i> Payee address; City; State; Zip Code <i>4802 Travis Houston TX 77002-9740</i>	Amount (\$) <i>\$8000.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Printed Material</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/20/2005</i>	Payee name <i>Business Extension Bureau</i> Payee address; City; State; Zip Code <i>4802 Travis Houston TX 77002-9740</i>	Amount (\$) <i>\$7836.68</i>
Purpose of payment (See instructions regarding type of information required.) <i>Printed Material</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/22/2005</i>	Payee name <i>Steve Parkhurst</i> Payee address; City; State; Zip Code <i>6425 Westheimer #2612 Houston TX 77057</i>	Amount (\$) <i>\$250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Assistance</i>		** 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: <i>Schedule: 2/4 Report 8/10</i>
2 FILER NAME <i>MORALES, ROGELIO JR. (MR.)</i>		3 ACCOUNT # (Ethics Commission filers) <i>9999 9999</i>
4 Date <i>10/25/2005</i>	5 Payee name <i>Sign Here</i>	7 Amount (\$) <i>\$400.00</i>
6 Payee address; City; State; Zip Code <i>2810 Leeland Houston TX 77003</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Assistance</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/25/2005</i>	Payee name <i>Korean Journal Houston</i>	Amount (\$) <i>\$340.00</i>
Payee address; City; State; Zip Code <i>1249 A Blalock Rd Houston TX 77055-6424</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/25/2005</i>	Payee name <i>Michael Franks Printing</i>	Amount (\$) <i>\$3599.00</i>
Payee address; City; State; Zip Code <i>404 I-45 South Huntsville TX 77340</i>		
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 <i>10/25/2005</i>	Payee name <i>NX Media</i>	Amount (\$) <i>\$243.56</i>
Payee address; City; State; Zip Code <i>6118 Aletha Lane Houston TX 77081</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Printed Material</i>		** 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: <i>Schedule: 3/4 Report 9/10</i>
2 FILER NAME <i>MORALES, ROGELIO JR. (MR.)</i>		3 ACCOUNT # (Ethics Commission filers) <i>9999 9999</i>
4 Date <i>10/25/2005</i>	5 Payee name <i>NX Media Inc</i> 6 Payee address; City; State; Zip Code <i>6118 Aletha Lane Houston TX 77081</i>	7 Amount (\$) <i>\$ 243.56</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Printed Material</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/25/2005</i>	Payee name <i>Business Extension Bureau</i> Payee address; City; State; Zip Code <i>4802 Travis Houston TX 77002-9740</i>	Amount (\$) <i>\$2602.60</i>
Purpose of payment (See instructions regarding type of information required.) <i>Printed Material</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/25/2005</i>	Payee name <i>Parkhurst, Steve.</i> Payee address; City; State; Zip Code <i>6425 Westheimer #2612 Houston TX 77057</i>	Amount (\$) <i>\$1000.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Assistance</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/30/05</i>	Payee name <i>Phonoscope</i> Payee address; City; State; Zip Code <i>6105 Westline DR Houston TX 77036</i>	Amount (\$) <i>\$279.80</i>
Purpose of payment (See instructions regarding type of information required.) <i>Phones</i>		** 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:
Schedule: 4/4 Report 10/10

2 FILER NAME
MORALES, ROGELIO JR. (MR.)

3 ACCOUNT # (Ethics Commission filers)
9999 9999

4 Date <i>10/30/2005</i>	5 Payee name <i>Rathers Odell</i>	7 Amount (\$) <i>\$135.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 91036 Houston TX 77291</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Assistance</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10/27/2005</i>	Payee name <i>UHAUL Storage Unit</i>	Amount (\$) <i>\$161.81</i>
Payee address; City; State; Zip Code <i>2420 Louisiana Houston TX 77006</i>		

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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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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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