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Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

i e	RPOSE COMMITT INANCE REPORT		C		W SPAC HEET PG 1
The SPAC INSTRUCTION complete this form.	Guide explains how to	1 ACCOUNT # (Ethics Commission filers)		PAGE#	
, , , ,		99999999		1 of 12	
3 COMMITTEE NAME Protect Houston		•		OFFICE U	SE ONLY
			Date	Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	CODE	وسية سد	T
Change of Address	506 W. 19th Street	•		السرا يحجر	
ondings of real obs	Houston, TX 77008		Date	Hand-delivered or (	Date Postmarked )
5 CAMPAIGN	MS/MRS/MR FIRST	· Mi	Rec	eipt #	OAmount RY
TREASURER NAME	Massey			Processed	/
	NICKNAME LAST Villarreal	50	FFIX Date	Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT/SUITE#; CITY; ST.	ATE; Z	IP CODE	· · · · · ·
TREASURER'S STREET ADDRESS (Residence or business)	9801 Westheimer, Suite 803 Houston, TX 77042			·	
7 CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY; ST	ATE; Z	IP CODE	
TREASURER'S MAILING ADDRESS	0004 Mary 16 - 1 0 - 15 - 000			•	
	9801 Westheimer, Suite 803 Houston, TX 77042				
Change of Address	•				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(713) 781-7481	102			
PHONE	(113) 101-1401	TUZ			
9 REPORT TYPE	X January 15	30th day before election	Г	Exceeded \$50	0 limit
	July 15	8th day before election		Dissolution (at	tach PAC-DR)
		Runoff		10th day after treasurer termina	
10 PERIOD COVERED	Month Day Year		Moi	nth Day	Year
	07/01/2006	THROUGH		12/31/20	
11 ELECTION	ELECTION DATE E	LECTION TYPE			
	Month Day Year	Primary Runoff	Gene	ral 🔲	Special
				-	
		GO TO PAGE 2			

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Electronic Filing Version

SPECIFIC-PU PURPOSE &		OMMITTEE REPORT:	<u>.</u>	RM SPAC SHEET PG 2
12 COMMITTEE Pro NAME	tect Houston		ACCOUNT # (E	Ethics Commission filers)
13 COMMITTEE PURPOSE	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		···
(Attach lists on plain paper to complete this report if necessary.)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officehold	der)	
SUPPORT (Candidate or Measure)		BALLOT IDENTIFICATION / # ELECTI Month Da	ON DATE ay Year	
OPPOSE (Candidate or Measure)				
ASSIST (Officeholder only)	MEASURE	VEHERALIEM WHITE WOULD VEHEN	WAYNEG WYZ All H 15MIP ON	polevitiai rovstonians demand
14 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	6.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, I OANS, OR GUARANTEES OF LOANS)	\$	1,756.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
·	4. TOTAL I	POLITICAL EXPENDITURES	\$	1,546.60
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$	209.40
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
15 AFFIDAVIT		I swear, or affirm, under penalty or is true and correct and includes all me under Title 15, Election Code.	Information require	
			npaign Treasurer	
Sworn to and subscrib	20	Maccon Villamont 8	NOTARY MY	ONY CAMBOS PUBLIC, STATE OF TEX COMMISSION EXPLASES ARCH 18, 2009
Signature of officer admi	nistering oath VCA	UMDISPrint name of officer administering oath	Title of officer admini	stering of th

## **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 1/3 Report: 3/12 (Ethics Commission filers) 2 FILER NAME Protect Houston 3 ACCOUNT# 9999999 Date 5 Full name of contributor out-of-state PAC(ID#\_ Amount of contribution (\$) Fiesta Cab Co. 07/24/2006 6 Contributor address; City; State; Zip Code \$1,500.00 Houston, TX 77009 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 18 Purpose of travel 17 Means of transportation Amount of contribution (\$) Date 5 Full name of contributor ut-of-state PAC(ID#\_ Medellin, Marie Antonia \$50.00 City; State; Zip Code 07/24/2006 6 Contributor address; Kingwood, TX 77345 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 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 18 Purpose of travel 17 Means of transportation

