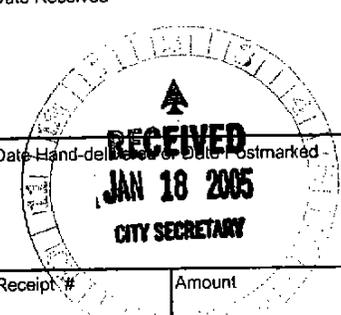


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**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: 5
3 COMMITTEE NAME Houstonians for Performance and Accountability		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 66513 Houston, TX 77266		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS/MRS/MR FIRST MI Ms. Kathy NICKNAME LAST SUFFIX Hubbard	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 2815 Montrose Houston, TX 77006		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE same		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 522-9000		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input 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 10 / 26 / 04 12 / 31 / 04		
11 ELECTION	ELECTION DATE Month Day Year 11 / 02 / 04	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**

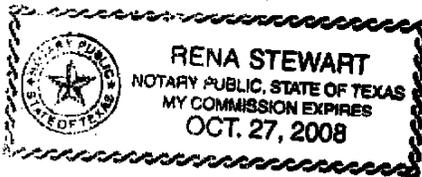
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME	Houstonians for Performance and Accountability		ACCOUNT # (Ethics Commission filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <i>PROP 3</i>	ELECTION DATE Month Day Year <i>11 10 2004</i>	
		DESCRIPTION <i>Charter Amendment</i>		

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)	\$	5,535.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
	4.	TOTAL POLITICAL EXPENDITURES	\$	7,769.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,884.75
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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of campaign treasurer

Sworn to and subscribed before me, by the said Rena Stewart, this the 19 day of January, 2005, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Rena Stewart Print name of officer administering oath Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.						1 Total pages Schedule A: <u>1 of 2</u>	
2 FILER NAME Houstons for Performance and Accountability						3 ACCOUNT # (Ethics Commission filers)	
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lockwood, Andrews, Newman, Inc.	7	Amount of contribution (\$)	8	In-kind contribution description (if applicable)
	10/26/2004		6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042		500.00		
9 Principal occupation / Job Title (See Instructions)				10 Employer (See Instructions)			
	10/26/2004		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edminster, Hinshaw, Russ, and Associates, Inc.		500.00		
			Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042				
Principal occupation / Job Title (See Instructions)				Employer (See Instructions)			
	10/26/2004		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waste Corporation		1,000.00		
			Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056				
Principal occupation / Job Title (See Instructions)				Employer (See Instructions)			
	10/28/2004		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vinson & Elkins, LLP		1,000.00		
			Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002				
Principal occupation / Job Title (See Instructions)				Employer (See Instructions)			
	10/28/2004		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) H.W. Horne		500.00		
			Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056				
Principal occupation / Job Title (See Instructions)				Employer (See Instructions)			

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>2 of 2</i>	
2 FILER NAME Houstons for Performance and Accountability		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson, LLP	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78760			
9 Principal occupation / Job Title (See Instructions)		10 Employer (See Instructions)	
Date 12/7/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) First Southwest Company	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Dallas, Texas 75201			
Principal occupation / Job Title (See Instructions)		Employer (See Instructions)	
Date 11/3/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eleanor Tinsley	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77046			
Principal occupation / Job Title (See Instructions)		Employer (See Instructions)	
Date 11/4/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deloitte Services LP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Hermitage, TN 37076			
Principal occupation / Job Title (See Instructions)		Employer (See Instructions)	
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 / Job Title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor 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 /
2 FILER NAME Houstonians for Performance & Accountability		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/25/2004	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 3443 Kirby Dr. Houston, TX 77098	7 Amount (\$) 89.23
8 Purpose of payment (See instructions regarding type of information required) Office Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 10/31/2004	Payee name Kathryn McNiel Payee address; City; State; Zip Code PO Box 131835 Houston, TX 77219	Amount (\$) 4,000.00
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 11/21/2004	Payee name Annise Parker Campaign Payee address; City; State; Zip Code PO Box 66513 Houston, TX 77266-6513	Amount (\$) 3,500.00
Purpose of payment (See instructions regarding type of information required) Loan Repayment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 12/10/2004	Payee name Amy Lin Payee address; City; State; Zip Code 7822 Twin Hills Dr. Houston, TX 77071	Amount (\$) 180.00
Purpose of payment (See instructions regarding type of information required) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED