

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

|                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| The SPAC INSTRUCTION GUIDE explains how to complete this form.                                    |  | 1 ACCOUNT #<br>(Ethics Commission filers)<br>99999999                                                                                                                                                                                                                                                                                                                                              | 2 PAGE #<br>1 of 12 |
| 3 COMMITTEE NAME<br>Protect Houston                                                               |  | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| 4 COMMITTEE ADDRESS<br><input type="checkbox"/> Change of Address                                 |  | Date Received                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>506 W. 19th Street<br>Houston, TX 77008 |  | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                                                                             |                     |
| 5 CAMPAIGN TREASURER NAME                                                                         |  | Receipt #                                                                                                                                                                                                                                                                                                                                                                                          | Amount              |
| MS / MRS / MR FIRST MI<br>Massey                                                                  |  | Date Processed                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| NICKNAME LAST SUFFIX<br>Villarreal                                                                |  | Date Imaged                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS<br>(Residence or business)                                  |  | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE<br>9801 Westheimer, Suite 803<br>Houston, TX 77042                                                                                                                                                                                                                                                                           |                     |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS<br><input type="checkbox"/> Change of Address              |  | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9801 Westheimer, Suite 803<br>Houston, TX 77042                                                                                                                                                                                                                                                                                          |                     |
| 8 CAMPAIGN TREASURER PHONE                                                                        |  | AREA CODE PHONE NUMBER EXTENSION<br>(713) 781-7481 102                                                                                                                                                                                                                                                                                                                                             |                     |
| 9 REPORT TYPE                                                                                     |  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit<br><input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Dissolution (attach PAC-DR)<br><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination |                     |
| 10 PERIOD COVERED                                                                                 |  | Month Day Year      Month Day Year<br>07/01/2006      THROUGH      12/31/2006                                                                                                                                                                                                                                                                                                                      |                     |
| 11 ELECTION                                                                                       |  | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                              |                     |
| GO TO PAGE 2                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                    |                     |

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

**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** Protect Houston

**ACCOUNT #** (Ethics Commission filers)  
99999999

**13 COMMITTEE PURPOSE**

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT  
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

OPPOSE  
(Candidate or Measure)

ASSIST  
(Officeholder only)

MEASURE

DESCRIPTION

opposing the petition drive of potential referendum that would require all Houstonians to provide proof of citizenship on demand

**14 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 6.00

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

\$ 1,756.00

**EXPENDITURE TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,546.60

**CONTRIBUTION BALANCE**

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

\$ 209.40

**OUTSTANDING LOAN TOTALS**

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

\$ 0.00

**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.

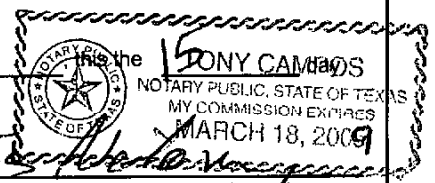
*[Handwritten Signature]*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Massey Villaveal  
of JAN, 20 07, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Print name of officer administering oath  
Baytown, Texas 77520