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						:	SCHEDULE A	
	The Instruction	אכ Guide explains how to comp	lete this form.	,	1 PAGE # Schedule: 2/3	Renor	t· 4/12	
2	FILER NAME	Protect Houston			3 ACCOUNT # 99999999		Commission filers)	
4	Date	5 Full name of contributor [Riggs, C.P.	out-of-state PAC(ID#	)			Amount of ontribution (\$)	
	07/24/2006 6 Contributor address; City; State; Zip Code Huffman, TX 77336					\$50.00		
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See in:	structions)			
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, complo	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)			
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	if necessary)			
13	Departure city	/ location	14 Departure date	15 Destination city / location			16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [ Shaw, Richard	out-of-state PAC(ID#	)			Amount of ontribution (\$)	
	07/31/2006	6 Contributor address; C	City; State; Zip Code				\$50.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See Ins	structions)			
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable)				
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	f necessary)			
13	Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
				J	<u> </u>			

## **POLITICAL CONTRIBUTIONS**

SCHEDULE A

OTHER THAN PLEDG	ES UK LUA	.NS				
The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 3/3	3 Report: 5/12		
2 FILER NAME Protect Houston			3 ACCOUNT# 99999999	(Ethics Commission filers)		
4 Date 5 Full name of contributor Tanner, Charlene				7 Amount of contribution (\$)		
07/24/2006 6 Contributor address; Kingwood, TX 77346	City; State; Zip Code			\$100.00		
8 Principal occupation / Job title (See Instruction	ns)	9 Employer (See In	structions)			
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete to the complete boxes 12-18.		11 In-kind description				
12 Name of person(s) traveling on whose behalf t	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		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	J <b>l.</b>	··			
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POLITICAL EXPENDITURES						CHEDULE F	
The Instruction	ON GUIDE explains how to comp	plete this form.	1 PAGE # Schedule: 1/7 Report: 6/12				
2 FILER NAME	Protect Houston			3 ACCOUNT # 99999999	(Ethics C	ommission filers)	
4 Date	5 Payee name Acosta, David				7	Amount (\$)	
07/25/2006  6 Payee address; City; State; Zip Code 102 S. Lockwood Houston, TX 77011						\$150.00	
	yment ns regarding type of information m rental paid by Campos Cor		9 ** Complete if direc Candidate / Officehol	t expenditure to bene ider name:	efit Cand	date/Officeholder **	
			Office sought: Office held:			•	
	or travel outside Texas (complete	· · · · · · · · · · · · · · · · · · ·					
Name of perso	ก(s) traveling on whose behalf th		was made (aliach addit	ionai pages ii necess	saiy)		
11 Departure city	11 Departure city / location			location		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Arnold, Bill				7	Amount (\$)	
07/24/2006	6 Payee address; C 502 S. Post Oak Lane, Houston, TX 77056	City; State; Zip Code #205				\$45.00	
	yment ins regarding type of information nt paid by Campos Communi		9 · · Complete if direc Candidate / Officehol		efit Candi	date/Officeholder **	
_			Office sought:				
	or travel outside Texas (complete		Office held: was made (attach addit	ional pages if necess	sary)		
			<u> </u>			<del>"</del>	
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation		14 Arrival date	
15 Means of trans	portation	16 Purpose of travel					
		<u>,                                      </u>	1				

POLITI	SCHEDULE F				
The INSTRUCTO	ON GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 2/7	Report: 7/12
2 FILER NAME	Protect Houston			3 ACCOUNT# 99999999	(Ethics Commission filers)
4 Date	5 Payee name B&G Printing			<del> </del>	7 Amount (\$)
07/19/2006 6 Payee address; City; State; Zip Code 9500 WEstview, Suite 109 Houston, TX 77055					\$181.86
			9 ** Complete if direct Candidate / Officehol		efit Candidate/Officeholder
			Office sought:		
<del></del>	or travel outside Texas (complete	<u> </u>	Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					ary)
11 Departure city / location 12 Departure date 13 Destination city / location			ocation	14 Arrival date	
15 Means of trans	portation		16 Purpose of travel		<b>I</b>
4 Date	5 Payee пате CWA Hall				7 Amount (\$)
07/21/2006	6 Payee address; C 1730 Jefferson St Houston, TX 77003	ity; State; Zip Code			\$500.00
•	ment ns regarding type of information d by Campos Communicatio		9 · · Complete if direct Candidate / Officehold		fit Candidate/Officeholder ••
			Office sought:		
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:	·····	
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additi	onal pages if necess	ary)
11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation	14 Arrival date
15 Means of transp	portation		16 Purpose of travel		1
		<u> </u>			

