

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	ACCOUNT # 00026009	2	PAGE # 1 of 5		
3	CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Richard	MI	OFFICE USE ONLY
		NICKNAME	LAST Edelman	SUFFIX	Date Received
4	ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report		Legal
5	ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year		Totals
		07/01/2005	THROUGH	12/31/2005	Date Processed
					Date Imaged

6	EXPLANATION OF CORRECTION
	The correction consists of an additional political expenditure that was inadvertently made from personal funds when a credit card bill containing the expenditure was paid (by the filer's spouse) entirely from a personal checking account (rather than paying the portion attributable to the political expenditure from a campaign fund checking account as had been intended).

7	AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><input type="checkbox"/> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</p>
	AFFIX NOTARY STAMP / SEAL ABOVE	_____ Signature of Candidate or Officeholder
	Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, to certify which, witness my hand and seal of office.	
	Signature of officer administering oath	Printed name of officer administering oath
		Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00026009	2 PAGE # 2 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Richard	MI
	NICKNAME	LAST Edelman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1307 San Jacinto 11th Floor Houston, TX 77002		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Hon.	FIRST Richard	MI
	NICKNAME	LAST Edelman	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1307 San Jacinto 11th Floor Houston, TX 77002		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 655-2824			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input 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
9 PERIOD COVERED	Month	Day	Year
	07/01/2005		THROUGH
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month 03/07/2006	Day 07	Year 2006
<input checked="" type="checkbox"/> Primary		<input type="checkbox"/> Runoff	<input type="checkbox"/> General
		<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Edelman, Richard (Hon.)

15 ACCOUNT # (Ethics Commission filers)
00026009

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$

0.00

EXPENDITURE TOTALS

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

\$

158.65

4. **TOTAL POLITICAL EXPENDITURES**

\$

4,742.95

CONTRIBUTION BALANCE

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

\$

3,526.92

OUTSTANDING LOAN TOTALS

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

\$

0.00

18 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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/5
2 FILER NAME Edelman, Richard (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00026009
4 Date 10/03/2005	5 Payee name 14th Court Coffee Fund 6 Payee address; City; State; Zip Code 1307 San Jacinto 11th Floor Houston, TX 77002	7 Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) Pro rata cost of coffee for office staff. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2005	Payee name Hannis T. Bourgeois LLP Payee address; City; State; Zip Code 2322 Tremont Dr. Suite 200 Houston, TX 70809	Amount (\$) \$1,125.00
Purpose of payment (See instructions regarding type of information required.) Fee for preparation of April 30 2005 personal financial statement. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2005	Payee name Harris County Republican Party Payee address; City; State; Zip Code 3311 Richmond Suite 218 Houston, TX 77098	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Contribution. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2005	Payee name Republican Party of Texas Payee address; City; State; Zip Code 900 Congress Suite 300 Austin, TX 78701	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Filing fee for application for place on the ballot. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 5/5

2 FILER NAME Edelman, Richard (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00026009

4 Date 11/10/2005	5 Payee name Corestaff Services LP	8 Amount (\$) \$309.30
	6 Payee address; City; State; Zip Code 1775 St. James Place Suite 200 Houston, TX 77056-3416	
7 Purpose of expenditure (See instructions regarding type of information required.) Employ temporary workers to collect signatures on petitions for ballot application. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input type="checkbox"/> Reimbursement from political contributions intended