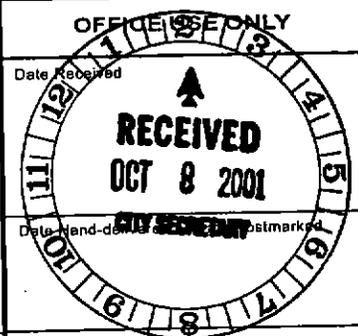


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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>Houstonians for Quality Government</i> | |  | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 131835 Houston, Tx. 77219</i> | | |
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST MI NICKNAME LAST SUFFIX <i>C. M. GARRET</i> | | |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5402 Lawndale Houston, Tx. 77023</i> | | |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | Receipt # | Amount |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(713) 921-2929 20</i> | Date Processed | Date Imaged |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff | <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination | |
| 10 PERIOD COVERED | Month Day Year <i>7 / 1 / 01</i> | THROUGH | Month Day Year <i>10 / 8 / 01</i> |
| 11 ELECTION | ELECTION DATE Month Day Year <i>/ /</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

Houstonians for Quality Government

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

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

\$

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

\$ 1000.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1100.00

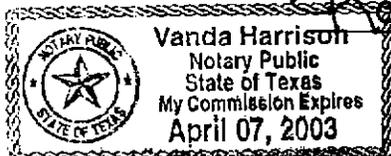
OUTSTANDING
LOAN TOTALS

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

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Kathryn McNeil
Signature of campaign treasurer

Sworn to and subscribed before me, by the said *Kathryn McNeil*, this the *8th* day
of *October*, 20*01*, to certify which, witness my hand and seal of office.

Vanda Harrison
Signature of officer administering oath

Vanda Harrison
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:

2 FILER NAME

Houstonians for Quality Government

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-8-01

5 Full name of contributor

C. M. Garver

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

Houston, Tx. 77023

7 Amount of contribution (\$)

350.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-9-01

Full name of contributor

Don J Wang

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Houston, Tx. 77036

Amount of contribution (\$)

650.00

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)

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Houstonians for Quality Government

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

8-15-01

Emory Young

6 Payee address; City; State; Zip Code

*700 LaVaca
Austin, Tx. 78701*

\$1000.00

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

Consulting fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

8-15-01

Kathryn McNeil

Payee address; City; State; Zip Code

*3603 Audubon Place
Houston, Tx. 77006*

100.00

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

Expense Reimbursement

** 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