

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:

4

3 COMMITTEE NAME

HOUSTONIANS FOR PERFORMANCE & ACCOUNTABILITY

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED
FEB 15 2005
CITY SECRETARY

4 COMMITTEE ADDRESS

Change of Address

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

PO BOX 66513
HOUSTON TX 77266-6513

5 CAMPAIGN TREASURER NAME

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

2615 Montrose Blvd HOUSTON TX 77006
same

7 CAMPAIGN TREASURER'S MAILING ADDRESS

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

- January 15
- July 15
- 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 Month Day Year

01 / 01 / 05 THROUGH 02 / 14 / 05

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

- 11 / 02 / 04
- Primary
- Runoff
- General
- Special

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME

ACCOUNT #
(Ethics Commission filers)

HOUSTONIANS FOR PERFORMANCE AND ACCOUNTABILITY

13 COMMITTEE PURPOSE

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

CANDIDATE / OFFICEHOLDER NAME

CANDIDATE

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT (Candidate or Measure)

OFFICEHOLDER

OPPOSE (Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

PROP 3

11 / 02 / 04

ASSIST (Officeholder)

MEASURE

DESCRIPTION

Charter Amendment

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)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

1884.75

4. TOTAL POLITICAL EXPENDITURES

\$

1884.75

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

- 0 -

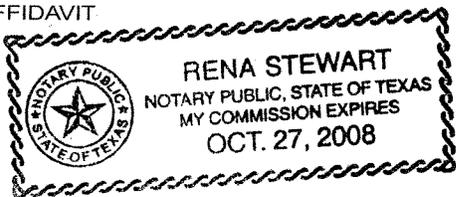
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

- 0 -

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.

[Signature]
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *KATHY HUBBARD*, this the *14th* day of *FEBRUARY* 20*05*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Rena Stewart
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

HOUSTON WAYS FOR PERFORMANCE and Accountability

3 ACCOUNT # (Ethics Commission filers)

4 Date
01 31 2005

5 Payee name
League of Women Voters
6 Payee address; City; State; Zip Code
2650 FOUNTAINVIEW DR 328 HOUSTON TX 77057

7 Amount (\$)
1884.75

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

VOTER INFORMATION & PARTICIPATION

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

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••

1 COMMITTEE NAME

HOUSTONIANS FOR PERFORMANCE and ACCOUNTABILITY

2 ACCOUNT #
(Ethics Commission filers)

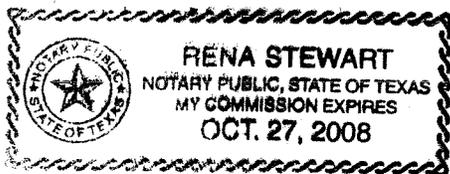
3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Kathy Hubbard

Signature of campaign treasurer



**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *KATHY HUBBARD*, this the *14* day of *FEBRUARY* *2005*, to certify which, witness my hand and seal of office.

Rena Stewart

Signature of officer administering oath

Rena Stewart

Printed name of officer administering oath

Notary

Title of officer administering oath