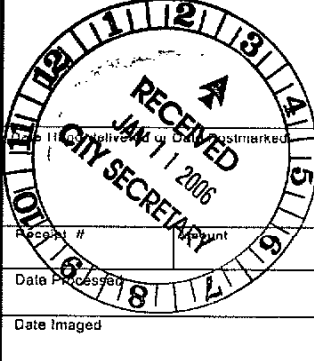


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">ADA</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">EDWARDS</div>	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 5px;">  </div> Date Received Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">PO BOX 1564 HOUSTON, TX</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 942 0642		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">CYNTHIA</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">COOPER</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">PO BOX 1564 HOUSTON, TX</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 942 0642		
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 07 / 01 / 06 12 / 31 / 06		
11 ELECTION	ELECTION DATE Month Day Year / / /	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) <div style="font-size: 1.2em;">HOUSTON CITY COUNCIL DIST. 12</div>	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 <div style="text-align: center; font-size: 1.5em;">NONE</div> Address / PO Box; Apt. / Suite #; City; State; Zip Code <div style="text-align: center; font-size: 1.5em;">NONE</div>		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ADA EDWARDS 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

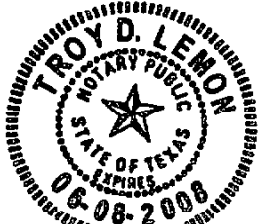
additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>NONE</u>
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	<u>NONE</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>NONE</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>NONE</u>

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>- 0 -</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,100.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

19 AFFIDAVIT



AFFIX NOTARY 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.

Ada Edwards
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ada Edwards this the 11th day of January, 2007, to certify which, witness my hand and seal of office.

Troy D. Lemon
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

2

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 7/28/2006	Payee Name Ada Edwards	Amount (\$) \$2,000.00
	Payee address 5400 MLK BLVD., APT. #20 Houston, TX 77021	City; State; Zip Code Houston TX 77021

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

China Hotel Expenses

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date 8/2/2006	Payee Name Ada Edwards	Amount (\$) \$500.00
	Payee address 5400 MLK BLVD., APT. #20 Houston, TX 77021	City; State; Zip Code Houston TX 77021

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

China/City of Houston expenses

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date 8/2/2006	Payee Name OHM Therapies	Amount (\$) \$500.00
	Payee address 1915 WENTWORTH HA Aow. TX Houston, TX 77004	City; State; Zip Code Houston TX 77004

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

Invoice 11001

*STRESS MANAGEMENT
WORKSHOP for 5/2006*

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date 8/2/2006	Payee Name Ada Edwards	Amount (\$) \$1,000.00
	Payee address 5400 MLK BLVD., APT. #20 Houston, TX 77021	City; State; Zip Code Houston TX 77021

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

travel expenses for HIV conference

** Complete if direct expenditures 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.

Total pages Schedule F

2

FILER NAME

Ada Edwards

ACCOUNT # (Ethics Commission filers)

Date 10/13/2006	Payee Name Ada Edwards	Amount (\$)
	Payee address 5400 MLK BLVD., APT. #20 Houston, TX 77021	City; State; Zip Code Houston TX 77021
Purpose of payment (See instructions regarding type of information required) Ethiopian Trip expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/2006	Payee Name Michael Fowler	Amount (\$)
	Payee address 1411 North Blvd. Houston, TX 77006	City; State; Zip Code Houston TX 77006
Purpose of payment (See instructions regarding type of information required) refund check written in blackout		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Schedule F Report Total:

\$6,100.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003