*[Handwritten Signature]*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                                                                                                                |                                                                                                            |                                                    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                      |                                                                                                            | 1 PAGE #<br>Schedule: 1/3 Report: 3/12             |                 |
| 2 FILER NAME Protect Houston                                                                                                                                                   |                                                                                                            | 3 ACCOUNT # (Ethics Commission filers)<br>99999999 |                 |
| 4 Date<br>07/24/2006                                                                                                                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Fiesta Cab Co.          | 7 Amount of contribution (\$)<br>\$1,500.00        |                 |
| 6 Contributor address; City; State; Zip Code<br>Houston, TX 77009                                                                                                              |                                                                                                            |                                                    |                 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                            | 9 Employer (See Instructions)                      |                 |
| 10 In-kind contribution<br><input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. |                                                                                                            | 11 In-kind description (if applicable)             |                 |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)                                                                  |                                                                                                            |                                                    |                 |
| 13 Departure city / location                                                                                                                                                   | 14 Departure date                                                                                          | 15 Destination city / location                     | 16 Arrival date |
| 17 Means of transportation                                                                                                                                                     |                                                                                                            | 18 Purpose of travel                               |                 |
| 4 Date<br>07/24/2006                                                                                                                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Medellin, Marie Antonia | 7 Amount of contribution (\$)<br>\$50.00           |                 |
| 6 Contributor address; City; State; Zip Code<br>Kingwood, TX 77345                                                                                                             |                                                                                                            |                                                    |                 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                            | 9 Employer (See Instructions)                      |                 |
| 10 In-kind contribution<br><input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. |                                                                                                            | 11 In-kind description (if applicable)             |                 |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)                                                                  |                                                                                                            |                                                    |                 |
| 13 Departure city / location                                                                                                                                                   | 14 Departure date                                                                                          | 15 Destination city / location                     | 16 Arrival date |
| 17 Means of transportation                                                                                                                                                     |                                                                                                            | 18 Purpose of travel                               |                 |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                                                                                                                |                                                                                                  |                   |                                        |                                                    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|----------------------------------------------------|-----------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                      |                                                                                                  |                   |                                        | 1 PAGE #<br>Schedule: 2/3 Report: 4/12             |                 |
| 2 FILER NAME Protect Houston                                                                                                                                                   |                                                                                                  |                   |                                        | 3 ACCOUNT # (Ethics Commission filers)<br>99999999 |                 |
| 4 Date<br><br>07/24/2006                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Riggs, C.P.   |                   |                                        | 7 Amount of contribution (\$)<br><br>\$50.00       |                 |
| 6 Contributor address; City; State; Zip Code<br>Huffman, TX 77336                                                                                                              |                                                                                                  |                   |                                        |                                                    |                 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                  |                   | 9 Employer (See Instructions)          |                                                    |                 |
| 10 In-kind contribution<br><input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. |                                                                                                  |                   | 11 In-kind description (if applicable) |                                                    |                 |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)                                                                  |                                                                                                  |                   |                                        |                                                    |                 |
| 13 Departure city / location                                                                                                                                                   |                                                                                                  | 14 Departure date | 15 Destination city / location         |                                                    | 16 Arrival date |
| 17 Means of transportation                                                                                                                                                     |                                                                                                  |                   | 18 Purpose of travel                   |                                                    |                 |
| 4 Date<br><br>07/31/2006                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Shaw, Richard |                   |                                        | 7 Amount of contribution (\$)<br><br>\$50.00       |                 |
| 6 Contributor address; City; State; Zip Code<br>Houston, TX 77043                                                                                                              |                                                                                                  |                   |                                        |                                                    |                 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                  |                   | 9 Employer (See Instructions)          |                                                    |                 |
| 10 In-kind contribution<br><input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. |                                                                                                  |                   | 11 In-kind description (if applicable) |                                                    |                 |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)                                                                  |                                                                                                  |                   |                                        |                                                    |                 |
| 13 Departure city / location                                                                                                                                                   |                                                                                                  | 14 Departure date | 15 Destination city / location         |                                                    | 16 Arrival date |
| 17 Means of transportation                                                                                                                                                     |                                                                                                  |                   | 18 Purpose of travel                   |                                                    |                 |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                                                                                                                |                                                                                                                                                                               |                                                    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                      |                                                                                                                                                                               | 1 PAGE #<br>Schedule: 3/3 Report: 5/12             |                 |
| 2 FILER NAME Protect Houston                                                                                                                                                   |                                                                                                                                                                               | 3 ACCOUNT # (Ethics Commission filers)<br>99999999 |                 |
| 4 Date<br><br>07/24/2006                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Tanner, Charlene<br><br>6 Contributor address; City; State; Zip Code<br>Kingwood, TX 77346 | 7 Amount of contribution (\$)<br><br>\$100.00      |                 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                                                                                               | 9 Employer (See Instructions)                      |                 |
| 10 In-kind contribution<br><input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. |                                                                                                                                                                               | 11 In-kind description (if applicable)             |                 |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)                                                                  |                                                                                                                                                                               |                                                    |                 |
| 13 Departure city / location                                                                                                                                                   | 14 Departure date                                                                                                                                                             | 15 Destination city / location                     | 16 Arrival date |
| 17 Means of transportation                                                                                                                                                     |                                                                                                                                                                               | 18 Purpose of travel                               |                 |
|                                                                                                                                                                                |                                                                                                                                                                               |                                                    |                 |

