

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
3 COMMITTEE NAME 2004 Houston Inaugural Committee		OFFICE USE ONLY Date Received RECEIVED JUL 15 2005 ETHICS Date Hand-delivered or Date Postmarked:	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 131197 Houston TX 77219-1197	Receipt #	Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI HERB NICKNAME LAST SUFFIX BUTRUM	Date Processed	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 131197 Houston TX 77219-1197		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 131197 Houston TX 77219-1197		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 659-9000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 01 / 01 / 05	THROUGH	Month Day Year 6 / 30 / 05
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 03	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME 2004 Houston Inaugural Committee ACCOUNT # (Ethics Commission filers)

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

CANDIDATE OFFICEHOLDER MEASURE

CANDIDATE / OFFICEHOLDER NAME See attached

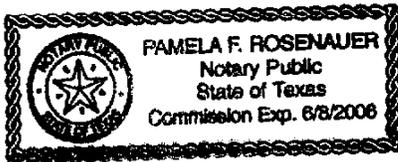
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year

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)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,750⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>9095.67</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Herb Butrum

Signature of campaign treasurer

Sworn to and subscribed before me, by the said Herb Butrum, this the 17th day of July, 20 05, 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

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>2004 Houston Inaugural Committee</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>SOVEREIGN SERVICES OF HOUSTON</i> 6 Payee address; City; State; Zip Code <i>PO Box 460105 Houston TX 77056</i>	7 Amount (\$) <i>\$ 2,750⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>VALET SERVICES AT INAUGURAL EVENING FUNCTION</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

8
Mayor Bill White
Controller Anise Parker
Council Members:

Mark Ellis
Gordon Quan
Shelly Sekula Gibbs
Ron Green
Michael Berry
Toni Lawrence
Carol Galloway
Mark Goldberg
Ada Edwards
Addie Wiseman
M. J. Khan
Pam Holm
Adrian Garcia
Carol Alvarado