

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 COMMITTEE NAME <i>Houstonians for Performance & Accountability</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>P.O. Box 66513 Houston, Tx. 77266</i>		Date Received
	5 CAMPAIGN TREASURER NAME TITLE FIRST MI <i>Kathy</i> NICKNAME LAST SUFFIX <i>Hubbard</i>		Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>2615 Montrose Houston, Tx. 77006</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year <i>9 / 24 / 04</i>	THROUGH	Month Day Year <i>10 / 25 / 04</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 02 / 04</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	ACCOUNT # (Ethics Commission filers)
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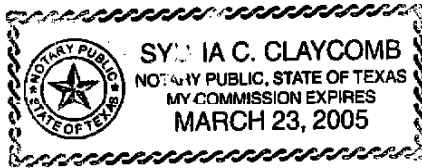
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year
		DESCRIPTION

14 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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15 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)	\$ 6004.65
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 5481.02
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00

16 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.



[Handwritten Signature]
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathy Hubbard, this the 25 day of October, to certify which, witness my hand and seal of office.

[Signature] SYLVIA C. CLAYCOMB NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>Houstonians for Performance & Accountability</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9-27-04</i>	5 Full name of contributor <i>Annisa Parker Campaign</i>	<input type="checkbox"/> out-of-state PAC (ID#)		7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <i>Houston, Tx. 77266</i>					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date <i>10-8-04</i>	Full name of contributor <i>Fulbright / Jaworski</i>	<input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, Tx. 77010</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>9-22-04</i>	Full name of contributor <i>Locke Kiddell / Sapp</i>	<input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, Tx. 77002-3095</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>10-8-04</i>	Full name of contributor <i>Houston Police Officers Union</i>	<input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$) <i>1500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, Tx. 77007-7730</i>					
Principal occupation (Optional)			Employer (Optional)		
Date <i>10-7-04</i>	Full name of contributor <i>Pate Engineers</i>	<input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, Tx. 77040</i>					
Principal occupation (Optional)			Employer (Optional)		

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-15-04	Andrews Kurth 6 Contributor address; City; State; Zip Code Houston, Tx 77002	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-04-04	Kathy Hubbard Contributor address; City; State; Zip Code Houston, Tx 77006	4.65	postage
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-04	CDM Contributor address; City; State; Zip Code Cambridge, MA 02139	500.00	
Principal occupation (Optional)		Employer (Optional)	
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		
Principal occupation (Optional)		Employer (Optional)	
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		
Principal occupation (Optional)		Employer (Optional)	

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LOANS		SCHEDULE E
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Houstonians for Performance & Accountability</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <i>10-4-04</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Annise Parker Campaign</i>	9 Loan Amount (\$) <i>3500.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>P.O. Box 66513 Houston, TX 77266</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Houstonians for Performance & Accountability</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10-5-04</i>	5 Payee name <i>Office Depot</i> 6 Payee address; City; State; Zip Code <i>3443 Kirby Drive Houston, Tx. 77098</i>	7 Amount (\$) <i>130.47</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10-7-04</i>	Payee name <i>US Postal Service</i> Payee address; City; State; Zip Code <i>University Station Houston, Tx. 77006-9998</i>	Amount (\$) <i>407.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10-12-04</i>	Payee name <i>Kathryn Mettel</i> Payee address; City; State; Zip Code <i>P.O. Box 131835 Houston, Tx. 77219</i>	Amount (\$) <i>4000.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Consulting fee</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10-12-04</i>	Payee name <i>Monarch Printing</i> Payee address; City; State; Zip Code <i>6605 McGrew Houston, Tx. 77087</i>	Amount (\$) <i>535.83</i>
Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Houstonians for Performance & Accountability* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>10-23-04</i>	5 Payee name <i>Monarch Printing</i> 6 Payee address; City; State; Zip Code <i>6605 McBrew Houston, TX 77087</i>	7 Amount (\$) <i>407.72</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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