

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI

NICKNAME LAST SUFFIX

Bert

LAST

Keller

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED

OCT 9 2001

CITY SECRETARY

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

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

800 Bering #700
Houston, TX 77057

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI

NICKNAME LAST SUFFIX

Penny

LAST

Butler

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4605 Post Oak Place #707
Houston, TX 77027

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 627 - 7180

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year

7 / 1 / 01 9 / 27 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

11 / 06 / 01

11 OFFICE

OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)

Houston City Council District G Houston City Council District G

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Bert Keller	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 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)	\$ 14,925.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 982.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,201.10
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bert Keller, this the 9th day of October, 20 01, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
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 & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 7-1-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jack Linville	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation (Optional)		Employer (Optional)	
Date 7-1-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jeffrey Weiner	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation (Optional)		Employer (Optional)	
Date 7-1-2001	Full name of contributor <input type="checkbox"/> out of state PAC Costas Georghiou	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025		
Principal occupation (Optional)		Employer (Optional)	
Date 7-10-2001	Full name of contributor <input type="checkbox"/> out of state PAC Yvonne M. Jensen	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77063		
Principal occupation (Optional)		Employer (Optional)	
Date 7-19-2001	Full name of contributor <input type="checkbox"/> out of state PAC Ricardo Molina	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77065-5708		
Principal occupation (Optional)		Employer (Optional)	
Date 7-24-2001	Full name of contributor <input type="checkbox"/> out of state PAC Bret Sanders	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 8-15-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jim Thompson	Amount of contribution (\$) \$750.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77055		
Principal occupation (Optional)		Employer (Optional)	
Date 8-15-2001	Full name of contributor <input type="checkbox"/> out of state PAC Winstead Sechrest & Minick PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation (Optional)		Employer (Optional)	
Date 8-22-2001	Full name of contributor <input type="checkbox"/> out of state PAC Harry D. Grant, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77081		
Principal occupation (Optional)		Employer (Optional)	
Date 8-22-2001	Full name of contributor <input type="checkbox"/> out of state PAC Don Owens	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 8-28-2001	Full name of contributor <input type="checkbox"/> out of state PAC Edwin Friedrichs	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77098		
Principal occupation (Optional)		Employer (Optional)	
Date 8-31-2001	Full name of contributor <input type="checkbox"/> out of state PAC Dan Bellow	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 9-3-2001	Full name of contributor <input type="checkbox"/> out of state PAC Lee Dudinsky	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77036		
Principal occupation (Optional)		Employer (Optional)	
Date 9-5-2001	Full name of contributor <input type="checkbox"/> out of state PAC Gregory Curran	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation (Optional)		Employer (Optional)	
Date 9-6-2001	Full name of contributor <input type="checkbox"/> out of state PAC Peyton Dorsett	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77005		
Principal occupation (Optional)		Employer (Optional)	
Date 9-6-2001	Full name of contributor <input type="checkbox"/> out of state PAC J.A. Elkins	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation (Optional)		Employer (Optional)	
Date 9-6-2001	Full name of contributor <input type="checkbox"/> out of state PAC Al Keller	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057		
Principal occupation (Optional)		Employer (Optional)	
Date 9-6-2001	Full name of contributor <input type="checkbox"/> out of state PAC Kevin Keller	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 9-6-2001	Full name of contributor <input type="checkbox"/> out of state PAC Hector Salazar	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057		
Principal occupation (Optional)		Employer (Optional)	
Date 9-7-2001	Full name of contributor <input type="checkbox"/> out of state PAC Chester Benge	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 9-7-2001	Full name of contributor <input type="checkbox"/> out of state PAC Tom Fox	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 9-7-2001	Full name of contributor <input type="checkbox"/> out of state PAC Charles Lyons	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77036		
Principal occupation (Optional)		Employer (Optional)	
Date 9-7-2001	Full name of contributor <input type="checkbox"/> out of state PAC Charles F. Milstead	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042		
Principal occupation (Optional)		Employer (Optional)	
Date 9-8-2001	Full name of contributor <input type="checkbox"/> out of state PAC Mary C. Charlton	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 9-9-2001	Full name of contributor <input type="checkbox"/> out of state PAC Alexander Adams	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 9-10-2001	Full name of contributor <input type="checkbox"/> out of state PAC Larry Barfield	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77070		
Principal occupation (Optional)		Employer (Optional)	
Date 9-10-2001	Full name of contributor <input type="checkbox"/> out of state PAC Baker & Botts Amicus Fund	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation (Optional)		Employer (Optional)	
Date 9-10-2001	Full name of contributor <input type="checkbox"/> out of state PAC Dick Gay	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77077		
Principal occupation (Optional)		Employer (Optional)	
