

ULMAN

Socialist Workers 2007 Houston Campaign
Amanda Ulman for Mayor
4800 W. 34th, Suite C51A
Houston TX 77092
713-688-4919

October 5, 2007

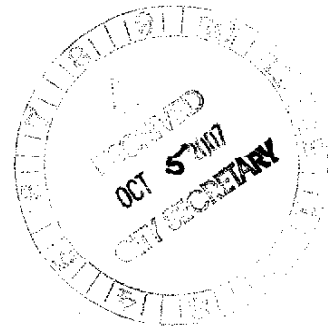
Ms Anna Russell
City Secretary
City Hall Annex
Houston TX 77002

Dear Ms Russell,

Information identifying all contributors to, and recipients of expenditures from, the Socialist Workers Campaign is withheld in the enclosed financial report as permitted by the order filed January 2, 1979, in the Socialist Workers 1974 National Campaign Committee v Federal Election Commission Civil Action #74-1338. The disclosure exemption was upheld again in 2003 by the Federal Election Commission, see FEC advisory opinion 2003-02.

Sincerely,


Anthony M. Dutrow
Treasurer



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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>AMANDA C.</i> NICKNAME LAST SUFFIX <i>ULLMAN</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>5915 FLINTLOCK RD., APT. 312 HOUSTON, TX 77040</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 688-4919</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>ANTHONY M.</i> NICKNAME LAST SUFFIX <i>DUTROW</i>	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4200 W. 34TH ST., APT. 55 HOUSTON, TX 77092</i>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 688-4919</i>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 <i>8 / 24 / 2007</i> <i>10 / 5 / 2007</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 6 / 2007</i>	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) <i>MAYOR</i>	
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

AMANDA C. ULMAN

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 \$ *175.30*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *2860.50*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ *18.01*

4. TOTAL POLITICAL EXPENDITURES \$ *2626.65*

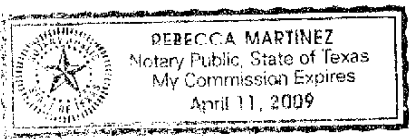
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *233.95*

OUTSTANDING LOAN TOTALS

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

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.

Amanda C. Ulman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Martinez, this the 4 day of Oct 2007, to certify which, witness my hand and seal of office.

Rebecca Martinez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>AMANDA C. ULLMAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/24/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR A</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/24/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR B</i>	Amount of contribution (\$) <i>\$60.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR C</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR D</i>	Amount of contribution (\$) <i>\$75.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR E</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor 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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>AMANDA C. ULMAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/25/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR F</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR G</i>	Amount of contribution (\$) <i>\$400.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR H</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR I</i>	Amount of contribution (\$) <i>\$900.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/31/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR J</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

AMANDA C. ULLMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/2/07

5 Full name of contributor out-of-state PAC (ID# _____)

CONTRIBUTOR K

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

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

9/2/07

Full name of contributor out-of-state PAC (ID# _____)

CONTRIBUTOR L

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/07

Full name of contributor out-of-state PAC (ID# _____)

CONTRIBUTOR M

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/07

Full name of contributor out-of-state PAC (ID# _____)

CONTRIBUTOR N

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/07

Full name of contributor out-of-state PAC (ID# _____)

CONTRIBUTOR O

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>AMANDA C. ULMAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/10/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONTRIBUTOR P</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>AMANDA C. ULMAN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/4/07</i>	5 Payee name <i>CITY OF HOUSTON</i> 6 Payee address; City; State; Zip Code <i>900 BAGBY HOUSTON, TX 77002</i>	7 Amount (\$) <i>\$1250.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>FILING FEE</i> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>AMANDA C. ULMAN MAYOR</i>
Date <i>9/8/07</i>	Payee name <i>VENDOR A</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$59.54</i>
Purpose of payment (See instructions regarding type of information required.) <i>PRINTING</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9/17/07</i>	Payee name <i>VENDOR B</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$1200.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN OFFICE</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9/23/07</i>	Payee name <i>VENDOR C</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$56.29</i>
Purpose of payment (See instructions regarding type of information required.) <i>PRINTING</i> (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		