

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:
3 COMMITTEE NAME <i>The Grass-Roots Internet Project</i> <i>A/K/A The GRIP</i>		OFFICE USE ONLY Date Received RECEIVED JAN 15 2003 Date Hand-delivered Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 2786 Houston, TX 77252</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Mr. Thomas A</i> NICKNAME LAST SUFFIX <i>Bazan</i>	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 <i>14722 Wind CAVE Ln Houston, TX 77040</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO BOX 2786 Houston, TX 77252</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 466-4477</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"/> 90th 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 <i>7 / 16 / 02 THROUGH 1 / 15 / 03</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>None / /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input 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

*The GRASS-ROOTS Internet Project
AK/A The GRIP*

ACCOUNT #
(Ethics Commission filers)

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

Unidentified

DESCRIPTION

*FORCE METRO TO Allow
A Vote 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

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

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 *Thomas A. Bazar* of *January*, 20 *03*, to certify which, witness my hand and seal of office

[Signature]
Signature of officer administering oath

DEBRA S. WITHERSPOON
Printed name of officer administering oath



DEBRA S. WITHERSPOON
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
SEPT. 10, 2004

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: <u>1</u>	
2 FILER NAME <u>The Grass-Roots Internet Project</u> <u>AK/A1</u> <u>The GRIP</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>None</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME The GRASS ROOTS INTERNET PROJECT
A/K/A The GRIP

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<u>None</u>	7 Pledgor address; City; State; Zip Code		

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C: /	
2 FILER NAME <i>The GRASS ROOTS Internet Project A/K/A The GREP</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>None</i>	6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

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PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule D: 1

2 FILER NAME The GRASS Roots Internet Project
A/K/A The GRIP

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>None</u>	5 Corporation / Labor Organization name	6 Corporation / Labor Organization address; City; State; Zip Code
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7 Amount of pledge (\$)

8 In-kind description (if applicable)

Date	Corporation / Labor Organization name	Corporation / Labor Organization address; City; State; Zip Code
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Amount of pledge (\$)

In-kind description (if applicable)

Date	Corporation / Labor Organization name	Corporation / Labor Organization address; City; State; Zip Code
------	---------------------------------------	---

Amount of pledge (\$)

In-kind description (if applicable)

Date	Corporation / Labor Organization name	Corporation / Labor Organization address; City; State; Zip Code
------	---------------------------------------	---

Amount of pledge (\$)

In-kind description (if applicable)

Date	Corporation / Labor Organization name	Corporation / Labor Organization address; City; State; Zip Code
------	---------------------------------------	---

Amount of pledge (\$)

In-kind description (if applicable)

Date	Corporation / Labor Organization name	Corporation / Labor Organization address; City; State; Zip Code
------	---------------------------------------	---

Amount of pledge (\$)

In-kind description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>The GRASS-ROOTS Internet Project A/K/A The Grip</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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 The Grass Roots Internet Project
A/R/A The GRIP

3 ACCOUNT # (Ethics Commission filers)

4 Date
None

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

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 (\$)

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

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME The Grassroots Internet Project
A/K/A The GRIP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
<u>None</u>	6 Business address; City, State; Zip Code	

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	Business name	Amount (\$)
	Business address; City, State; Zip Code	

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	Business name	Amount (\$)
	Business address; City, State; Zip Code	

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	Business name	Amount (\$)
	Business address; City, State; Zip Code	

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
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

*The Grass-Roots Internet Project
A/K/A The GRIP*

3 ACCOUNT # (Ethics Commission files)

4 Date <i>None</i>	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule J: *1*

2 FILER NAME *The Grass-Roots Internet Project
A/K/A The GRIP*

3 ACCOUNT # (Ethics Commission files)

4 Date Returned
none

5 Original payee name

6 Original payee address; City; State; Zip Code

7 Amount Returned (\$)

Date Returned

Original payee name

Original payee address; City; State; Zip Code

Amount Returned (\$)

Date Returned

Original payee name

Original payee address; City; State; Zip Code

Amount Returned (\$)

Date Returned

Original payee name

Original payee address; City; State; Zip Code

Amount Returned (\$)

Date Returned

Original payee name

Original payee address; City; State; Zip Code

Amount Returned (\$)

Date Returned

Original payee name

Original payee address; City; State; Zip Code

Amount Returned (\$)

Date Returned

Original payee name

Original payee address; City; State; Zip Code

Amount Returned (\$)

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