

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 this report: 1/13

3 COMMITTEE NAME
Citizens to Keep Houston Strong

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

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

Change of Address

109 N. Post Oak Lane #350
Houston TX 77024

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Penny

NICKNAME LAST SUFFIX

Butler

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

109 N. Post Oak Lane #350
Houston TX 77024

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

109 N. Post Oak Lane #350
Houston TX 77024

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 659-9000

9 REPORT TYPE

January 15

30th day before election

Exceeded \$500 limit

July 15

8th day before election

Dissolution (attach PAC-DR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

07/01/2004

THROUGH

Month Day Year

09/23/2004

11 ELECTION

ELECTION DATE
Month Day Year

11/02/2004

ELECTION TYPE

Primary

Runoff

General

Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Citizens to Keep Houston Strong		ACCOUNT # (Ethics Commission filers) -		
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 checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year	
		DESCRIPTION		
<input type="checkbox"/> Check if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)				
15 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)	\$ 54650.00	
	EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
		4.	TOTAL POLITICAL EXPENDITURES	\$ 128863.99
	OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100000.00

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.

Penny Butler

Signature of campaign treasurer

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 2/13	
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers) -	
4 Date 09/23/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AA Affordable Healthcare Clinic	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address: _____ State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth Texas PAC	Amount of contribution (\$) 10000.00	In-kind contribution description (if applicable)
Contributor address: _____ City; State; Zip Code			
Principal occupation (Optional) Attorneys		Employer (Optional) Andrews & Kurth LLP	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel Arnold	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address: _____ City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scott Atlas	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: _____ City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Beck&Masten Pontiac-GMC, Inc.	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: _____ City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/13	
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers) -	
4 Date 09/23/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jack Bowen	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code [REDACTED] Houston TX 77021			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Coastal Testing Laboratories, Inc.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED] PO Box 87653 Houston TX 772877653			
Principal occupation (Optional) Owner		Employer (Optional) Coastal Testing Laboratories, Inc.	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mike Cone	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED] 8715 Stables Crest Blvd Houston TX 770247032			
Principal occupation (Optional) Chairman		Employer (Optional) Tri-C Resources Inc.	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paul Frison	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED] 102 N. Wynden Estates Ct Houston TX 77058			
Principal occupation (Optional) President and CEO		Employer (Optional) Houston Technology Center	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William Goldston	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED] 6800 Burgoyne Houston TX 770578900			
Principal occupation (Optional) Owner/Pres		Employer (Optional) Goldston Engineering Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/13	
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers) -	
4 Date 09/23/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William Paddock	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State; Zip Code 600 Travis Street, Ste 6500 Houston TX 77002			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry Homes	Amount of contribution (\$) 25000.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code PO Box 34306 Houston TX 77234			
Principal occupation (Optional)		Employer (Optional)	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Corbin Robertson Jr.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 3985 Inverness Houston TX 77019			
Principal occupation (Optional) President		Employer (Optional) Quintana Minerals Corp.	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thompson	Amount of contribution (\$) 10000.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 6110 Clarkson Lane Houston TX 77055			
Principal occupation (Optional) President		Employer (Optional) Thompson	
Date 09/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Geoffrey Walker	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 1705 North Boulevard Houston TX 77098			
Principal occupation (Optional) Attorney		Employer (Optional) Andrews & Kurth, LLP	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/13**2** FILER NAME

Citizens to Keep Houston Strong

3 ACCOUNT # (Ethics Commission filers)

-

4 TOTAL OF UNITEMIZED LOANS:

↔↔↔↔↔↔↔

\$ 0.00

5 Date of loan

09/20/2004

7 Name of lender

Redstone Bank

 out-of-state PAC(ID# _____)**9** Loan Amount (\$)

