

# 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) 00	2 Total pages this report: 1/11
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Michael	MI
	NICKNAME	LAST Berry	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	223 Westheimer Houston TX 77006		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Bruce	MI
	NICKNAME	LAST LaBoon	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	223 Westheimer Houston TX 77006		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 522-6138			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
		09/22/2003	09/25/2003
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
		11/04/2003	
11 OFFICE	OFFICE HELD (if any) Other -- Houston City Council	12 OFFICE SOUGHT (if known) Other -- Houston City Council at Large 5	
13 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 **Michael Berry**

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

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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 29213.73

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 500.00

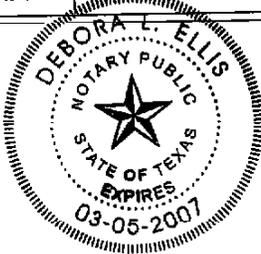
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 30799.29

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Berry this the 6<sup>th</sup> day of October, 2003, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Debora L. Ellis  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 00	
4 Date 09/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Adams Insurance 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lisa or Jay Aldis Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Box Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Boyer Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Byerly Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission files) 00	
4 Date 09/24/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Annette or Larry Cress ..... 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Dean ..... Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) T.N. Edmonds, Jr ..... Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Ferdman ..... Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tillman or Paige Fertitta ..... Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 00	
4 Date 09/24/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lynn or Jack Fields	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Josh Flynn	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frank Garvey	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vickie or Russell Hamley	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Glenn Hart	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 00	
4 Date 09/23/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Heeg 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) I.C.E.D. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 3143.73	In-kind contribution description (if applicable) Printing
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frederick Johnson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J.R. Jones Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hugh or Marguerite Kelly Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 00	
4 Date 09/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) H. Prasad Kolluru	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) W.D. Kvinta	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Landry's Restaurants PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nolan LeBlanc	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair & Sampson	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 00	
4 Date 09/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Billy Lowry	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vidal G Martinez	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lionel McBee	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J Mace or Melanie Meeks	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Montgomery	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission filers) 00	
4 Date 09/24/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Outdoor PAC 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) C.B. Raia Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dennis W Sander Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Sanders Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tom Schilling Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/11	
2 FILER NAME Michael Berry		3 ACCOUNT # (Ethics Commission file) 00	
4 Date 09/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Patrick Tagtow	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arun or Vinnie Verma	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Karen or Philip Welch	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) George Willy	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 09/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Wood	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
11/11

2 FILER NAME  
Michael Berry

3 ACCOUNT # (File Commission files)  
00

4 Date  
09/22/2003

5 Payee name  
City of Houston

7 Amount  
(\$)  
500.00

6 Payee address; City; State; Zip Code  
900 Bagby  
P 101  
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)  
Filing Fee for City Council

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