| <b>POLITICAL EXPENDITURES</b>                                                                                                                           |                                      |                                         |                                       | <b>SCHEDULE F</b>                                                                                                                                                                                                                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                               |                                      |                                         |                                       | <b>1</b> PAGE #<br>Schedule: 1/7 Report: 6/12                                                                                                                                                                                                         |                        |
| <b>2</b> FILER NAME Protect Houston                                                                                                                     |                                      |                                         |                                       | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>99999999                                                                                                                                                                                             |                        |
| <b>4</b> Date<br><br>07/25/2006                                                                                                                         | <b>5</b> Payee name<br>Acosta, David | <b>7</b> Amount<br>(\$)<br><br>\$150.00 |                                       |                                                                                                                                                                                                                                                       |                        |
| <b>6</b> Payee address; City; State; Zip Code<br>102 S. Lockwood<br>Houston, TX 77011                                                                   |                                      |                                         |                                       | <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>Sound system rental paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                        |
| <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                      |                                         |                                       |                                                                                                                                                                                                                                                       |                        |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                        |                                      |                                         |                                       |                                                                                                                                                                                                                                                       |                        |
| <b>11</b> Departure city / location                                                                                                                     |                                      | <b>12</b> Departure date                | <b>13</b> Destination city / location |                                                                                                                                                                                                                                                       | <b>14</b> Arrival date |
| <b>15</b> Means of transportation                                                                                                                       |                                      |                                         | <b>16</b> Purpose of travel           |                                                                                                                                                                                                                                                       |                        |
| <b>4</b> Date<br><br>07/24/2006                                                                                                                         | <b>5</b> Payee name<br>Arnold, Bill  | <b>7</b> Amount<br>(\$)<br><br>\$45.00  |                                       |                                                                                                                                                                                                                                                       |                        |
| <b>6</b> Payee address; City; State; Zip Code<br>502 S. Post Oak Lane, #205<br>Houston, TX 77056                                                        |                                      |                                         |                                       | <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>labor for event paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)     |                        |
| <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                      |                                         |                                       |                                                                                                                                                                                                                                                       |                        |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                        |                                      |                                         |                                       |                                                                                                                                                                                                                                                       |                        |
| <b>11</b> Departure city / location                                                                                                                     |                                      | <b>12</b> Departure date                | <b>13</b> Destination city / location |                                                                                                                                                                                                                                                       | <b>14</b> Arrival date |
| <b>15</b> Means of transportation                                                                                                                       |                                      |                                         | <b>16</b> Purpose of travel           |                                                                                                                                                                                                                                                       |                        |

