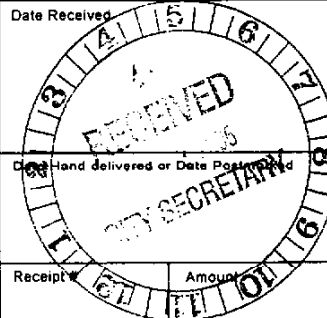


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: 8			
3 COMMITTEE NAME 2006 Houston Inaugural Committee		OFFICE USE ONLY				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 131197 Houston TX 77219-1197		Date Received  Date Hand Delivered or Date Postmarked			
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. GORDON NICKNAME LAST SUFFIX QUAN		Receipt Amount Date Processed Date Imaged		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5177 RICHMOND AVENUE Houston TX 77056					
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 131197 Houston TX 77219-1197					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(713)	625-9200				
9 REPORT TYPE	<input checked="" 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 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	05	THROUGH	12	31 / 05
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 05		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2.

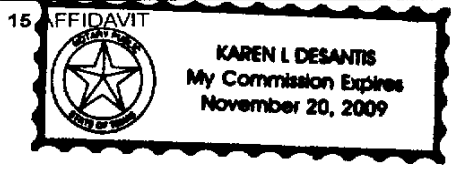
SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME 2006 Houston Inaugural Committee	ACCOUNT # (Ethics Commission filers)
--	--

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME SEE ATTACHED OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____

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)	\$ 53,750.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3,814.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 59,031.67
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GORDON QUAN, this the 12th day of JANUARY 2006, to certify which, witness my hand and seal of office.

[Signature] KAREN L. DESANTIS *[Signature]*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

1 of 3

2 FILER NAME

2006 HOUSTON INAUGURAL COMMITTEE

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/22/05

5 Full name of contributor out-of-state PAC (ID#:

JOHN VAN DE WIELE

6 Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77077

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/22/05

Full name of contributor out-of-state PAC (ID#:

RAMESH GUNDA

Contributor address; City; State; Zip Code

[REDACTED] SCOTLAND TX 77479

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/05

Full name of contributor out-of-state PAC (ID#:

JEFF RUSS

Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77005

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/05

Full name of contributor out-of-state PAC (ID#:

RONALD MULLINAX

Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77077

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/05

Full name of contributor out-of-state PAC (ID#:

TURNER COLLIE BRADEN PAC

Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77219

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:
2 of 3

2 FILER NAME

2006 Houston Inaugural Committee

3 ACCOUNT # (Ethics Commission files)

4 Date

12/22/05

5 Full name of contributor out-of-state PAC (ID#)

FULBRIGHT & JAWORSKI LLP Texas Comm.

6 Contributor address; City; State; Zip Code

[Redacted] Houston, TX 77010

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/29/05

Full name of contributor out-of-state PAC (ID#)

GLENN JOHNSON

Contributor address; City; State; Zip Code

[Redacted] Houston, TX 77024

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/05

Full name of contributor out-of-state PAC (ID#)

BRETT BINKLEY

Contributor address; City; State; Zip Code

[Redacted] Houston, TX 77041

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/05

Full name of contributor out-of-state PAC (ID#)

WAYNE KLOTZ

Contributor address; City; State; Zip Code

[Redacted] Houston, TX 77079

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/05

Full name of contributor out-of-state PAC (ID#)

SILVER EAGLE DISTRIBUTORS LP

Contributor address; City; State; Zip Code

[Redacted] Houston, TX 77052-2743

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3 of 3	
2 FILER NAME 2006 HOUSTON INAUGURAL COMMITTEE		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/29/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATH BLYNE A KENNEDY & ASSOC.	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77081			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & JAMPSON LLP	Amount of contribution (\$) 25,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON COUNCIL OF ENGINEERING COMPANIES PAC	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 1 of 2
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
12/29/05	TEXAS Ethics Commission Payee address: City, State, Zip Code 201 EAST 14th AUSTIN TX 78711	1000 ⁰⁰

8 Purpose of payment (See instructions regarding type of information required.) Commission fee	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
12/28/05	IDEOLOGY Partners Limited Payee address: City, State, Zip Code 9750 Tanner Houston TX 77041	549 ⁰⁰

Purpose of payment (See instructions regarding type of information required.) printing invitation	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
12/28/05	LIMB Design Payee address: City, State, Zip Code 1012 W ALABAMA Houston TX 77006	1375 ⁰⁰

Purpose of payment (See instructions regarding type of information required.) Invitation Design	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
12/28/05	The Dinky Drum Company Payee address: City, State, Zip Code 2411 EAGLE St Houston TX 77004	800 ⁰⁰

Purpose of payment (See instructions regarding type of information required.) Entertainment / BAND	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
2 of 2

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
2006 HOUSTON INAUGURAL COMMITTEE

4 Date 12/28/05	5 Payee name ED SHACK	7 Amount (\$) 90.00
6 Payee address; City; State; Zip Code 814 SAN JACINTO BLVD AUSTIN TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) ATTORNEY FEES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



Mayor Bill White
Controller Annise Parker
Council Members:

Toni Lawrence
Jarvis Johnson
Anne Clutterbuck
Ada Edwards
Addie Wiseman
M. J. Khan
Pam Holm
Adrian Garcia
Carol Alvarado
Peter Brown
Sue Lovell
Shelly Sekula-Gibbs
Ron Green
Michael Berry