

# 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:
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3 COMMITTEE NAME *The Grass-Roots Internet Project*  
*A/K/A The GRIP*

**OFFICE USE ONLY**

Date Received *▲*

**RECEIVED**  
**JAN 15 2002**

CITY SECRETARY

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*P.O. Box 2786 Houston, TX 77252*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI NICKNAME LAST SUFFIX

*MR. Thomas A. Bazan*

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

*14722 Wind Cave Lane Houston, TX 77040*

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*Po Box 2786 Houston, TX 77252*

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(713) 466-4477*

9 REPORT TYPE

January 15  30th day before election  Exceeded \$500 limit

July 15  8th day before election  Dissolution (attach PAC-DR)

Runoff  10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR

*6 / 22 / 01 THROUGH 12 / 31 / 01*

11 ELECTION

ELECTION DATE: Month Day Year

*None / /*

ELECTION TYPE:  Primary  Runoff  General  Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

*The Grass-Roots Internet Project  
A/K/A The Grip*

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

BALLOT IDENTIFICATION / #

ELECTION DATE

Month Day Year

ASSIST  
(officeholders only)

MEASURE

*unidentified*

DESCRIPTION

*Petition for the Recall of all 5  
City Appointed METRO Board Members*

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

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.

*[Signature]*

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas A. Jazan, this the 15th day of January, 2002, to certify which, witness my hand and seal of office.

*Sylvia A. Lopez*  
Signature of officer administering oath

*Sylvia A. Lopez*  
Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS COH, COH-SS, SC-COH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>1</u>	
2 FILER NAME <u>The grass-roots Internet Project</u> <u>A/K/A The GRIP</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<u>None</u>			
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	

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

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages (this Schedule B1): 1

2 FILER NAME The GRASS Roots Internet Project  
A/K/A The Grip

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$ 0

5 Date <u>None</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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10 Principal occupation (optional)	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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# 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: <u>1</u>	
2 FILER NAME <u>The GRASS-ROOTS Internet Project A/K/A The GRIP</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<u>None</u>	6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule D: 1

2 FILER NAME The GRASS-ROOTS Internet Project  
A/K/A The Grip

3 ACCOUNT # (Ethics Commission filers)

4 Date None  
5 Corporation / Labor Organization name  
6 Corporation / Labor Organization address; City; State; Zip Code

7 Amount of pledge (\$)

8 In-kind description (if applicable)

Date  
Corporation / Labor Organization name  
Corporation / Labor Organization address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Date  
Corporation / Labor Organization name  
Corporation / Labor Organization address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Date  
Corporation / Labor Organization name  
Corporation / Labor Organization address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Date  
Corporation / Labor Organization name  
Corporation / Labor Organization address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Date  
Corporation / Labor Organization name  
Corporation / Labor Organization address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME The Grassroots Internet Project  
A/K/A The Grip

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$ 0

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y      N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address;    City;    State;    Zip Code	

17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y      N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City;    State;    Zip Code	

Principal Occupation	Employer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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

2 FILER NAME The GRASS-ROOTS Internet Project 3 ACCOUNT # (Ethics Commission filers)  
A/K/A The GRIP

4 Date	5 Payee name	7 Amount (\$)
<u>None</u>	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The instruction Guide explains how to complete this form.		1 Total pages Schedule H: /
2 FILER NAME <i>The GRASS ROOTS Internet Project A/K/A The Grip</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>None</i>	5 Business name  6 Business address; City; State; Zip Code	7 Amount (\$)
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	Business name  Business 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	Business name  Business 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	Business name  Business 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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME The Grass Roots Internet Project  
AKIA The Grip

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>None</u>	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

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# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

## SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule J: <u>1</u>
2 FILER NAME <u>The GRASS-ROOTS Internet Project A/K/A The Grip</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date Returned	5 Original payee name	7 Amount Returned (\$)
<u>None</u>	6 Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	

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