**POLITICAL EXPENDITURES****SCHEDULE F**

|                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                                                                                  |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                                                                                  |                                                                                                                             | 1 PAGE #<br>Schedule: 2/7 Report: 7/12                                                                                                           |                                |
| 2 FILER NAME Protect Houston                                                                                                                                                                                                               |                                                                                                                             | 3 ACCOUNT # (Ethics Commission filers)<br>99999999                                                                                               |                                |
| 4 Date<br><br>07/19/2006                                                                                                                                                                                                                   | 5 Payee name<br>B&G Printing<br><br>6 Payee address; City; State; Zip Code<br>9500 WEstview, Suite 109<br>Houston, TX 77055 | 7 Amount (\$)<br><br>\$181.86                                                                                                                    |                                |
| 8 Purpose of payment<br>(See instructions regarding type of information required.)<br>flyer for event paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                             | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                  |                                                                                                                             |                                                                                                                                                  |                                |
| 11 Departure city / location                                                                                                                                                                                                               |                                                                                                                             | 12 Departure date                                                                                                                                | 13 Destination city / location |
| 15 Means of transportation                                                                                                                                                                                                                 |                                                                                                                             | 16 Purpose of travel                                                                                                                             |                                |
| 4 Date<br><br>07/21/2006                                                                                                                                                                                                                   | 5 Payee name<br>CWA Hall<br><br>6 Payee address; City; State; Zip Code<br>1730 Jefferson St<br>Houston, TX 77003            | 7 Amount (\$)<br><br>\$500.00                                                                                                                    |                                |
| 8 Purpose of payment<br>(See instructions regarding type of information required.)<br>hall rental paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)     |                                                                                                                             | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                  |                                                                                                                             |                                                                                                                                                  |                                |
| 11 Departure city / location                                                                                                                                                                                                               |                                                                                                                             | 12 Departure date                                                                                                                                | 13 Destination city / location |
| 15 Means of transportation                                                                                                                                                                                                                 |                                                                                                                             | 16 Purpose of travel                                                                                                                             |                                |

**POLITICAL EXPENDITURES****SCHEDULE F**

|                                                                                                                                                                                                                                            |                                                                                                                              |                                                                                                                                                  |                 |
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| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                                                                                  |                                                                                                                              | 1 PAGE #<br>Schedule: 3/7 Report: 8/12                                                                                                           |                 |
| 2 FILER NAME Protect Houston                                                                                                                                                                                                               |                                                                                                                              | 3 ACCOUNT # (Ethics Commission filers)<br>99999999                                                                                               |                 |
| 4 Date<br><br>07/24/2006                                                                                                                                                                                                                   | 5 Payee name<br>Gaber, Mina<br><br>6 Payee address; City; State; Zip Code<br>502 S. Post Oak Lane, #205<br>Houston, TX 77056 | 7 Amount (\$)<br><br>\$60.00                                                                                                                     |                 |
| 8 Purpose of payment<br>(See instructions regarding type of information required.)<br>labor for event paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                              | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                 |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                  |                                                                                                                              |                                                                                                                                                  |                 |
| 11 Departure city / location                                                                                                                                                                                                               | 12 Departure date                                                                                                            | 13 Destination city / location                                                                                                                   | 14 Arrival date |
| 15 Means of transportation                                                                                                                                                                                                                 |                                                                                                                              | 16 Purpose of travel                                                                                                                             |                 |
| 4 Date<br><br>07/24/2006                                                                                                                                                                                                                   | 5 Payee name<br>Holzhauer, Paul<br><br>6 Payee address; City; State; Zip Code<br>5724 Buffalo Speedway<br>Houston, TX 77005  | 7 Amount (\$)<br><br>\$60.00                                                                                                                     |                 |
| 8 Purpose of payment<br>(See instructions regarding type of information required.)<br>labor for event paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                              | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                 |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                  |                                                                                                                              |                                                                                                                                                  |                 |
| 11 Departure city / location                                                                                                                                                                                                               | 12 Departure date                                                                                                            | 13 Destination city / location                                                                                                                   | 14 Arrival date |
| 15 Means of transportation                                                                                                                                                                                                                 |                                                                                                                              | 16 Purpose of travel                                                                                                                             |                 |