Date 9-10-2001	Full name of contributor <input type="checkbox"/> out of state PAC Stuart Kensinger	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 9-10-2001	Full name of contributor <input type="checkbox"/> out of state PAC Ronald Nielsen	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 9-11-2001	Full name of contributor <input type="checkbox"/> out of state PAC Robert Fondren	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 9-11-2001	Full name of contributor <input type="checkbox"/> out of state PAC Hermes Reed Architects PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77063		
Principal occupation (Optional)		Employer (Optional)	
Date 9-11-2001	Full name of contributor <input type="checkbox"/> out of state PAC Carl Linseisen	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77040		
Principal occupation (Optional)		Employer (Optional)	
Date 9-11-2001	Full name of contributor <input type="checkbox"/> out of state PAC Jim R. Smith	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		
Principal occupation (Optional)		Employer (Optional)	
Date 9-11-2001	Full name of contributor <input type="checkbox"/> out of state PAC James Squire	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77063		
Principal occupation (Optional)		Employer (Optional)	
Date 9-12-2001	Full name of contributor <input type="checkbox"/> out of state PAC Thomas S. Allen, Jr.	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 7
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 9-12-2001	Full name of contributor <input type="checkbox"/> out of state PAC Harry Mach	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019		
Principal occupation (Optional)		Employer (Optional)	
Date 9-12-2001	Full name of contributor <input type="checkbox"/> out of state PAC Hoover, Bax & Slovacek, LLP	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057		
Principal occupation (Optional)		Employer (Optional)	
Date 9-27-2001	Full name of contributor <input type="checkbox"/> out of state PAC Richard S. Ledermann	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77251		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
7-2-2001	Brothers Petronella 2301 Strand Galveston, TX 77550	\$55.72
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
7-2-2001	Texaco 10680 Hammerly Houston, TX 77043	\$50.64
Purpose of expenditure (See instructions regarding type of information required.) Transportation expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
7-2-2001	The Yacht Club 601 Holiday Dr. Galveston, TX 77550	\$246.34
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
7-2-2001	Kroger 1938 W. Gray Houston, TX 77019	\$59.15
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
7-3-2001	Boulevard Bistro 4319 Montrose Houston, TX 77006	\$144.60
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 7-4-2001	Payee name Payee address Backstreet Cafe 1103 S. Shepherd Houston, TX 77019	Amount (\$) \$188.28
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7-5-2001	Payee name Payee address Chili's Restaurant 3215 Southwest Frwy. Houston, TX 77027	Amount (\$) \$72.97
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7-9-2001	Payee name Payee address Texaco 10680 Hammerly Houston, TX 77043	Amount (\$) \$51.86
Purpose of expenditure (See instructions regarding type of information required.) Transportation expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7-14-2001	Payee name Payee address Ibiza Island Restaurant 2450 Louisiana Houston, TX 77006	Amount (\$) \$121.21
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7-16-2001	Payee name Payee address Blossoms Floral Design 6401 Woodway Houston, TX 77057	Amount (\$) \$57.37
Purpose of expenditure (See instructions regarding type of information required.) Constituent gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date	Payee name Payee address	Amount (\$)
7-24-2001	Blossoms Floral Design 6401 Woodway Houston, TX 77057	\$62.79
Purpose of expenditure (See instructions regarding type of information required.) Constituent gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
7-27-2001	Blossoms Floral Design 6401 Woodway Houston, TX 77057	\$64.41
Purpose of expenditure (See instructions regarding type of information required.) Constituent gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
7-31-2001	Arthur Bach Invitational 3000 Bissonnet, #3201 Houston, TX 77005	\$500.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
7-31-2001	Andrea Kitisha 7401 Samuell Blvd. Dallas, TX 75228	\$250.00
Purpose of expenditure (See instructions regarding type of information required.) Donation to funeral memorial		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
7-31-2001	Walden & Associates 55 Waugh Drive, Ste. 610 Houston, TX 77007	\$4,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 7-31-2001	Payee name Payee address Kate Gay 10 Del Mar Kemah TX 77565	Amount (\$) \$521.95
Purpose of expenditure (See instructions regarding type of information required.) Administrative services and reimbursement for expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7-31-2001	Payee name Payee address Janet Carr 3936 Riley Houston, TX 77005	Amount (\$) \$513.65
Purpose of expenditure (See instructions regarding type of information required.) Administrative services and reimbursement for expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7-31-2001	Payee name Payee address Blakemore & Associates 3323 Richmond #C Houston, TX 77098	Amount (\$) \$6,100.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8-2-2001	Payee name Payee address La Griglia 2002 W. Gray Houston, TX 77019	Amount (\$) \$73.59
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8-8-2001	Payee name Payee address U.S. Postal Service University Station Houston, TX 77056	Amount (\$) \$588.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date	Payee name Payee address	Amount (\$)
8-13-2001	Ibiza Island Restaurant 2450 Louisiana Houston, TX 77006	\$83.82
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
8-17-2001	La Mora Cucina 912 Lovett Houston, TX 77006	\$72.15
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
8-21-2001	Sierra Grill 4704 Montrose Houston, TX 77006	\$91.23
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
8-23-2001	Melvin James 6300 Washington Ave., Ste. 143 Houston, TX 77007	\$500.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
8-24-2001	Children at Risk 2600 Southwest Freeway, Suite 810 Houston, TX 77098	\$100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 8
FILER NAME: Bert Keller	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
8-24-2001	Kate Gay	10 Del Mar Kemah TX 77565	\$500.00

