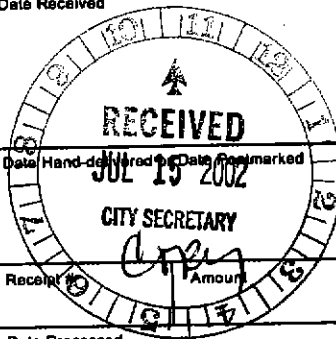


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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 <i>The GRASS-Roots Internet Project</i> <i>A/K/A The Grip</i>		OFFICE USE ONLY Date Received  Date Hand-delivered Date Postmarked Receipt # Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 2786 Houston, TX 77252</i>		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	TITLE FIRST MI NICKNAME LAST SUFFIX <i>MR Thomas A. BAZAN</i>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>14722 Wind Cave Ln Houston, TX 77040</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 2786 Houston, TX 77252</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 466-4477</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input 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 THROUGH Month Day Year <i>01 / 10 / 02 THROUGH 7 / 15 / 02</i>		
11 ELECTION <i>NONE</i>	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input 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 *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
- OFFICEHOLDER
- SUPPORT
- OPPOSE
- ASSIST
(officeholders only)

- MEASURE
Unidentified

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
/ /

DESCRIPTION *Petition to recall 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

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

- TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
- TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
- TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED
- TOTAL POLITICAL EXPENDITURES
- TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

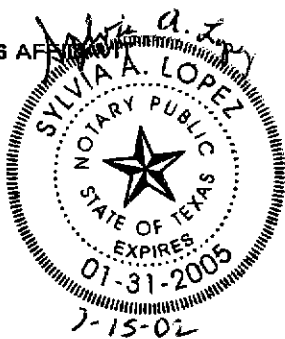
\$ *0*

\$ *0*

\$ *0*

\$ *0*

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Thomas A. Bazan*, this the *15th* day of *July*, 20 *02*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
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>AKA the GRIP</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>None</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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, EC-C/OH, EC-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 3 ACCOUNT # (Ethics Commission #)
A/K/A The Grip

4 TOTAL OF UNITEMIZED PLEDGES: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 in-kind description (if applicable)
<u>None</u>	7 Pledgor address; City; State; Zip Code		

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	in-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	in-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	in-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	in-kind description (if applicable)
	Pledgor 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.

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 The Grass-Roots Internet Project
A/K/A The GRIP

3 ACCOUNT # (Ethics Commission files)

4 Date
None

5 Corporation / Labor Organization name
.....
6 Corporation / Labor Organization address; City; State; Zip Code

7 Amount of contribution (\$)

8 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

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 files)

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 Grass Roots Internet Project
AK/A The Grip

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date of loan

7 Name of lender 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

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender 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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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
A/K/A The Grip*

3 ACCOUNT # (Ethics Commission files)

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

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	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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	Amount (\$)
	Payee address; City; State; Zip Code	

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	Amount (\$)
	Payee address; City; State; Zip Code	

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

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 *The Grassroots Internet Project
A/R/A The Grip*

3 ACCOUNT # (Ethics Commission files)

4 Date
None

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

Amount (\$)

Business address; City; State; Zip Code

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

Amount (\$)

Business address; City; State; Zip Code

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

Amount (\$)

Business address; City; State; Zip Code

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

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
AKA The GRIP

3 ACCOUNT # (Ethics Commission Files)

4 Date
None

5 Payee name
.....
6 Payee address; City; State; Zip Code

8 Amount (\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The instruction Guide explains how to complete this form.

1 Total pages this Schedule J: 1

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

3 ACCOUNT # (Ethics Commission file#)

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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED