

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: 7
3 COMMITTEE NAME Citizens for Fire Safety		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1907 Freeman St. Houston, TX 77009		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kenneth NICKNAME LAST SUFFIX Sanson	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 1907 Freeman St. Houston, TX 77009		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1907 Freeman St. Houston, TX 77009		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 223-9166		
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 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	Month Day Year Month Day Year 10 / 08 / 03 THROUGH 10 / 25 / 03		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 03	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		ACCOUNT # (Ethics Commission filers)
Citizens for Fire Safety		
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> SUPPORT CANDIDATE	
	<input type="checkbox"/> OPPOSE CANDIDATE	
<input type="checkbox"/> ASSIST OFFICEHOLDER		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> SUPPORT MEASURE	BALLOT IDENTIFICATION / # City of Houston Proposition	ELECTION DATE Month Day Year 11 / 04 / 03
<input type="checkbox"/> OPPOSE MEASURE	DESCRIPTION Adoption of Fire & Police Employee Relations Act	
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)	\$ 298,871.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 280,457.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,323.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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.		
		<i>Kenneth R. Sanson</i>
		Signature of campaign treasurer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Kenneth R. Sanson</u> , this the <u>24th</u> day of <u>October</u> , 20 <u>03</u> , to certify which, witness my hand and seal of office.		
<i>Jody Vizena</i>	Jody Vizena	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Citizens for Fire Safety Committee		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-8-03	5 Payee name Chris Hiebel 6 Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Support ballot measure expenses		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-8-03	Payee name Kenneth Sanson Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	Amount (\$) \$359.37
Purpose of payment (See instructions regarding type of information required.) support ballot measure expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-8-03	Payee name SPJST Lodge Payee address; City; State; Zip Code 1435 Beall Houston, TX 77008	Amount (\$) \$150.
Purpose of payment (See instructions regarding type of information required.) support ballot measure meeting hall rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-9-03	Payee name Troy Blakeney Payee address; City; State; Zip Code 1330 Post Oak Blvd Suite 2995 Houston, TX 77056	Amount (\$) \$862.50
Purpose of payment (See instructions regarding type of information required.) support ballot measure legal fees		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION Guide explains how to complete this form.		1 Total pages this Schedule C: 1	
2 FILER NAME Citizens for Fire Safety		3 ACCOUNT # (Ethics Commission files)	
4 Date 10-8-03	5 Corporation / Labor Organization name International Association of Fire Fighters Local 341 6 Corporation / Labor Organization address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	7 Amount of contribution (\$) \$15,000.00	8 In-kind contribution description (if applicable)
Date 10-15-03	Corporation / Labor Organization name International Association of Fire Fighters Local 341 Corporation / Labor Organization address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	Amount of contribution (\$) \$283,871.00	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

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: 4
2 FILER NAME Citizens for Fire Safety Committee		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-9-03	5 Payee name HPFFA, Local 341	7 Amount (\$) \$1000.
6 Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009		
8 Purpose of payment (See instructions regarding type of information required.) support ballot measure postage - mail out to members		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-9-03	Payee name Lisa Simmons	Amount (\$) \$100.00
Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009		
Purpose of payment (See instructions regarding type of information required.) support ballot measure expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-9-03	Payee name Campaign Strategies	Amount (\$) 10,000.00
Payee address; City; State; Zip Code 3815 Montrose Blvd Houston, TX 77006 Suite 101		
Purpose of payment (See instructions regarding type of information required.) support ballot measure political consultant		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-15-03	Payee name SPJST Lodge	Amount (\$) \$75.00
Payee address; City; State; Zip Code 1435 Beall St. Houston, TX 77008		
Purpose of payment (See instructions regarding type of information required.) support ballot measure meeting hall rental		-- 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: 4
2 FILER NAME Citizens for Fire Safety Committee		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-15-03	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Suite 101 Houston, TX 77006	7 Amount (\$) \$225,000.00
8 Purpose of payment (See instructions regarding type of information required.) support ballot measure political consultant and advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-17-03	Payee name Jessica Garcia Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	Amount (\$) \$172.00
Purpose of payment (See instructions regarding type of information required.) support ballot measure expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-21-03	Payee name Gene Keller Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) support ballot measure expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-21-03	Payee name Ken Sanson Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	Amount (\$) \$296.08
Purpose of payment (See instructions regarding type of information required.) support ballot measure expenses		** 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: 4
2 FILER NAME Citizens for Fire Safety		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-21-03	5 Payee name David Howard 6 Payee address; City; State; Zip Code 1907 Freeman St. Houston, TX 77009	7 Amount (\$) \$75.00
8 Purpose of payment (See instructions regarding type of information required.) support ballot measure expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-21-03	Payee name Campaign Strategies Payee address; City; State; Zip Code 3815 Montrose Blvd, Suite 101 Houston, TX 77006	Amount (\$) \$31,987.88
Purpose of payment (See instructions regarding type of information required.) advertising yard signs support ballot measure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-21-03	Payee name Campaign Strategies Payee address; City; State; Zip Code 3815 Montrose Blvd, Suite 101 Houston, TX 77006	Amount (\$) \$10,000.00
Purpose of payment (See instructions regarding type of information required.) consultant fee support ballot measure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-22-03	Payee name Paul Rettencourt Payee address; City; State; Zip Code 1001 Preston St., Room 200 Houston, TX 77002	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) support ballot measure Harris County precinct maps		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED