



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME **Bert Keller** 15 ACCOUNT # (Ethics Commission filers)

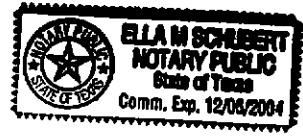
16 SUPPORTING POLITICAL COMMITTEE(S)   
 .. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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

18 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)	\$ 11,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 757.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 58,484.34
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert Keller, this the 14th day of January, 20 02, to certify which, witness my hand and seal of office.

Ella M. Schubert Signature of officer administering oath  
Ella M. Schubert Printed name of officer administering oath  
Notary public Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 5	
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Chip Webster		Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Chris Demopulos		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77018			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jeff Love		Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jenard Gross		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Dan Flournoy		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Uptown Houston PAC		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

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FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC A.C. Bering IV		Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Walter Zivley		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC M. Lundgren		Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Across the Track PAC		Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77221			
Principal occupation (Optional)			Employer (Optional)	
Date 10-29-2001	Full name of contributor <input type="checkbox"/> out of state PAC Pine Shadows Civic Club		Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	
Date 10-30-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jeanette Rash		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77020			
Principal occupation (Optional)			Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 5	
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)	
Date 10-30-2001	Full name of contributor <input type="checkbox"/> out of state PAC Fred J. Heyne III		Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027			
Principal occupation (Optional)			Employer (Optional)	
Date 10-30-2001	Full name of contributor <input type="checkbox"/> out of state PAC Scott Pratt		Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	
Date 10-30-2001	Full name of contributor <input type="checkbox"/> out of state PAC Houston Fire Fighters PAC		Amount of contribution (\$) \$3,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77009			
Principal occupation (Optional)			Employer (Optional)	
Date 10-31-2001	Full name of contributor <input type="checkbox"/> out of state PAC J.R. Holcomb		Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation (Optional)			Employer (Optional)	
Date 10-31-2001	Full name of contributor <input type="checkbox"/> out of state PAC John Wallace		Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002			
Principal occupation (Optional)			Employer (Optional)	
Date 10-31-2001	Full name of contributor <input type="checkbox"/> out of state PAC Thomas Berry		Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057			
Principal occupation (Optional)			Employer (Optional)	

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 5
FILER NAME: Bert Keller	
ACCOUNT # (Ethics Commission filers)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-2-2001	James Jard	\$1,000.00	
Contributor address; City; State; Zip Code			
[REDACTED] Houston, TX 77024			
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-2-2001	Lawrence West	\$250.00	
Contributor address; City; State; Zip Code			
[REDACTED] Houston, TX 77002			
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-2-2001	John Perini	\$100.00	
Contributor address; City; State; Zip Code			
[REDACTED] Houston, TX 77007			
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-4-2001	Mark McBride	\$100.00	
Contributor address; City; State; Zip Code			
[REDACTED] Katy, TX 77450			
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-4-2001	Lawrence Bruno	\$100.00	
Contributor address; City; State; Zip Code			
[REDACTED] Houston, TX 77079			
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
11-5-2001	Stanley Tjahjono	\$100.00	
Contributor address; City; State; Zip Code			
[REDACTED] Houston, TX 77079			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 5
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission files)
<b>Date</b> 11-5-2001	<b>Full name of contributor</b> Wm. Morgan <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$1,000.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED] Houston, TX 77019			
Principal occupation (Optional)		Employer (Optional)	
<b>Date</b> 11-7-2001	<b>Full name of contributor</b> Jim Ward <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$50.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED] Spring, TX 77383			
Principal occupation (Optional)		Employer (Optional)	
<b>Date</b> 11-7-2001	<b>Full name of contributor</b> PHCG Investments <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$750.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED] Houston, TX 77007			
Principal occupation (Optional)		Employer (Optional)	
<b>Date</b> 11-26-2001	<b>Full name of contributor</b> Steve Fefer <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$100.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED] Bellaire, TX 77401			
Principal occupation (Optional)		Employer (Optional)	
<b>Date</b> 12-1-2001	<b>Full name of contributor</b> James Letsos, III <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$250.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED] Houston, TX 77236-6927			
Principal occupation (Optional)		Employer (Optional)	

**SCHEDULE F**

**POLITICAL EXPENDITURES**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 7
FILER NAME: Bert Keller	ACCOUNT #: (Ethics Commission filers)

Date 10-30-2001	Payee name Four Seasons Hotel 98 San Jacinto Austin, TX 78701	Payee address	Amount (\$) \$1,669.06
Purpose of expenditure (See instructions regarding type of information required.) Campaign travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 10-30-2001	Payee name Blossoms Floral Design 6401 Woodway Houston, TX 77057	Payee address	Amount (\$) \$68.20
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-2-2001	Payee name Stephen Douglas 5716 Longmont Houston, TX 77056	Payee address	Amount (\$) \$64.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-7-2001	Payee name Kate Gay 10 Del Mar Kemah, TX 77565	Payee address	Amount (\$) \$2,000.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-7-2001	Payee name Frank Antene 9809 Richmond Houston, TX 77042	Payee address	Amount (\$) \$2,000.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	



