

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

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

GENERAL

SPECIFIC

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3100.⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3254.⁹²

CONTRIBUTION BALANCE

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

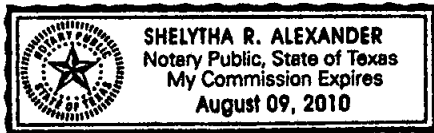
\$ 2128.¹⁰

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 18, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MORRIS L. OVERSTREET, this the 15TH day of JANUARY, 2007, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

SHELYTHA ALEXANDER
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 MORRIS L. OVERSTREET		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-01-2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES HERRING	7 Amount of contribution (\$) \$300. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1204 CASTLE HILL, AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 11-03-2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FREDERICK B. HOWDEN	Amount of contribution (\$) \$100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5015 WATERBEEK, FULSHEAR, TX 77441		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SALESMAN		Employer (See Instructions) CGMG MARKETING	
Date 11-04-2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICHARD SCOTT	Amount of contribution (\$) \$200. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code BOX 12341, AUSTIN, TX 78711		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 11-04-2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AL GREEN	Amount of contribution (\$) \$500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4615 SOUTHWEST FWY, HOUSTON, TX 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 11-04-2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIAM BOWDEN	Amount of contribution (\$) \$500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code ODESSA, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		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 MORRIS L. OVERSTREET		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-06-2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICKY ANDERSON	7 Amount of contribution (\$) \$500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7322 SW Fwy, Houston, TX 77074		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 11-06-2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES M - DOUGLAS	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5318 CALHOUN, HOUSTON, TX 77021		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 11-06-2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN OVERSTREET	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1314 TEXAS AVE, HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME MORRIS L. OVERSTREET		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-30-2006	5 Payee name PRAIRIE VIEW ALUMNI ASSOC. 6 Payee address; City; State; Zip Code PRAIRIE VIEW, TX 77446	7 Amount (\$) \$72.00
8 Purpose of payment (See instructions regarding type of information required.) GAME TICKETS (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-03-2006	Payee name HOMETOWN HARDWARE Payee address; City; State; Zip Code 2906 HWY. 290, WALLER, TX 77484	Amount (\$) \$132.92
Purpose of payment (See instructions regarding type of information required.) METAL POST (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-06-2006	Payee name WALTER PENDLETON Payee address; City; State; Zip Code 1220 1ST ST., HEMPSTEAD, TX 77445	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) CONSULTANT FEES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-06-2006	Payee name HERSHELL SMITH Payee address; City; State; Zip Code 1220 4ST. ST., HEMPSTEAD, TX 77445	Amount (\$) \$1,400.00
Purpose of payment (See instructions regarding type of information required.) CONSULTANT FEES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 MORRIS L. OVERSTREET		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-08-2006	5 Payee name COYOTE CAFE 6 Payee address; City; State; Zip Code Hwy. 1488, HEMPSTEAD, TX 77445	7 Amount (\$) \$200.⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) ROOM RENTAL (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-08-2006	Payee name MARIAN MAIWEATHER Payee address; City; State; Zip Code HEMPSTEAD, TX 77445	Amount (\$) \$125.⁰⁰
Purpose of payment (See instructions regarding type of information required.) CATERING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-08-2006	Payee name ADVANTAGE COMMUNICATIONS Payee address; City; State; Zip Code 4301 ALMEDA DRIVE, HOUSTON, TX 77004	Amount (\$) \$1025.⁰⁰
Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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