Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8505

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:

OFFICE USE ONLY

RECEIVED OCT 10 2001 CITY SECRETARY

Date Received

Date Hand-delivered or Date Postmarked 10/9/01

3 COMMITTEE NAME: Houstonians For Family Values (HFFV)

4 COMMITTEE ADDRESS ☐ Change of Address
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
505 Melbourne
Houston, Texas 77022

5 CAMPAIGN TREASURER NAME
TITLE FIRST: David MI: B
NICKNAME LAST: Wilson SUFFIX

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
505 Melbourne
Houston, Tex 77022

7 CAMPAIGN TREASURER'S MAILING ADDRESS ☐ Change of Address
STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
505 Melbourne
Houston, Tex 77022

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 699-4488

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: 7/1/01 THROUGH Month Day Year: 10/6/01

11 ELECTION
ELECTION DATE Month Day Year: 11/6/01
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

GO TO PAGE 2

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: Houstonians For Family Values (HFFV)

ACCOUNT # (Ethics Commission files)

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

- ☐ SUPPORT
- ☐ OPPOSE
- ☐ ASSIST (officeholders only)

☐ CANDIDATE — CANDIDATE / OFFICEHOLDER NAME

☐ OFFICEHOLDER — OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☒ MEASURE — BALLOT IDENTIFICATION / # — ELECTION DATE (Month Day Year): 11 / 6 / 1

DESCRIPTION

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	$ 545.60
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 39,222.86
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 40,000.00

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 of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Houstonians For Family Values (HFFV)

3 ACCOUNT # (Ethics Commission files):

4 TOTAL OF UNITEMIZED LOANS: $ 40,000.00

5 Date of loan: 8/1/01

7 Name of lender: David B. Wilson ☐ out-of-state PAC (ID#: _____)

8 Loan Amount ($): 40,000.00

6 Is lender a financial institution? Y (N)

9 Lender address: City: State: Zip Code: 505 Melbourne Houston, Texas 77022

10 Interest rate: zero

11 Maturity date: 12/31/01

12 Description of Collateral: ☒ none

13 GUARANTOR INFORMATION ☒ not applicable

14 Name of guarantor:

15 Guarantor address: City: State: Zip Code:

16 Amount Guaranteed ($):

17 Principal Occupation: Electrician

18 Employer: Self Employed

Date of loan:

Name of lender: ☐ 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: ☐ none

GUARANTOR INFORMATION ☐ 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.

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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: 4

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers): ~~[illegible]~~

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/31/1	D Browning [redacted] 77096	25.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	A Vital [redacted] Hanest, Al 35749	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	L Demaree Jr. [redacted], 77339	10.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	L Cannell [redacted] 77096	30.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	D Gregory [redacted] 77042	20.00	
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.

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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:

2 FILER NAME: WFFV

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/31/1	E. Engman [redacted] 77096	5.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	A. Stone [redacted]	5.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	M. Bruna [redacted] 77018	20.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	C. Morales [redacted] 77087	10.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	J. Witten [redacted] 77024	100.00	

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.

140 2

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/31/1	R Dibrell [redacted] 77096	10.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	E Zavala [redacted] 77017	20.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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
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30.00

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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:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/31/1	T. Eccles [redacted] 77096	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	N. Anderson [redacted] 77036	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31/1	R. Williams [redacted] 77036	15.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/1/1	W. Schultz [redacted] 77025	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ 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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/16/1	Evelena Herrian 1908 Dorchester Dr OKLA CITY, OK 73120	$16,993.85

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/31/1	Brisco Swan 1900 North Loop West	3000.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/13/1	Houston Press 1621 Milam, #100, 77002	580.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/22/1	Link Letter 1245 Jones Rd #103	1000.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
Aug 30, 1	Houston Voice 500 Lovett 77006	400.00

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
Aug 30, 1	U.S. Postal Service Irvington Station	355.09

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
8/30/1	Kinko's 10670 NW Fwy 77092	1002.96

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
8/30/1	Office Depot 5721 Westheimer	60.05

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
8/21/	Premier Co P.O. Box 7699, Hou, Tex 77270	11,948 37

8 Purpose of payment (See instructions regarding type of information required.): Petition Printing & Mailing

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
7/31/	Denise Painter Houston, Tex	2800 00

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

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
8/7/	W.C Management 1545 Ashland, 77008	622 00

Purpose of payment (See instructions regarding type of information required.): Phone Bank

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
8/15/	Forward Times 5407 Cheneveert 77004	460 53

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

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-[illegible]

AFFIDAVIT FOR COMMITTEE THAT DOES NOT USE COMPUTER EQUIPMENT

OFFICE USE ONLY
Date Rec'd RECEIVED OCT 10 2001 CITY SECRETARY
Date Hand Delivered or Date Postmarked
Date Processed
Date Imaged

Filer name	Account #

I swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or contributors.

I further swear or affirm that no person acting as the committee's agent or consultant or a person with whom the committee contracts uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contribuitons to the committee.

I further sweer or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.

I am filing this affidavit with the Oct 6 2001 report. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

David B Wilson
Signature of Campaign Treasurer

FELICIA WALTON
MY COMMISSION EXPIRES
May 15, 2004

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David B Wilson this the 9 day of October, 20 01 to certify which, witness my hand and seal of office.

Signature of officer administering oath | Felicia L. Walton Print name of officer administering oath | Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.

Printed on recycled paper

(Revised 09/22/2000)