# SCHEDULE F

## POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)

Date 11-7-2001	Payee name      Payee address Mike Howard 12607 Westleigh Dr. Houston, TX 77077	Amount (\$) \$2,000.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-7-2001	Payee name      Payee address Janet Carr 3936 Riley Houston, TX 77005	Amount (\$) \$2,000.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-7-2001	Payee name      Payee address Justin Pace 9809 Richmond, B-13 Houston, TX 77042	Amount (\$) \$180.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-7-2001	Payee name      Payee address Stephen Douglas 5716 Longmont Houston, TX 77056	Amount (\$) \$80.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-7-2001	Payee name      Payee address Blakemore & Associates 3323 Richmond Ave., Ste. C Houston, TX 77098	Amount (\$) \$5,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

# SCHEDULE F

## POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)

Date 11-15-2001	Payee name      Payee address The Museum of Fine Arts, Houston P.O. Box 6826 Houston, TX 77265	Amount (\$) \$4,500.00
Purpose of expenditure (See instructions regarding type of information required.) Donation for charity auction		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-15-2001	Payee name      Payee address Cingular Wireless P.O. Box 660732 Dallas, TX 75266	Amount (\$) \$205.66
Purpose of expenditure (See instructions regarding type of information required.) Phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-15-2001	Payee name      Payee address Cingular Wireless P.O. Box 660732 Dallas, TX 75266	Amount (\$) \$81.00
Purpose of expenditure (See instructions regarding type of information required.) Phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-15-2001	Payee name      Payee address Cingular Wireless P.O. Box 660732 Dallas, TX 75266	Amount (\$) \$61.35
Purpose of expenditure (See instructions regarding type of information required.) Phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-21-2001	Payee name      Payee address Stephen Douglas 5716 Longmont Houston, TX 77056	Amount (\$) \$64.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

**SCHEDULE F**

**POLITICAL EXPENDITURES**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 11-21-2001	Payee name Stephen Fox 2345 Bering, #825 Houston, TX 77057	Payee address  Amount (\$) \$64.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11-21-2001	Payee name Wesley Richards 2925 Tangle Houston, TX 77005	Payee address  Amount (\$) \$90.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11-21-2001	Payee name Ralph Abendshein 5506 Russell Houston, TX 77056	Payee address  Amount (\$) \$90.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11-21-2001	Payee name Walden & Associates 55 Waugh Drive, Ste. 610 Houston, TX 77007	Payee address  Amount (\$) \$12,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11-21-2001	Payee name Justin Pace 9809 Richmond B-13 Houston, TX 77042	Payee address  Amount (\$) \$200.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date	Payee name      Payee address	Amount (\$)
11-21-2001	Michael Carpenter 218 Asbury Houston, TX 77007	\$360.00
Purpose of expenditure (See instructions regarding type of information required.) GOTV efforts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date	Payee name      Payee address	Amount (\$)
11-21-2001	Melvin James 6300 Washington Ave., Ste. 143 Houston, TX 77007	\$900.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date	Payee name      Payee address	Amount (\$)
11-28-2001	Starbucks 5801 Kirby Houston, TX 77005	\$380.00
Purpose of expenditure (See instructions regarding type of information required.) Staff gifts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date	Payee name      Payee address	Amount (\$)
11-28-2001	Downtown Houston Pachyderm Club P.O. Box 22531 Houston, TX 77227	\$250.00
Purpose of expenditure (See instructions regarding type of information required.) Event sponsor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date	Payee name      Payee address	Amount (\$)
11-28-2001	Lexis Florist 5785 San Felipe Houston, TX 77057	\$92.02
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

# SCHEDULE F

## POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)

Date 11-28-2001	Payee name      Payee address Trulucks 5919 Westheimer Houston, TX 77057	Amount (\$) \$55.00
Purpose of expenditure (See instructions regarding type of information required.) Dinner expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-28-2001	Payee name      Payee address Los Tios 9527 Westheimer Houston, TX 77063	Amount (\$) \$2,688.91
Purpose of expenditure (See instructions regarding type of information required.) Event catering		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 11-28-2001	Payee name      Payee address Crime Stoppers P.O. Box 541654 Houston, TX 77254-1654	Amount (\$) \$680.00
Purpose of expenditure (See instructions regarding type of information required.) Event sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 12-3-2001	Payee name      Payee address Blakemore & Associates 3323 Richmond Ave., Ste. C Houston, TX 77098	Amount (\$) \$15,781.26
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and reimbursement for campaign expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 12-7-2001	Payee name      Payee address Cooler Image 6312-A Pickens Houston, TX 77007	Amount (\$) \$2,177.99
Purpose of expenditure (See instructions regarding type of information required.) Campaign materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

**SCHEDULE F**

**POLITICAL EXPENDITURES**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 7
FILER NAME: Bert Keller	ACCOUNT #: (Ethics Commission filers)

Date 12-7-2001	Payee name The Council on Alcohol & Drugs 303 Jackson Hill Houston, TX 77007	Payee address	Amount (\$) \$1,500.00
Purpose of expenditure (See instructions regarding type of information required.) Event sponsor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 12-7-2001	Payee name Cingular Wireless P.O. Box 660732 Dallas, TX 75266	Payee address	Amount (\$) \$194.55
Purpose of expenditure (See instructions regarding type of information required.) Phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 12-7-2001	Payee name Culberson for Congress 10000 Memorial Drive, Ste. 620 Houston, TX 77024	Payee address	Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	