100000.00

6 Is lender a
financial Institution?

N

8 Lender address; City; State; Zip Code

109 N. Post Oak Lane

Houston TX 77024

10 Interest rate
4.75**11** Maturity date

11/01/2004

12 Description of Collateral none**13** GUARANTOR
INFORMATION not applicable**14** Name of guarantor**15** Guarantor address; City; State; Zip Code**16** Amount Guaranteed (\$)**17** Principal Occupation**18** Employer

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/13
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/17/2004	5 Payee name Clear Channel Communications 6 Payee address; City; State; Zip Code 1900 Post Oak Houston TX 77056	7 Amount (\$) 19613.75
8 Purpose of expenditure (See instructions regarding type of information required.) radio time		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/19/2004	Payee name Clear Lake Communications Payee address; City; State; Zip Code PO Box 591124 Houston TX 77059	Amount (\$) 86.60
Purpose of expenditure (See instructions regarding type of information required.) phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/08/2004	Payee name Fairbank, Maslin, Maullin & Associates Payee address; City; State; Zip Code 2425 Colorado Avenue Suite 180 Santa Monica CA 90404	Amount (\$) 27500.00
Purpose of expenditure (See instructions regarding type of information required.) Polling		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/23/2004	Payee name Hotshot Payee address; City; State; Zip Code Po Box 701189 Houston TX 77270-1189	Amount (\$) 12.95
Purpose of expenditure (See instructions regarding type of information required.) delivery		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/13
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers)
4 Date 07/01/2004	5 Payee name Bette John 6 Payee address; City; State; Zip Code 15599 Memorial Houston TX 77079	7 Amount (\$) 206.25
8 Purpose of expenditure (See instructions regarding type of information required.) administrative services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/15/2004	Payee name Bette John Payee address; City; State; Zip Code 15599 Memorial Houston TX 77079	Amount (\$) 290.00
Purpose of expenditure (See instructions regarding type of information required.) administrative services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/15/2004	Payee name Bette John Payee address; City; State; Zip Code 15599 Memorial Houston TX 77079	Amount (\$) 650.00
Purpose of expenditure (See instructions regarding type of information required.) administrative services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/21/2004	Payee name KBME 790 Payee address; City; State; Zip Code 2000 West Loop South, Suite 300 Houston TX 77027	Amount (\$) 2720.00
Purpose of expenditure (See instructions regarding type of information required.) radio time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 8/13

2 FILER NAME

Citizens to Keep Houston Strong

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name KCOH	7 Amount (\$)
09/09/2004	6 Payee address; City; State; Zip Code 5011 Almeda Road Texas Houston TX 77004	1170.00

8 Purpose of expenditure (See instructions regarding type of information required.) radio time	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name KCOH	Amount (\$)
09/21/2004	Payee address; City; State; Zip Code 5011 Almeda Road Texas Houston TX 77004	1170.00

Purpose of expenditure (See instructions regarding type of information required.) radio time	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name KHJZ 95.7 FM	Amount (\$)
09/09/2004	Payee address; City; State; Zip Code 24 Greenway Plaza #1900 Houston TX 77046	2337.50

Purpose of expenditure (See instructions regarding type of information required.) radio time	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name KHJZ 95.7 FM	Amount (\$)
09/17/2004	Payee address; City; State; Zip Code 24 Greenway Plaza #1900 Houston TX 77046	4675.00