| <b>POLITICAL EXPENDITURES</b>                                                                                                                                                                                                                     |                                                                                                                                              |                                                                                                                                                         |                                                           | <b>SCHEDULE F</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                                                                                         |                                                                                                                                              |                                                                                                                                                         | <b>1</b> PAGE #<br>Schedule: 4/7 Report: 9/12             |                   |
| <b>2</b> FILER NAME Protect Houston                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                                         | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>99999999 |                   |
| <b>4</b> Date<br><br>07/19/2006                                                                                                                                                                                                                   | <b>5</b> Payee name<br>Kwik Kopy<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>1405 Waugh Drive<br>Houston, TX 77019      | <b>7</b> Amount (\$)<br><br>\$21.65                                                                                                                     |                                                           |                   |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>copies paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)          |                                                                                                                                              | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                                           |                   |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                  |                                                                                                                                              |                                                                                                                                                         |                                                           |                   |
| <b>11</b> Departure city / location                                                                                                                                                                                                               |                                                                                                                                              | <b>12</b> Departure date                                                                                                                                | <b>13</b> Destination city / location                     |                   |
| <b>14</b> Arrival date                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                         |                                                           |                   |
| <b>15</b> Means of transportation                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                                                         | <b>16</b> Purpose of travel                               |                   |
| <b>4</b> Date<br><br>07/24/2006                                                                                                                                                                                                                   | <b>5</b> Payee name<br>Martin, Rian<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>4714 Blanton Blvd.<br>Houston, TX 77092 | <b>7</b> Amount (\$)<br><br>\$60.00                                                                                                                     |                                                           |                   |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>labor for event paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                                              | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                                           |                   |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                  |                                                                                                                                              |                                                                                                                                                         |                                                           |                   |
| <b>11</b> Departure city / location                                                                                                                                                                                                               |                                                                                                                                              | <b>12</b> Departure date                                                                                                                                | <b>13</b> Destination city / location                     |                   |
| <b>14</b> Arrival date                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                         |                                                           |                   |
| <b>15</b> Means of transportation                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                                                         | <b>16</b> Purpose of travel                               |                   |
|                                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                                                         |                                                           |                   |

# POLITICAL EXPENDITURES

## SCHEDULE F

|                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                         |                        |
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| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.                                                                                                                                                                                          |                                                                                                                                          | <b>1</b> PAGE #<br>Schedule: 5/7 Report: 10/12                                                                                                          |                        |
| <b>2</b> FILER NAME Protect HOUSTON                                                                                                                                                                                                                       |                                                                                                                                          | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>99999999                                                                                               |                        |
| <b>4</b> Date<br><br>07/23/2006                                                                                                                                                                                                                           | <b>5</b> Payee name<br>Office Depot<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>5330 West 34th<br>Houston, TX 77092 | <b>7</b> Amount<br>(\$)<br><br>\$24.89                                                                                                                  |                        |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>Tent cards paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)              |                                                                                                                                          | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                        |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                          |                                                                                                                                          |                                                                                                                                                         |                        |
| <b>11</b> Departure city / location                                                                                                                                                                                                                       | <b>12</b> Departure date                                                                                                                 | <b>13</b> Destination city / location                                                                                                                   | <b>14</b> Arrival date |
| <b>15</b> Means of transportation                                                                                                                                                                                                                         |                                                                                                                                          | <b>16</b> Purpose of travel                                                                                                                             |                        |
| <b>4</b> Date<br><br>07/23/2006                                                                                                                                                                                                                           | <b>5</b> Payee name<br>Office Depot<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>5330 West 34th<br>Houston, TX 77092 | <b>7</b> Amount<br>(\$)<br><br>\$39.47                                                                                                                  |                        |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>Nametags and Tent cards paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                                          | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                        |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                          |                                                                                                                                          |                                                                                                                                                         |                        |
| <b>11</b> Departure city / location                                                                                                                                                                                                                       | <b>12</b> Departure date                                                                                                                 | <b>13</b> Destination city / location                                                                                                                   | <b>14</b> Arrival date |
| <b>15</b> Means of transportation                                                                                                                                                                                                                         |                                                                                                                                          | <b>16</b> Purpose of travel                                                                                                                             |                        |
|                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                         |                        |