POLITICAL EXPENDITURES						s	CHEDULE F
The Instruction	אס Guide explains how to comp	plete this form.			PAGE # Schedule: 3/7	Repor	t: 8/12
2 FILER NAME	Protect Houston				ACCOUNT # 99999999	(Ethics C	Commission filers)
4 Date	5 Payee name Gaber, Mina					7	Amount (\$)
07/24/2006	6 Payee address; C 502 S. Post Oak Lane, Houston, TX 77056	City; State; Zip Code					\$60.00
•	ment ns regarding type of information nt paid by Campos Communi	• •	9 · · Complete if direct Candidate / Officehol			efit Cand	lidate/Officeholder **
			Office sought: Office held:				
	or travel outside Texas (complete	<u> </u>		·			
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional	pages if necess	sary)	
11 Departure city	location	12 Departure date	13 Destination city / location 14 Arriva			14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
		-					
4 Date	Payee name Holzhauer, Paul					7	Amount (\$)
07/24/2006	6 Payee address; C 5724 Buffalo Speedway Houston, TX 77005	ity; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	•••			\$60.00
	/ment ns regarding type of information nt paid by Campos Communi		9 · · Complete if direct Candidate / Officehole			Lefit Cand	idate/Officeholder ••
			Office sought:				
	or travel outside Texas (complete		Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was madė (attach additi	ional	pages if necess	iary)	
11 Departure city /	ity / location 12 Departure date 13 Destination city / location 14 Arrival date					14 Arrival date	
15 Means of transportation 16 Purpose of travel							

POLIT	ICAL EXPENDI		16711-2070	(512)48	53-5800 <b>S</b> (	1-800-325-8 CHEDULE F
The Instruct	пом Guide explains how to com	plete this form.		1 PAGE # Schedule: 4/7	7 Report	: 9/12
2 FILER NAME	Protect Houston			3 ACCOUNT# 99999999		ommission filers)
4 Date 5 Payee name Kwik Kopy					7	Amount (\$)
07/19/2006	6 Payee address; 1405 Waugh Drive Houston, TX 77019	City; State; Zip Code				\$21.65
8 Purpose of pa (See instruction copies paid	I hyment ons regarding type of information by Campos Communications	required.) and reimbursed	9 · · Complete if direc Candidate / Officehol	t expenditure to beni der name:	efil Candi	date/Officeholder
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			
4 Date	5 Payee name Martin, Rian	····			7	Amount (\$)
07/24/2006	6 Payee address; C 4714 Blanton Blvd. Houston, TX 77092	ity; State; Zip Code	•••••••••••••••••••••••••••••••••••••••			\$60.00
	yment yment ns regarding type of information nt paid by Campos Communi		9 · · Complete if direct Candidate / Officehold		Lefit Candid	ate/Officeholder **
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
	n(s) traveling on whose behalf th	<u></u>		onal pages if necess	ary)	
I1 Departure city /	location	12 Departure date	13 Destination city / lo	cation		14 Arrival date
5 Means of transp	portation		16 Purpose of travel			
			<u>L</u>	<b></b>	. <u>.</u>	

