Socialist Workers Campaign Amanda Ulman for Mayor

4800 W. 34th Street, Suite C50-L Houston TX 77092 – (713) 688-4919

October 6, 2011

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 again upheld in 2003 by the Federal Election Commission and again in May 2009 in advisory opinion AO 2009-01.

Sincerely yours,

Steven Warshell

Treasurer

RECEIVED
OCT 7 2011
OCTY SECRETARY

OFFICE USE ONLY

Date Received

fignature of Candidate or Officeholder



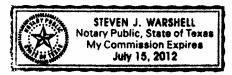
900 Bagby

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

The same of the sa	An exemption affidavit mu	st be submitted with each paper re	
	•	d more than \$20,000 in political col penditures in <u>any</u> calendar year m	
	ports electronically.	,	Date Processed
Filer name AMAV	ida Cu	Account #	Date Imaged

- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5.	I am filing this affidavit with the	30 DAY	report due on	October	8,20
	I understand that this affidavit is	s required to be fil			
	am claiming an exemption from	electronic filing.	Λ		



NOTARY STAMP / SEAL Sworn to and subscribed before me by	Amande Colonson this the	6 day of October.
20 to certify which, witness	my hand and seal of office.	
Hard cantell	Steven I Wanshuf	notary fully
Signature of officer administering oath	Print name of officer administering oath	Title of officer auministering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

	_		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
T	The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers)					
3	CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
	OFFICEHOLDER	A.A.A.D.A		Date Received		
	NAME	AMAZONA	SUFFIX	Date Neceived		
		NICKNAME LAST	30111/			
		ULMAN				
4	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	Parameters		
	OFFICEHOLDER	4800 W. 34th ST. STE C-50L HO	USTON TX 77097			
	MAILING ADDRESS	9800 W. JI JI, JICC J- L.	The second secon	Date Hand-delivered or Postmarked		
lг	change of address			Receipt # Amount		
<u> </u>		AREA CODE PHONE NUMBER	EXTENSION	Tecesion "Trinouni		
5	CANDIDATE/ OFFICEHOLDER	1 - 1 - 10 10	ENTEROION	Date Processed		
	PHONE	(713) 688-4919				
6	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
	TREASURER	STEVEN		Menons		
	NAME	NICKNAME LAST	SUFFIX			
		WARSHELL				
		00,000				
7	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
	TREASURER ADDRESS	4800 W. 34th ST. STE C-5	DI HARRANI TX	77092		
	(residence or business)	4800 W. 34 " ST. STE C-3"	V L NOUS/ON/ IN	g g		
-	de proprieta de la companya del companya de la companya del companya de la compan					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER PHONE	(713) 688-4919				
9	REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign		
				treasurer appointment (officeholder only)		
		July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
			limit			
10	PERIOD	Month Dav Year	Month Day	Year		
'	COVERED	Month Day Year THROUGH	10/6/	17011		
		0/1/20"	10/0/	J		
11	ELECTION	ELECTION DATE ELECTION TYPE				
		Month Day Year Primary	Runoff	General Special		
		11/8/2011				
<u></u>						
12	OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
			Marian			
			MAYOR			
			base			
	GO TO PAGE 2					
1						

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	MANDA	C. ULMAN	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1425, 50			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		EMIZED \$ 120,00	
	4. TOTAL POLITICAL EXPENDITURES \$ 137			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS DRTING PERIOD	FDAY \$ 55, 80	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* THE \$ 0,000	
18 AFFIDAVIT			of nation, that the accompanying raport	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and corregt and includes all information required to be reported by				
STEVEN J. WARSHELL Notary Public, State of Texas My Commission Expires July 15, 2012 me under Title 15, Election Code.				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said AMANIA WMM , this the				
day	of <u>Odo</u>	b, 20 // , to certify which, witness	my nand and seal of office.	
Signature of officer agmi	Could inistering oath	Printed name of officer administering oath	Motary Puble Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	Anda C. Ulman		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#: Contributor 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
_	Dringing again	potion / Joh title (See Instructions)	10 Employer (See	(If travel outside	 of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	To Employer (See	mstructions)	
	Date	Full name of contributor out-of-state PAC (ID#_Contributor 'B'		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		120 00	
	Principal occur	pation / Job title (See Instructions)	Employer (See	diameter de la constitución de l	of Texas, complete Schedule T)
	Date	Full name of contributor out-of-state PAC (ID#_	0 (Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code	.	100=	
				L	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#_Condini But or 'O	, ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		10000	[
					of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#_Contributor)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		100=	
				(If travel outside	I of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
					-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

www.ethics.state.tx.us

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

	ine instruction Guide explains now to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME AMANDA	C Wilman	3 ACCOUNT # (Ethics Commission Filers)
4 Date ///	5 Payee name Payee	'A'	
6 Almount (\$)	7 Payee address; City; State; Zip Code		
1250			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if trav	evel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	evel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name)H	Office sought	Office held
Date	Payee name	Additional and the second secon	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	ivel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	ivel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

Revised 09/28/2011