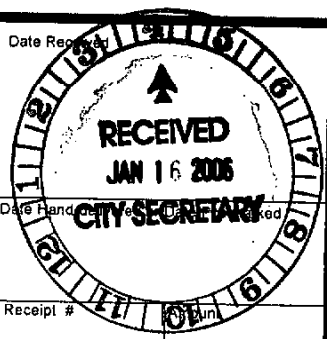


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <i>16 plus 8 page addendums</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MICHAEL C</i> NICKNAME LAST SUFFIX <i>BERRY</i>		OFFICE USE ONLY 
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1907 SW FRWY H, TX 77098</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 522 5225</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>WALTER</i> NICKNAME LAST SUFFIX <i>ZIVLEY</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1907 SW FRWY HOUSTON TX 77098</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 522 5225</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 1 / 06 12 / 31 / 06</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>HOUSTON CITY COUNCIL</i>	13 OFFICE SOUGHT (if known)	
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 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 46,713.03

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 193,972.03

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

19 AFFIDAVIT

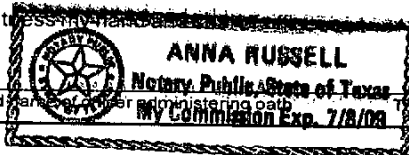
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL BERRY this the 16th day of JAN, 20 07, to certify which, witness my hand and seal.

[Signature]
Signature of officer administering oath



Printed name of officer administering oath _____ Type of officer administering oath _____

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS — *NONE* — **SCHEDULE A**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: *3/16*

2 FILER NAME *MICHAEL BERRY* **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)
 (If travel outside of Texas, complete Schedule T)

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)
 (If travel outside of Texas, complete Schedule T)

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)
 (If travel outside of Texas, complete Schedule T)

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)
 (If travel outside of Texas, complete Schedule T)

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)
 (If travel outside of Texas, complete Schedule T)

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.

PLEGGED CONTRIBUTIONS — NONE —

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B: 4/16

2 FILER NAME: MICHAEL BERRY 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$ - 0 -

5 Date | 6 Full name of pledgor out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions)

Date | Full name of pledgor out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable)
Pledgor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

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

Date | Full name of pledgor out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable)
Pledgor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

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

Date | Full name of pledgor out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable)
Pledgor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

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

Date | Full name of pledgor out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable)
Pledgor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)

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

NONE

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 5/16
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2 FILER NAME MICHAEL BERRY	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$ 0
------------------------------------------------------	-----------------

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		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 type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation	20 Employer
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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)
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Description of Collateral <input type="checkbox"/> none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer
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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: 6/16
2 FILER NAME MICHAEL BERRY		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/26/06	5 Payee name DAVID CARDENAS	7 Amount (\$) 350⁰⁰
6 Payee address; City; State; Zip Code 5383 Champions Way Ln Houston TX 77066		
8 Purpose of payment (See instructions regarding type of information required.) GRAPHICS DESIGN <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/29/06	Payee name BISTRO CALAIS	Amount (\$) 558.84
Payee address; City; State; Zip Code 2811 Bammel Ln, Houston TX 77098		
Purpose of payment (See instructions regarding type of information required.) Republican group lunch meeting <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/11/06	Payee name HOUSTON ASSN OF BLACK JOURNALISTS	Amount (\$) 150⁰⁰
Payee address; City; State; Zip Code PO Box 565 Houston TX 77001		
Purpose of payment (See instructions regarding type of information required.) Advertising <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/10/06	Payee name NY Times	Amount (\$) 336.61
Payee address; City; State; Zip Code 229 W 43rd St, NY, NY 10036		
Purpose of payment (See instructions regarding type of information required.) Subscription <small>(If travel outside of Texas, complete Schedule T)</small>		** 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: 7/16

2 FILER NAME MICHAEL BERRY 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11/7/06</u>	5 Payee name <u>HINTON SUSSMAN BAILEY & DAVIDSON</u>	7 Amount (\$) <u>10,191.50</u>
6 Payee address; City; State; Zip Code <u>5300 MEMORIAL, #1000 HOUSTON TX 77007</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Legal representation in connection with officeholder activities</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>11/10/06</u>	Payee name <u>BREAKFAST CLUB</u>	Amount (\$) <u>\$ 617.03</u>
Payee address; City; State; Zip Code <u>3711 Travis, Houston TX 77002</u>		