POLIT	P.O.Box 1207	<del></del>	78711-2070	(512)48	33-5800	1-800-325-8
		. O. L. C			SC	HEDULE F
The Instruction	ION GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 5/	7 Report:	10/12
FILER NAME	Protect Houston			3 ACCOUNT# 99999999		mmission filers)
Date	5 Payee name Office Depot		<u>,, </u>		7	Amount (\$)
07/23/2006	6 Payee address; 5330 West 34th Houston, TX 77092	City; State; Zip Code				\$24.8
	I		9 · · Complete if direct Candidate / Officehol		efit Candid	ate/Officeholder
		·	Office sought:			
	or travel outside Texas (complete	<u>.                                    </u>	Office held:			
Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	onal pages if neces	sary)	
Departure city	/ location	12 Departure date	13 Destination city / lo	ocation		14 Arrival date
Means of trans	portation	<u></u>	16 Purpose of travel			
Date	5 Payee name Office Depot		<u> </u>		7	Amount (\$)
07/23/2006	6 Payee address; C 5330 West 34th Houston, TX 77092	ity; State; Zip Code				\$39.47
Purpose of pay (See instruction Nametags an Communicati	ment ns regarding type of information d Tent cards paid by Campo ons and reimbursed	required.) S	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	Lefit Candida	ate/Officeholder * '
Office sought:						
	r travel outside Texas (complete		Office held:			
Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	onal pages if necess	ary)	
Departure city /	location	12 Departure date	13 Destination city / lo	cation		4 Arrival date
Mean's of transp	portation	<u>                                       </u>	16 Purpose of travel	<u> </u>		
					•	

POLITICAL EXPENDITURES						ULE F	
The instruction	on Guide explains how to comp	plete this form,		1 PAGE# Schedule: 6/7	Report: 11/12		
2 FILER NAME	Protect Houston			3 ACCOUNT # 99999999	(Ethics Commission	ı filers)	
4 Date 07/24/2006	5 Payee name OfficeMax				7 Amoi (\$)	)	
0112412000	6 Payee address; C 1576 West Gray Houston, TX 77019	City; State; Zip Code				\$142.87	
8 Purpose of payment (See instructions regarding type of information required.) Toner paid by Campos Communications and reimbursed  9 ** Complete if direct expenditure to bone Candidate / Officeholder name:					fit Candidate/Offic	ceholder **	
			Office sought:				
	r travel outside Texas (complete		Office held:				
10 Name or persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city /	arture city / location 12 Departure date 13 Destination city / location			14 Arrival date			
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Randall's				7 Amou (\$)		
07/24/2006	6 Payee address; C 2225 Louisiana Houston, TX 77002	ity; State; Zip Code	······································			\$70.86	
water and co	ment ns regarding type of information okies for event paid by Camp ons and reimbursed		9 · · Complete if direct Candidate / Officehold		fit Candidate/Offic	eholder "	
			Office sought:				
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	onal pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation	14 Arriv	al date	
15 Means of transp	portation		16 Purpose of travel				
				, , ,			

POLITICAL EXPENDITURES						S	CHEDULE F
The Instruction	อง Guide explains how to comp	plete this form.		1	PAGE # Schedule: 7/7	' Repo	rt: 12/12
2 FILER NAME	Protect Houston			3	ACCOUNT # 99999999	(Ethics C	Commission filers)
4 Date	5 Payee name Revolution Hosting	-				7	Amount (\$)
11/01/2006	6 Payee address; C 17107 Cradle Cove Cou Houston, TX 77095	City; State; Zip Code					\$60.00
	ment ns regarding type of information paid by Campos Communica		9 ** Complete if direct Candidate / Officehol			efit Cano	lidate/Officeholder **
_			Office sought:				
☐ Payment fo	r travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional	pages if necess	sary)	
11 Departure city /	tocation	ation 12 Departure date 13 Destination city / location			14 Arrival date		
15 Means of trans	portation	·	16 Purpose of travel				
4 Date	5 Payee name UPS Store					7 Amount (\$)	
07/14/2006	6 Payee address; C 506 West 19th Street Houston, TX 77008	City; State; Zip Code					\$130.00
	ment ns regarding type of information al paid by Campos Commun		9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:				idate/Officeholder
			Office sought:				
	r travel outside Texas (complete		Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal	pages if necess	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival of				14 Arrival date			
15 Means of transp	portation		16 Purpose of travel				<u>.                                    </u>