# POLITICAL EXPENDITURES

# SCHEDULE F

|                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                                                                                                     |                                                                                                                                       | <b>1</b> PAGE #<br>Schedule: 6/7 Report: 11/12                                                                                                          |
| <b>2</b> FILER NAME Protect Houston                                                                                                                                                                                                                           |                                                                                                                                       | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>99999999                                                                                               |
| <b>4</b> Date<br><br>07/24/2006                                                                                                                                                                                                                               | <b>5</b> Payee name<br>OfficeMax<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>1576 West Gray<br>Houston, TX 77019 | <b>7</b> Amount (\$)<br><br>\$142.87                                                                                                                    |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>Toner paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)                       |                                                                                                                                       | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                              |                                                                                                                                       |                                                                                                                                                         |
| <b>11</b> Departure city / location                                                                                                                                                                                                                           | <b>12</b> Departure date                                                                                                              | <b>13</b> Destination city / location                                                                                                                   |
| <b>15</b> Means of transportation                                                                                                                                                                                                                             |                                                                                                                                       | <b>14</b> Arrival date                                                                                                                                  |
| <b>16</b> Purpose of travel                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                                         |
| <b>4</b> Date<br><br>07/24/2006                                                                                                                                                                                                                               | <b>5</b> Payee name<br>Randall's<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>2225 Louisiana<br>Houston, TX 77002 | <b>7</b> Amount (\$)<br><br>\$70.86                                                                                                                     |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>water and cookies for event paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                                       | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                              |                                                                                                                                       |                                                                                                                                                         |
| <b>11</b> Departure city / location                                                                                                                                                                                                                           | <b>12</b> Departure date                                                                                                              | <b>13</b> Destination city / location                                                                                                                   |
| <b>15</b> Means of transportation                                                                                                                                                                                                                             |                                                                                                                                       | <b>14</b> Arrival date                                                                                                                                  |
| <b>16</b> Purpose of travel                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                                         |

# POLITICAL EXPENDITURES

# SCHEDULE F

|                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                                                         |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                                                                                                       |                                                                                                                                                         | <b>1</b> PAGE #<br>Schedule: 7/7 Report: 12/12                                                                                                          |                                       |
| <b>2</b> FILER NAME Protect Houston                                                                                                                                                                                                             |                                                                                                                                                         | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>99999999                                                                                               |                                       |
| <b>4</b> Date<br><br>11/01/2006                                                                                                                                                                                                                 | <b>5</b> Payee name<br>Revolution Hosting<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>17107 Cradle Cove Court<br>Houston, TX 77095 | <b>7</b> Amount<br>(\$)<br><br>\$60.00                                                                                                                  |                                       |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>web hosting paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)   |                                                                                                                                                         | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                       |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                |                                                                                                                                                         |                                                                                                                                                         |                                       |
| <b>11</b> Departure city / location                                                                                                                                                                                                             |                                                                                                                                                         | <b>12</b> Departure date                                                                                                                                | <b>13</b> Destination city / location |
|                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                                                         | <b>14</b> Arrival date                |
| <b>15</b> Means of transportation                                                                                                                                                                                                               |                                                                                                                                                         | <b>16</b> Purpose of travel                                                                                                                             |                                       |
|                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                                                         |                                       |
| <b>4</b> Date<br><br>07/14/2006                                                                                                                                                                                                                 | <b>5</b> Payee name<br>UPS Store<br><br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>506 West 19th Street<br>Houston, TX 77008             | <b>7</b> Amount<br>(\$)<br><br>\$130.00                                                                                                                 |                                       |
| <b>8</b> Purpose of payment<br>(See instructions regarding type of information required.)<br>PO Box Rental paid by Campos Communications and reimbursed<br><br><input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16) |                                                                                                                                                         | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |                                       |
| <b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)                                                                                                                |                                                                                                                                                         |                                                                                                                                                         |                                       |
| <b>11</b> Departure city / location                                                                                                                                                                                                             |                                                                                                                                                         | <b>12</b> Departure date                                                                                                                                | <b>13</b> Destination city / location |
|                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                                                         | <b>14</b> Arrival date                |
| <b>15</b> Means of transportation                                                                                                                                                                                                               |                                                                                                                                                         | <b>16</b> Purpose of travel                                                                                                                             |                                       |
|                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                                                         |                                       |