Purpose of payment (See instructions regarding type of information required.) <u>food for council</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>12/4/06</u>	Payee name <u>HINTON SUSSMAN BAILEY & DAVIDSON</u>	Amount (\$) <u>\$16,659.05</u>
Payee address; City; State; Zip Code <u>5300 Memorial Dr #1000 H, TX 77007</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Legal representation in connection with officeholder activities</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>12/7/06</u>	Payee name <u>DAVID COLLINS</u>	Amount (\$) <u>250</u>
Payee address; City; State; Zip Code <u>2925 Briarpark Dr, Apt. 950 HOUSTON TX 77042</u>		

Purpose of payment (See instructions regarding type of information required.) <u>returned contribution</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. 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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 8/16
2 FILER NAME MICHAEL BERRY		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/14/06	5 Payee name ROBERT LEE 6 Payee address; City; State; Zip Code 5622 Wington Hwy TX 77096	7 Amount (\$) 100⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) returned contribution (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/06	Payee name ANDY TAYLOR LAW FIRM Payee address; City; State; Zip Code 405 MAIN ST, H, TX 77002	Amount (\$) 10,000
Purpose of payment (See instructions regarding type of information required.) legal representation in connection with officeholder activities (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/18/06	Payee name JANIECE LONGORIA Payee address; City; State; Zip Code 23 W. Terrace, H, TX 77007	Amount (\$) 500⁰⁰
Purpose of payment (See instructions regarding type of information required.) returned contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/06	Payee name DRAYTON MCLANE Payee address; City; State; Zip Code PO Box 549 H Temple TX 76503	Amount (\$) 1,000⁰⁰
Purpose of payment (See instructions regarding type of information required.) returned contribution (If travel outside of Texas, complete Schedule T)		** 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: 9/16

2 FILER NAME **MICHAEL BERRY** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/4/06	5 Payee name LYNDEN ROSE	7 Amount (\$) 250 ⁰⁰
6 Payee address; City; State; Zip Code 8215 Candle Green Houston TX 77071		

8 Purpose of payment (See instructions regarding type of information required.) returned contribution <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/4/06	Payee name JAMES ELKINS	Amount (\$) 1,000 ⁰⁰
Payee address; City; State; Zip Code 1001 Fannin St 700 Houston, TX 77002		

Purpose of payment (See instructions regarding type of information required.) returned contribution <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/4/06	Payee name Stanford Alexander	Amount (\$) 500 ⁰⁰
Payee address; City; State; Zip Code 203 Timberwilde Houston, TX 77024		

Purpose of payment (See instructions regarding type of information required.) returned contribution <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/19/06	Payee name KATIE DORFMAN	Amount (\$) 2000 ⁰⁰
Payee address; City; State; Zip Code 1710 Albans Rd Houston TX 77005		

Purpose of payment (See instructions regarding type of information required.) CONSULTING <small>(If travel outside of Texas, complete Schedule T)</small>	** 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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 10/16
2 FILER NAME MICHAEL BERRY		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/19/06	5 Payee name MONICA AIZPURUA	7 Amount (\$) 2000⁰⁰
6 Payee address; City; State; Zip Code 10111 Olive Mt. Pearland TX 77584		
8 Purpose of payment (See instructions regarding type of information required.) CONSULTING <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/19/06	Payee name CARL DAVIS	Amount (\$) 2000⁰⁰
Payee address; City; State; Zip Code 1507 California #6 H.TX 77006		
Purpose of payment (See instructions regarding type of information required.) CONSULTING <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11/16

2 FILER NAME MICHAEL BERRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

NONE

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

NONE

The Instruction Guide explains how to complete this form. **1** Total pages Schedule H: 12/16

2 FILER NAME MICHAEL BERRY **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1. Total pages Schedule I: 13/16
2. FILER NAME MICHAEL BERRY		3. ACCOUNT # (Ethics Commission filers)
4. Date	5. Payee name 6. Payee address, City, State, Zip Code NONE	8. Amount (\$)
7. Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 14/16
2 FILER NAME MICHAEL BERRY	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code NONE	8 Amount (\$)
7 Reason for credit		

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
Reason for credit		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>15/16</u>
2 FILER NAME <u>MICHAEL BERRY</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input checked="" type="checkbox"/> SPAC-T		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input checked="" type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input checked="" type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input checked="" type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

NONE

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

N/A

The instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

MICHAEL BERRY

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

January 15, 2007

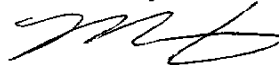
Dear Ms. Russell:

Please accept the copies of seven pages of correspondence attached (seven letters to seven individuals) and file them with other documents and filings related to my regular submissions of campaign finance disclosure forms.

