

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 11111111	2 PAGE # 1 of 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Anne	MI
	NICKNAME Anne	LAST Clutterbuck	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2232 Sunset Blvd Houston, TX 77005		
5 CANDIDATE / OFFICEHOLDER PHONE	ARCA CODE	PHONE NUMBER	EXTENSION
		713-524-3084	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John	MI
	NICKNAME John	LAST Clutterbuck	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	2232 Sunset Blvd Houston, TX 77005		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(713) 524-3084	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year
	07/01/2006		12/31/2006
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month    Day    Year 11/06/2007	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council, Dist C	13 OFFICE SOUGHT (if known) City Council, Dist C	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box;    Apt. / Suite #;    City;    State;    Zip Code		

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
JAN 17 2007  
CITY SECRETARY  
POST MARK  
4/15/07

Date Hand-delivered or mailed  
Date Imaged

Receipt #    Amount

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Clutterbuck, Anne (Mrs.)

16 ACCOUNT # (Ethics Commission files)  
11111111

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	88.55
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4. TOTAL POLITICAL EXPENDITURES	\$	14,649.94
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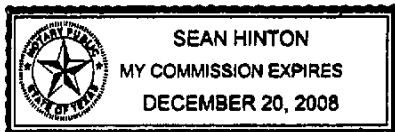
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	19,548.42
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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19 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.

*Anne U. Clutterbuck*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Notary, this the 15 day of JANUARY, 20 07, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

SEAN HINTON  
Print name of officer administering oath

NOTARY  
Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/9
2 FILER NAME Clutterbuck, Anne (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111111
4 Date 10/24/2006	5 Payee name Bauman, Claudia  6 Payee address; City; State; Zip Code 2551 Skye Springs Lane Katy, TX 77494	7 Amount (\$)  \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Volunteer services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 07/10/2006	Payee name Ciro's  Payee address; City; State; Zip Code 9755 Katy Fwy Houston, TX 77024	Amount (\$)  \$107.27
Purpose of payment (See instructions regarding type of information required.) volunteer lunch		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/27/2006	Payee name Dannenbaum, James  Payee address; City; State; Zip Code 3100 West Alabama Houston, TX 77098	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) refund contribution made on 3/6/06		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 09/20/2006	Payee name Douglass, Tim  Payee address; City; State; Zip Code 3011 Conway Houston, TX 77025	Amount (\$)  \$88.55
Purpose of payment (See instructions regarding type of information required.) reimburse for council breakfast		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/7 Report: 4/9
<b>2</b> FILER NAME Clutterbuck, Anne (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111
<b>4</b> Date  11/06/2006	<b>5</b> Payee name Flavia  <b>6</b> Payee address; City; State; Zip Code 1110 Post Oak Houston, TX 77092	<b>7</b> Amount (\$)  \$94.01
<b>8</b> Purpose of payment (See instructions regarding type of information required.) coffee service		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/14/2006	Payee name Flower Garden  Payee address; City; State; Zip Code 5225 Fannin Street Houston, TX 77004	Amount (\$)  \$84.38
Purpose of payment (See instructions regarding type of information required.) floral gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/10/2006	Payee name Go Daddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	Amount (\$)  \$6.99
Purpose of payment (See instructions regarding type of information required.) ISP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/10/2006	Payee name Go Daddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	Amount (\$)  \$6.99
Purpose of payment (See instructions regarding type of information required.) ISP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/7 Report: 5/9
<b>2</b> FILER NAME Clutterbuck, Anne (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111
<b>4</b> Date  09/05/2006	<b>5</b> Payee name Go Daddy.com  <b>6</b> Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	<b>7</b> Amount (\$)  \$19.99
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ISP		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/10/2006	Payee name Go Daddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	Amount (\$)  \$6.99
Purpose of payment (See instructions regarding type of information required.) ISP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/10/2006	Payee name Go Daddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	Amount (\$)  \$6.99
Purpose of payment (See instructions regarding type of information required.) ISP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/10/2006	Payee name Go Daddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	Amount (\$)  \$6.99
Purpose of payment (See instructions regarding type of information required.) ISP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/7 Report: 6/9
<b>2</b> FILER NAME Clutterbuck, Anne (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111
<b>4</b> Date  12/10/2006	<b>5</b> Payee name Go Daddy.com  <b>6</b> Payee address; City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260	<b>7</b> Amount (\$)  \$6.99
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ISP		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/15/2006	Payee name Greater SW Houston Chamber of Commerce  Payee address; City; State; Zip Code 6900 South Rice Blvd Bellaire, TX 77401	Amount (\$)  \$350.00
Purpose of payment (See instructions regarding type of information required.) tickets for luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/15/2006	Payee name HEB  Payee address; City; State; Zip Code 3815 Westheimer Rd Houston, TX 77027	Amount (\$)  \$317.48
Purpose of payment (See instructions regarding type of information required.) food for event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/20/2006	Payee name Hite, Barbara  Payee address; City; State; Zip Code 7707 Vickijohn Drive Houston, TX 77071	Amount (\$)  \$59.16
Purpose of payment (See instructions regarding type of information required.) reimburse for food for meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/7 Report: 7/9**2** FILER NAME Clutterbuck, Anne (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
11111111

