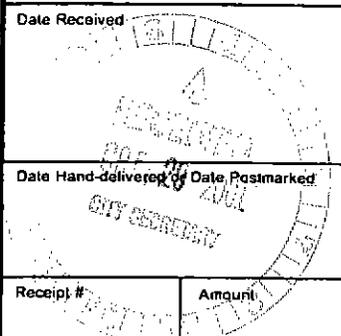


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: | | | | | | | | | |
| 3 COMMITTEE NAME BUS CAR - BUSINESS COMMITTEE AGAINST RAIL | | OFFICE USE ONLY | | | | | | | | | | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 12415 WOODTHORPE HOUSTON TX 77024 | | Date Received  | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address | TITLE FIRST MI DAVID W NICKNAME LAST SUFFIX HUTZELMAN | Receipt #: Amount: | Date Hand-delivered or Date Postmarked 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 12415 WOODTHORPE HOUSTON TX 77024 | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 12415 WOODTHORPE HOUSTON TX 77024 | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 464 6603 | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> July 15 | <input checked="" 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 |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input checked="" 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 | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">10 / 7 / 01</td> <td></td> <td style="text-align: center;">10 / 29 / 01</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 10 / 7 / 01 | | 10 / 29 / 01 | | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | | |
| 10 / 7 / 01 | | 10 / 29 / 01 | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 6 / 01 | 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

BUS CAR - BUSINESS COMMITTEE AGAINST RAIL

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

ASSIST
(officeholders only)

MEASURE

BALLOT IDENTIFICATION / #

PROP #1
PROP #3

ELECTION DATE

Month Day Year

11 / 6 / 01

DESCRIPTION

AGAINST PROP #1
FOR PROP #3

14 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION TOTALS

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

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 82.31

4. TOTAL POLITICAL EXPENDITURES

\$ 251.94

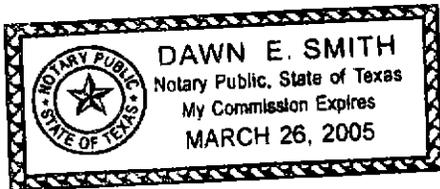
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

16 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.



[Handwritten Signature]
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Hutzelman, this the 29th day of October, 20 01, to certify which, witness my hand and seal of office.

Dawn E. Smith
Signature of officer administering oath

Dawn E. Smith
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

BUSCAL BUSINESS COMMITTEE AGAINST RAIL

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/01

5 Payee name

OFFICE DEPOT, KATY FWY, HOUSTON TX 77029

6 Payee address; City, State, Zip Code

(REIMBURSED TO DA HUTZEMAN)

7 Amount (\$)

\$ 73.⁰⁰

8 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

10/20/01

Payee name

BUSROVERS TEE PROP 3 PAC

Payee address; City, State, Zip Code

Amount (\$)

\$ 96.⁶³

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