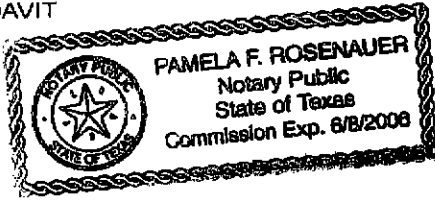


# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

**FORM COR-PAC**

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <u>3</u>
<b>3</b> COMMITTEE NAME <u>Citizens to Keep Houston Strong</u>	<b>OFFICE USE ONLY</b>
<b>4</b> TREASURER NAME FIRST: <u>Penny</u> MI: LAST: <u>Butler</u>	Date Received
<b>5</b> ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	Date Hand-delivered or Date Posted <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>RECEIVED</b>  <b>APR 5 2005</b>  <b>CITY SECRETARY</b> </div>
<b>6</b> ORIGINAL PERIOD COVERED Month Day Year      Month Day Year <u>7 / 1 / 2004</u> THROUGH <u>9 / 23 / 2004</u>	Receipt #      Amount Legal      Totals Date Processed Date Imaged
<b>7</b> EXPLANATION OF CORRECTION <u>This report is being corrected to reflect an expenditure of \$232.50 made payable to Sprint Digital Point on 9/20/2004. This expenditure was inadvertently left off of the report.</u>	

**8** AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Penny Butler  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Penny Butler this the 5<sup>th</sup> day of Apr, 2005

to certify which, witness my hand and seal of office.

Pamela F. Rosenauer  
Signature of officer administering oath

Pamela F. Rosenauer  
Printed name of officer administering oath

Notary public  
Title of officer administering oath

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

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME

ACCOUNT #  
(Ethics Commission files)

*Citizens to Keep Houston Strong*

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT  
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE  
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

ASSIST  
(Officeholder)

MEASURE

*Proposition One*      *11 / 2 / 2004*

DESCRIPTION

14 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)

\$ *54,650.00*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*129,096.49*

CONTRIBUTION BALANCE

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

\$

*90,826.33*

OUTSTANDING LOAN TOTALS

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

\$

*100,000.00*

15 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 campaign treasurer

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

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTOR GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME <i>Citizens to Keep Houston Strong</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/26/04</i>	5 Payee name <i>Sprint Digital Print</i>	7 Amount (\$)  <i>232.50</i>
6 Payee address; City, State, Zip Code <i>10100 Clay Road, Suite C Houston, Texas 77080</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>	9 ** 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.)		** 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.)		** 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.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**