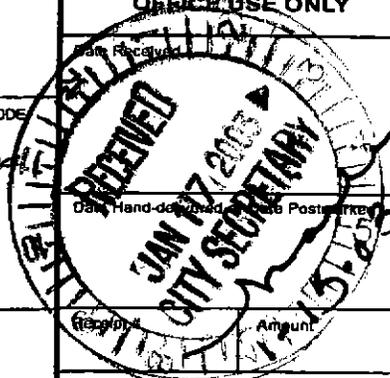


# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## 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 <i>BUSCAR - BUSINESS COMMITTEE AGAINST RAIL</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>12415 WOODTHORPE HOUSTON TX 77024</i>		
	5 CAMPAIGN TREASURER NAME TITLE: <i>MR</i> FIRST: <i>DAVID</i> MI: <i>W</i> NICKNAME: LAST: <i>HUTZELMAN</i> SUFFIX:		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>12415 WOODTHORPE HOUSTON TX 77024</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>12415 WOODTHORPE HOUSTON TX 77024</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(713)</i>	<i>464 6603</i>	
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 checked="" 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      Month Day Year <i>7 / 1 / 02</i> THROUGH <i>1 / 15 / 03</i>		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>11 / 6 / 00</i>		

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

ACCOUNT #  
(Ethics Commission filers)

*BUS CAR - Business COMMITTEE AGAINST RAIL*

13 COMMITTEE  
PURPOSE

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

ASSIST  
(officeholders only)

MEASURE

DESCRIPTION *ANY CITY OF HOUSTON METRO  
REFERENDUM ON RAIL*

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *400.00*

EXPENDITURE  
TOTALS

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

\$ *115.05*

4. TOTAL POLITICAL EXPENDITURES

\$ *597.66*

OUTSTANDING  
LOAN TOTALS

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

\$ *0*

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.

*[Signature]*

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID W HUTZELMAN, this the 15<sup>TH</sup> day of JANUARY, 2003, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

JOSHUA E KAUFMAN  
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, 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:  1	
2 FILER NAME <i>BUS CARA-BUSINESS COMMITTEE AGAINST RAIL</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/23/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>D.W. HUTZELMAN</i>	7 Amount of contribution (\$) <i>\$ 100</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City, State; Zip Code <i>[REDACTED] HOUSTON TX 77024</i>		9 Principal occupation (Optional)			
10 Employer (Optional)					
Date <i>12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARREY KLEN</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)		
Contributor address; City, State; Zip Code <i>[REDACTED] HOUSTON TX</i>		9 Principal occupation (Optional)			
10 Employer (Optional)					
Date <i>12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GRAYSON MOSS</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)		
Contributor address; City, State; Zip Code <i>[REDACTED] BELLAIRE TX 77401</i>		9 Principal occupation (Optional)			
10 Employer (Optional)					
Date <i>12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HARTMAN MGMT</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)		
Contributor address; City, State; Zip Code <i>[REDACTED] HOUSTON TX 77043</i>		9 Principal occupation (Optional)			
10 Employer (Optional)					
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		9 Principal occupation (Optional)			
10 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.**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/23

MINUTEMAN PRESS

\$

6 Payee address; City, State, Zip Code

[REDACTED]

HOUSTON TX

320.96

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 (\$)

1/15/03

BUSCAR - HARRIS COUNTY PAC

Payee address; City, State, Zip Code

[REDACTED]

HOUSTON TX 77024

113.65

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

TRANSFER RESIDUAL FUNDS TO HARRIS COUNTY PAC

Date

Payee name

Amount (\$)

7-2-02

WASHINGTON MUTUAL

Payee address; City, State, Zip Code

[REDACTED]

HOUSTON TX 77024

48

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

MONTHLY CHECKING CHARGE

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

BUSCAR- BUSINESS COMMITTEE AGAINST RAIL

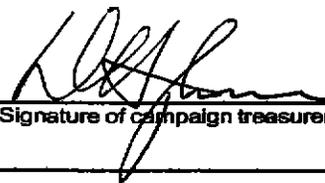
2 ACCOUNT #

(Ethics Commission filers)

3

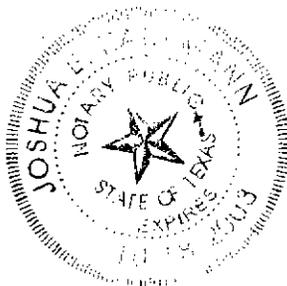
### Affidavit of Dissolution

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.



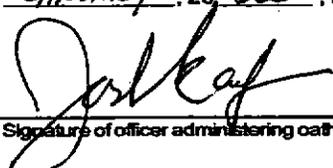
Signature of campaign treasurer

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID W HOTZELMAN, this the 15<sup>TH</sup> day of JANUARY, 2008, to certify which, witness my hand and seal of office.



Signature of officer administering oath

JOSHUA E KAUFMAN

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath