Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

AFFIDAVIT FOR COMMITTEE THAT DOES NOT USE COMPUTER EQUIPMENT

OFFICE USE ONLY

Date Received

RECEIVED JAN 16 2002 CITY SECRETARY

Date Hand delivered or Date Postmarked

Date Processed

Date Imaged

Filer name	Account #
Houston Citizens For Family Values	

I swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or contributors.

I further swear or affirm that no person acting as the committee's agent or consultant or a person with whom the committee contracts uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contribuitons to the committee.

I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.

I am filing this affidavit with the Jan 15, 02 / Final report. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

David B Wilson

Signature of Campaign Treasurer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by DAVID B. WILSON this the 14 day of JAN, 20 02, to certify which, witness my hand and seal of office.

Estela Gongora

Signature of officer administering oath

Print name of officer administering oath

ESTELA GONGORA
MY COMMISSION EXPIRES
March 20, 2004

Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.

Printed on recycled paper

(Revised 08/22/2000)

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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 files)

2 Total pages filed:

3 COMMITTEE NAME: Houstonians For Family Values (HFFV)

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 505 Melbourne
APT / SUITE #: CITY: Houston, Tex STATE: ZIP CODE 77022

5 CAMPAIGN TREASURER NAME
TITLE FIRST: David MI: B
NICKNAME LAST: Wilson SUFFIX

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 505 Melbourne
APT / SUITE #: CITY: Houston, Tex STATE: ZIP CODE 77022

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ Change of Address
STREET OR PO BOX: 505 Melbourne
APT / SUITE #: CITY: Houston, Tex STATE: ZIP CODE 77022

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION: (713) - 699 - 4488

9 REPORT TYPE
☒ January 15
☐ July 15
FINAL
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☒ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 10/29/01 THROUGH Month Day Year: 12/31/01

11 ELECTION
ELECTION DATE Month Day Year: 11/6/01
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

GO TO PAGE 2

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: Houstonians For Family Values (HFFV)

ACCOUNT # (Ethics Commission filers)

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

☐ SUPPORT
☐ OPPOSE
☐ ASSIST (officeholders only)

☐ CANDIDATE — CANDIDATE / OFFICEHOLDER NAME
☐ OFFICEHOLDER — OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
☒ MEASURE — BALLOT IDENTIFICATION / # — ELECTION DATE Month Day Year: 11/6/1
DESCRIPTION

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	$ 25,850.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 19,055.05
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

David B Wilson

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID B. WILSON, this the 14 day of JAN, 20 02, to certify which, witness my hand and seal of office.

Estela Gongora

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

ESTELA GONGORA
MY COMMISSION EXPIRES
March 20, 2004

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3

2 FILER NAME: Houstonians For Family Values (HFFV)

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/31/01	Wiley Mossy [redacted] Hou, Tex 77057	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/2/01	Michael Stevens [redacted] Hou, Tex 77079	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/1	Carlos Morris [redacted] Hou, Tex 77056	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/1	Malcolm Morris [redacted] Hou, Tex 77019	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/1	Karen Davis [redacted] Hou, Tex 77079	250.00	

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 2 of 3

2 FILER NAME: Houston For Family Values (HFFV)

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/20/1	Denise M. Helen [redacted] The Woodlands, Tx 77393	$300.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/19/01	Beaden Contracting Co. [redacted] Hou Tex 77218	$1500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/19/1	Pate & Pate Ent. [redacted] The Woodlands, Tex 77380	$1500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/19/1	Conoco [redacted] Hou, Tex 77079	$10000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/19/1	Boyer Inc [redacted] Hou, Tex 77065	$1500.00	

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-C/PAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3 of 3

2 FILER NAME: Houstonian For Family Values

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributer ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/19/1	M/M James Hill [redacted] Hou Tex 77019	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/19/1	Katherine Wright [redacted] Hou Tex 77080	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/19/1	Greenfield Joint Venture [redacted] Hou, Tex 77056	$5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ 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 ☐ 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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 3

2 FILER NAME Houstonians For Family Values

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/31/1	Premier Printers 3484 W. 11th St Hou Tex 77008	7500.00

8 Purpose of payment (See instructions regarding type of information required.): Printing/Mail

9 ** 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 ($)
11/1/1	Premier Printers 3484 W 11th St Hou Tex 77008	275.00

Purpose of payment (See instructions regarding type of information required.): Printing/Mail

** 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 ($)
11/1/1	Premier Printers 3484 W 11th St Houston Tex 77008	2500.00

Purpose of payment (See instructions regarding type of information required.): Printing

** 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 ($)
11/1/1	Premier Printers 3484 W 11th St Hou Tex 77008	1878.00

Purpose of payment (See instructions regarding type of information required.): Printing

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 3

2 FILER NAME: Houstonians For Family Values

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
11/2/1	Marriott West Loop Hou, Tex.	$850.00

8 Purpose of payment (See instructions regarding type of information required.): Victory Party

9 ** 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 ($)
11/2/1	Dave Welch Pearland, Texas	$1200.00

Purpose of payment (See instructions regarding type of information required.): Consultant

** 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 ($)
11/19/1	Priemer Printers 348K W 11th St Hou, Tex 77008	2000.00

Purpose of payment (See instructions regarding type of information required.): Printing/Mail

** 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 ($)
11/20/1	Priemer Printers 348K W 11th St Hou Tex 77008	2200.00

Purpose of payment (See instructions regarding type of information required.): Printing / Mail

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3

2 FILER NAME: Houghton for Family Values

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
11/20/1	Southwestern Bell	$652.05

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
Phone			

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

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

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