Purpose of expenditure (See instructions regarding type of information required.) radio time	** 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 report: 9/13
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/21/2004	5 Payee name KILT 100.3 6 Payee address; City; State; Zip Code 24 Greenway Plaza Suite 1900 Houston TX 77046	7 Amount (\$) 2890.00
8 Purpose of expenditure (See instructions regarding type of information required.) radio time		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/09/2004	Payee name KLDE 107.5 Payee address; City; State; Zip Code 1990 Post Oak Blvd Ste 2300 Houston TX 77056	Amount (\$) 4292.50
Purpose of expenditure (See instructions regarding type of information required.) radio time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/17/2004	Payee name KLDE 107.5 Payee address; City; State; Zip Code 1990 Post Oak Blvd Ste 2300 Houston TX 77056	Amount (\$) 12401.50
Purpose of expenditure (See instructions regarding type of information required.) radio time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/09/2004	Payee name KMJQ Payee address; City; State; Zip Code 24 GREENWAY PLAZA STE. #900 Houston TX 77046	Amount (\$) 3995.00
Purpose of expenditure (See instructions regarding type of information required.) radio time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/13
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/15/2004	5 Payee name KSEV 700 AM 6 Payee address; City; State; Zip Code 11451 Katy Freeway Ste 215 Houston TX 77079	7 Amount (\$) 4335.00
8 Purpose of expenditure (See instructions regarding type of information required.) radio time		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/09/2004	Payee name KSEV 700 AM Payee address; City; State; Zip Code 11451 Katy Freeway Ste 215 Houston TX 77079	Amount (\$) 2167.50
Purpose of expenditure (See instructions regarding type of information required.) radio time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/09/2004	Payee name KTRH 740 AM Payee address; City; State; Zip Code 3050 Post Oak Blvd Ste 1200 Houston TX 77056	Amount (\$) 10710.00
Purpose of expenditure (See instructions regarding type of information required.) radio time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/21/2004	Payee name New Century Sound Payee address; City; State; Zip Code 7026 Old Katy Rd Ste 218 Houston TX 77024	Amount (\$) 445.00
Purpose of expenditure (See instructions regarding type of information required.) radio production		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 11/13

2 FILER NAME

Citizens to Keep Houston Strong

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Novasys Technologies	7 Amount (\$)
09/23/2004	6 Payee address; City; State; Zip Code 15211 Vista Heights Drive Texas Cypress TX 77429	83.33

8 Purpose of expenditure (See instructions regarding type of information required.) Computer consulting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Postmaster	Amount (\$)
09/15/2004	Payee address; City; State; Zip Code 315 Addicks Houston TX 77079	853.96

Purpose of expenditure (See instructions regarding type of information required.) postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Postmaster	Amount (\$)
09/22/2004	Payee address; City; State; Zip Code 315 Addicks Houston TX 77079	395.00

Purpose of expenditure (See instructions regarding type of information required.) postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Postmaster	Amount (\$)
09/21/2004	Payee address; City; State; Zip Code 315 Addicks Houston TX 77079	395.00

Purpose of expenditure (See instructions regarding type of information required.) postage	** 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 report: 12/13
2 FILER NAME Citizens to Keep Houston Strong		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/20/2004	5 Payee name Sprint Digital Print 6 Payee address; City; State; Zip Code 10100 Clay Road Suite C Houston TX 77080	7 Amount (\$) 22500.00
8 Purpose of expenditure (See instructions regarding type of information required.) signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/23/2004	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 46.79
Purpose of expenditure (See instructions regarding type of information required.) office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/21/2004	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 546.66
Purpose of expenditure (See instructions regarding type of information required.) office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/17/2004	Payee name W. J. Ford & Associates Payee address; City; State; Zip Code 3355 West Alabama Ste 1170 Houston TX 77098	Amount (\$) 866.00
Purpose of expenditure (See instructions regarding type of information required.) Design and production of ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 13/13

2 FILER NAME

Citizens to Keep Houston Strong

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
09/13/2004	Western Lithograph <hr/> 6 Payee address; City; State; Zip Code 4335 Directors Row Houston TX 77092	1397.51

8 Purpose of expenditure (See instructions regarding type of information required.) stationary	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
09/13/2004	Western Lithograph <hr/> Payee address; City; State; Zip Code 4335 Directors Row Houston TX 77092	81.19

Purpose of expenditure (See instructions regarding type of information required.) recognition board	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
09/21/2004	Susybelle Zook <hr/> Payee address; City; State; Zip Code 1702 Morse Street Houston TX 77019	30.00

Purpose of expenditure (See instructions regarding type of information required.) set up chart of accounts	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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