<b>4</b> Date 09/22/2006	<b>5</b> Payee name Jewish Herald Voice	<b>7</b> Amount (\$) \$400.00
<b>6</b> Payee address; City; State; Zip Code PO Box 153 Houston, TX 77001-0153		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) advertising		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/27/2006	Payee name Kennedy, Nathelyne	Amount (\$) \$100.00
Payee address; City; State; Zip Code 610 Hillcroft, #710 Houston, TX 77081		
Purpose of payment (See instructions regarding type of information required.) refund contribution made on 3/6/06		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/13/2006	Payee name Knudson & Associates	Amount (\$) \$1,075.00
Payee address; City; State; Zip Code 8588 Katy Freeway, #441 Houston, TX 77024		
Purpose of payment (See instructions regarding type of information required.) Mapping project		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 07/07/2006	Payee name Naedler, Jennifer	Amount (\$) \$7,000.00
Payee address; City; State; Zip Code 12122 Cypress Creek Lakes Dr. Cypress, TX 77433		
Purpose of payment (See instructions regarding type of information required.) consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/7 Report: 8/9
<b>2</b> FILER NAME Clutterbuck, Anne (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111
<b>4</b> Date 10/31/2006	<b>5</b> Payee name Naedler, Jennifer  <b>6</b> Payee address; City; State; Zip Code 12122 Cypress Creek Lakes Dr Cypress, TX 77433	<b>7</b> Amount (\$) \$1,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) consulting fee		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/22/2006	Payee name Oriental Trading Co.  Payee address; City; State; Zip Code 11201 Giles Rd La Vista, NE 68128	Amount (\$) \$106.64
Purpose of payment (See instructions regarding type of information required.) novelties for parade		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 12/31/2006	Payee name Public Storage  Payee address; City; State; Zip Code 4341 Southwest Fwy Houston, TX 77027	Amount (\$) \$1,630.20
Purpose of payment (See instructions regarding type of information required.) storage rental for 1 year 2007		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 12/31/2006	Payee name Public Storage  Payee address; City; State; Zip Code 4341 Southwest Fwy Houston, TX 77027	Amount (\$) \$8.77
Purpose of payment (See instructions regarding type of information required.) storage rental balance for 2006		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:



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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/7 Report: 9/9
<b>2</b> FILER NAME Clutterbuck, Anne (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111
<b>4</b> Date 09/07/2006	<b>5</b> Payee name U. S. Postmaster	<b>7</b> Amount (\$) \$78.00
<b>6</b> Payee address; City; State; Zip Code Westbury Station Houston, TX 77035		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) postage		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held: