

# 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) 000	2 PAGE # 1 of 3
3 COMMITTEE NAME No Rain Tax PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 7011 Houston, TX 77248-7011		Date Hand-delivered or Postmarked	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Norman		Receipt Amount	
NICKNAME LAST SUFFIX Adams		Date Processed	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		Date Imaged	
STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 427 West 20th St Houston, TX 77008			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address			
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 7011 Houston, TX 77248-7011			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 526-3399			
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED			
Month Day Year      Month Day Year 07/01/2005      THROUGH      08/22/2005			
11 ELECTION			
ELECTION DATE Month Day Year		ELECTION TYPE <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**

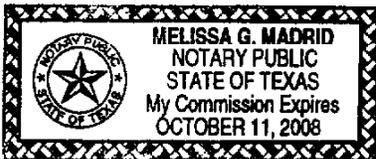
**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> No Rain Tax PAC	<b>ACCOUNT #</b> (Ethics Commission files) 000
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<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder only)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>	
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b> Month Day Year
	<b>DESCRIPTION</b>		

<b>14 CONTRIBUTION TOTALS</b>	<b>1.</b>	<b>TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>	<b>\$</b>	0.00
	<b>2.</b>	<b>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	<b>\$</b>	0.00
<b>EXPENDITURE TOTALS</b>	<b>3.</b>	<b>TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</b>	<b>\$</b>	0.00
	<b>4.</b>	<b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$</b>	0.00
<b>CONTRIBUTION BALANCE</b>	<b>5.</b>	<b>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	<b>\$</b>	0.00
<b>OUTSTANDING LOAN TOTALS</b>	<b>6.</b>	<b>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	<b>\$</b>	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.

*Norman E Adams*  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norman E Adams, this the 24th day of August, 2005, to certify which, witness my hand and seal of office.

Melissa Madrid      Melissa Madrid      Notary public  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

## FORM PAC - DR

Page 3 of 3

The Instruction Guide explains how to complete this form.  
\*\* Complete only if 'Report Type' on page 1 is marked 'Dissolution' \*\*

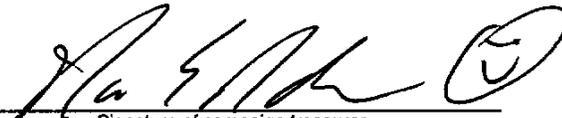
1 COMMITTEE NAME      No Rain Tax PAC

2 ACCOUNT #  
(Ethics Commission filers)  
000

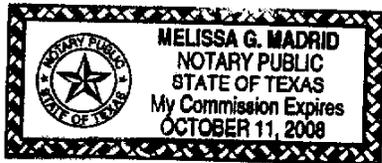
3

### Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

  
Signature of campaign treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Norman E Adams, this the 24th day of August, 2005, to certify which, witness my hand and seal of office.

Melissa Madrid  
Signature of officer administering oath

Melissa Madrid  
Printed name of officer administering oath

Notary public  
Title of officer administering oath