If you have any questions, please do not hesitate to speak with me directly.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'MB' with a stylized flourish.

Michael Berry

December 4, 2006

Stanford Alexander
203 Timberwilde
Houston, TX 77024

Dear Mr. Alexander:

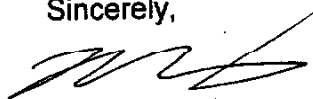
During my 2005 reelection campaign, you made a contribution to my campaign of \$500 which was credited at my bank on May 31, 2005. On November 24, 2006, I was informed by a newspaper reporter that your contribution *may* have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any ~~contribution from a contractor during a contract award period.~~ In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5332 for \$500, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,



Michael Berry

December 4, 2006

James Elkins
1001 Fannin
Suite 700
Houston, TX 77002

Dear Mr. Elkins:

During my 2005 reelection campaign, you made a contribution to my campaign of \$1,000 which was credited at my bank on March 31, 2005. On November 24, 2006, I was informed by a newspaper reporter that your contribution *may* have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from a contractor during a contract award period. In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5340 for \$1,000, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'MB', written in a cursive style.

Michael Berry

December 4, 2006

Drayton McLane
PO Box 549
Houston, TX 76503

Dear Mr. McLane:

During my 2005 reelection campaign, you made a contribution to my campaign of \$1,000 which was credited at my bank on March 18, 2005. On November 24, 2006, I was informed by a newspaper reporter that your contribution may have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from a contractor during a contract award period. In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5341 for \$1000, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,



Michael Berry

December 4, 2006

Robert Lee
3607 Drummond
Houston, TX 77025

Dear Mr. Lee:

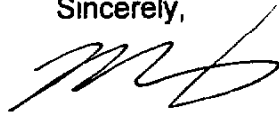
During my 2005 reelection campaign, you made a contribution to my campaign of \$100 which was credited at my bank on November 16, 2005. On November 24, 2006, I was informed by a newspaper reporter that your contribution *may* have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from a contractor during a contract award period. In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5330 for \$100, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'MB' with a stylized flourish.

Michael Berry

December 4, 2006

Lynden Rose
8215 Candle Green
Houston, TX 77071

Dear Mr. Rose:

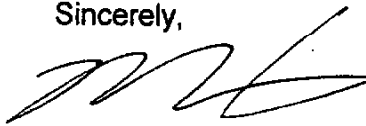
During my 2005 reelection campaign, you made a contribution to my campaign of \$250 which was credited at my bank on June 28, 2005. On November 24, 2006, I was informed by a newspaper reporter that your contribution *may* have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from a contractor during a contract award period. In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5336 for \$250, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,



Michael Berry

December 4, 2006

David Collins
2925 Briarpark Drive
Apt 950
Houston, TX 77042

Dear Mr. Collins:

During my 2005 reelection campaign, you made a contribution to my campaign of \$250 which was credited at my bank on February 16, 2006. On November 24, 2006, I was informed by a newspaper reporter that your contribution *may* have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from a contractor during a contract award period. In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5329 for \$250, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,



Michael Berry

December 4, 2006

Janiece Longoria
23 West Terrace
Houston, TX 77007

Dear Ms. Longoria:

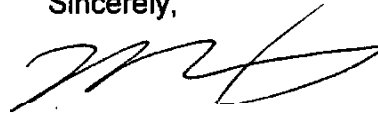
During my 2005 reelection campaign, you made a contribution to my campaign of \$500 which was credited at my bank on March 15, 2005. On November 24, 2006, I was informed by a newspaper reporter that your contribution *may* have been prohibited under Chapter 18 of the Houston City Code. Chapter 18 §18-36 (a) provides as follows:

It shall be unlawful either for any contractor to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from a contractor during a contract award period. In the event that a candidate unknowingly accepts a contribution in contravention of the foregoing provision, then it shall be the duty of the candidate to return the contribution within ten days after he becomes aware of the violation.

Although I am uncertain whether the above-quoted provision applies to your specific contribution, I have decided, in an abundance of caution, to return your contribution within the ten day period referenced therein. Enclosed please find check number 5333 for \$500, dated December 4, 2006.

Thank you for your generous support, and I apologize for any inconvenience that this may cause you. If you have any questions, please feel free to contact me.

Sincerely,



Michael Berry