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: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr   FIRST: Troy   MI: A.

NICKNAME: "Andy"   LAST: Neill   SUFFIX:

OFFICE USE ONLY

Date Received
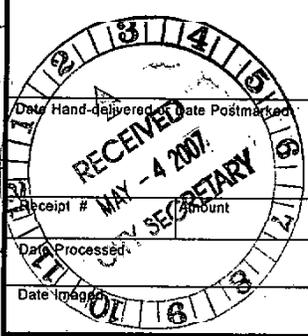
RECEIVED MAY -4 2007

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
[ ] Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

914 Dallas St, #1304, Houston, TX 77002

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(713) 655-1776

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr.   FIRST: Troy   MI: A

NICKNAME: "Andy"   LAST: Neill   SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

914 Dallas St, #1304, Houston, TX 77002

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(713) 655-1776

9 REPORT TYPE

[ ] January 15   [ ] 30th day before election   [ ] Final report (Attach C/OH - FR)   [ ] Exceeded $500 limit

[ ] July 15   [✓] 8th day before election   [ ] Runoff   [ ] 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month 4 / Day 13 / Year 07   THROUGH   Month 05 / Day 04 / Year 07

11 ELECTION

ELECTION DATE: Month 5 / Day 12 / Year 07

ELECTION TYPE: [ ] Primary   [ ] Runoff   [ ] General   [✓] Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council   At-Large #3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

[ ] additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Troy Andrew "Andy" NEILL	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	COMMITTEE NAME
	☐ GENERAL	
	☐ SPECIFIC	COMMITTEE ADDRESS
☐ additional pages		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**	$ 1,825.01	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0
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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Troy Andrew Neill_ , this the _3rd_ day of _May_ , 20 _07_ , to certify which, witness my hand and seal of office.

_____
Signature of officer administering oath

Louis Gonzalez
Printed name of officer administering oath

_____
Title of officer administering oath

Revised 10/02/2006

Texas Ethics Commission   P.O. Box 12070   Austin, Texas 78711-2070   (512) 463-5800   1-800-325-8506

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule G: 1 of 2

2 FILER NAME Troy Andrew "Andy" Neill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount ($)
4/15/07	Office Depot	96.61

6 Payee address; City; State; Zip Code — Houston, TX 77098

7 Purpose of expenditure: office supplier
(If travel outside of Texas, complete Schedule T)
☑ Reimbursement from political contributions intended

Date	Payee name	Amount
4/17/07	Office Max	$231.87

Payee address: Houston, TX 77019

Purpose of expenditure: printing services
☑ Reimbursement from political contributions intended

Date	Payee name	Amount
4/18/07	Office Max	$202.97

Payee address: Houston, TX 77019

Purpose of expenditure: printing services
☑ Reimbursement from political contributions intended

Date	Payee name	Amount
4/20/07	Sign-ups and Banners	$746.93

Payee address: Houston, TX

Purpose of expenditure: yard signs
☑ Reimbursement from political contributions intended

Date	Payee name	Amount
4/16/07	Office Max	$273.66

Payee address: Houston, TX 77019

Purpose of expenditure: printing service
☑ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 10/02/2006

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule G: 2 of 2

2 FILER NAME   Troy "Andrew" Neill

3 ACCOUNT # (Ethics Commission filers)

4 Date	**5** Payee name	**8** Amount ($)
4/28/07	Office Max	$202.97
	6 Payee address; City; State; Zip Code ~~Houston~~, Tx 77019	
	7 Purpose of expenditure (See instructions regarding type of information required.) Printing Services (If travel outside of Texas, complete Schedule T)	☑ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
5/4/07	Flying Saucer Draught Emporium	$70.00
	Payee address; City; State; Zip Code Houston, TX	
	Purpose of expenditure (See instructions regarding type of information required.) Get out the vote event (If travel outside of Texas, complete Schedule T)	☑ 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)	☐ 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)	☐ 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)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 10/02/2006