Purpose of expenditure (See instructions regarding type of information required.) Administrative services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
8-24-2001	Janet Carr	3936 Riley Houston, TX 77005	\$500.00

Purpose of expenditure (See instructions regarding type of information required.) Administrative services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
8-27-2001	Frank Antene	9809 Richmond Houston, TX 77042	\$500.00

Purpose of expenditure (See instructions regarding type of information required.) Services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
8-27-2001	More Than Paper	2035 Post Oak Blvd. Houston, TX 77056	\$1,112.27

Purpose of expenditure (See instructions regarding type of information required.) Invitations	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
8-31-2001	U.S. Postal Service	University Station Houston, TX 77056	\$918.00

Purpose of expenditure (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 9-17-2001	Payee name Payee address Texas Right to Life 6776 Southwest Frwy., Ste. 430 Houston, TX 77074	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-17-2001	Payee name Payee address Blakemore & Associates 3323 Richmond #C Houston, TX 77098	Amount (\$) \$1,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-17-2001	Payee name Payee address Texas Printing 4715 Main Houston, TX 77002	Amount (\$) \$1,430.96
Purpose of expenditure (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-17-2001	Payee name Payee address Career Placement Temporaries 4444 Richmond Ave. Houston, TX 77027	Amount (\$) \$288.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-18-2001	Payee name Payee address GolfReach P.O. Box 132491 Spring, TX 77393	Amount (\$) \$200.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 8
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date	Payee name Payee address	Amount (\$)
9-19-2001	Melvin James 6300 Washington Ave., Ste. 143 Houston, TX 77007	\$700.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
9-20-2001	Kate Gay 10 Del Mar Kemah TX 77565	\$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Administrative services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address	Amount (\$)
9-20-2001	Janet Carr 3936 Riley Houston, TX 77005	\$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Administrative services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held