



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Bert Keller

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

.. 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)

\$ 40,300.00

EXPENDITURE TOTALS

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

\$ 1,887.07

4. TOTAL POLITICAL EXPENDITURES

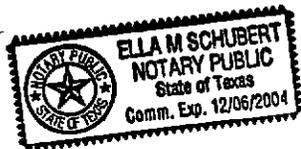
\$ 37,295.42

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert Keller, this the 12<sup>th</sup> day of July, 2002, 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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 1-1-2002	Full name of contributor Mayer Brown & Platt <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-10-2002	Full name of contributor Dan Shank <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-10-2002	Full name of contributor Sam Barbar <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-10-2002	Full name of contributor Harry Mach <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-10-2002	Full name of contributor Corbin Robertson, Jr. <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-11-2002	Full name of contributor Pam Holm <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 1-12-2002	Full name of contributor <input type="checkbox"/> out of state PAC Alexander Adams Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-12-2002	Full name of contributor <input type="checkbox"/> out of state PAC Matt Khourie Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-13-2002	Full name of contributor <input type="checkbox"/> out of state PAC Russell Smith Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC William R. Haynes Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sid Lindley Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC Locke Liddell & Sapp LLP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

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FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-14-2002	Timm Wooten	\$50.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-15-2002	Ric Campo	\$1,000.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-15-2002	Tom Fatjo, Jr.	\$500.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-15-2002	Carole Walter Looke	\$1,000.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-15-2002	Kevin J. Matocha	\$250.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-16-2002	Jim Braniff, III	\$250.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-16-2002	Greg Frazier	\$100.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-16-2002	David Searles, Jr.	\$100.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-17-2002	George Littell	\$250.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-18-2002	Vinson & Elkins Texas PAC	\$1,000.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-18-2002	Mary Lundgren	\$250.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
1-18-2002	Charles Milstead	\$500.00	
Contributor address; City; State; Zip Code			
[REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1**  
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FILER NAME: Bert Keller ACCOUNT # (Ethics Commission filers)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-18-2002	Randolph Strait	\$500.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-18-2002	HOME-PAC	\$250.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-19-2002	Kevin Keller	\$100.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-21-2002	W.B. Bean	\$250.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-21-2002	Kirk Pfeffer	\$100.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-21-2002	Jim Thompson	\$1,000.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

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: 18

FILER NAME: Bert Keller ACCOUNT # (Ethics Commission filers)

<b>Date</b> 1-22-2002	<b>Full name of contributor</b> Dionel Aviles	<input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$500.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED]				

Principal occupation (Optional) Employer (Optional)

<b>Date</b> 1-22-2002	<b>Full name of contributor</b> Rudolph Bruhns	<input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$1,000.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED]				

Principal occupation (Optional) Employer (Optional)

<b>Date</b> 1-22-2002	<b>Full name of contributor</b> Paul Buchanan	<input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$1,000.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED]				

Principal occupation (Optional) Employer (Optional)

<b>Date</b> 1-22-2002	<b>Full name of contributor</b> Paul Carl	<input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$250.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED]				

Principal occupation (Optional) Employer (Optional)

<b>Date</b> 1-22-2002	<b>Full name of contributor</b> CDM PAC	<input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$250.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED]				

Principal occupation (Optional) Employer (Optional)

<b>Date</b> 1-22-2002	<b>Full name of contributor</b> Donna Conrad	<input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b> \$500.00	<b>In-kind contribution description (if available)</b>
<b>Contributor address; City; State; Zip Code</b> [REDACTED]				

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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission files)
Date 1-22-2002	Full name of contributor Dan Duncan <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-2002	Full name of contributor Jerry Goldstein <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-2002	Full name of contributor Ned Holmes <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-2002	Full name of contributor James Jard <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-2002	Full name of contributor Patti Joiner <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-2002	Full name of contributor Tom Kvinta <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
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: 18

FILER NAME: Bert Keller ACCOUNT # (Ethics Commission filers)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-22-2002	Jarl Molander	\$100.00	
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-22-2002	Gwynne Old	\$250.00	
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-22-2002	Coats, Rose PAC	\$500.00	
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-22-2002	James Russ	\$250.00	
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-22-2002	Dan Spain	\$250.00	
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
1-22-2002	Conrad Walton	\$50.00	
Contributor address; City; State; Zip Code			

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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 1-23-2002	Full name of contributor <input type="checkbox"/> out of state PAC Andrews & Kurth, L.L.P.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-23-2002	Full name of contributor <input type="checkbox"/> out of state PAC Harry Grant	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC J.A. Elkins, Jr	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC A. John Knapp, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jon Strange	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC HOME-PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code [REDACTED] Hwy. N.			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 1-25-2002	Full name of contributor Norman Adams <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-25-2002	Full name of contributor E.P. White <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-28-2002	Full name of contributor Thomas Peacock <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 1-30-2002	Full name of contributor Mike Garver <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-5-2002	Full name of contributor Brian Gammill <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-6-2002	Full name of contributor Charles Gooden <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

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FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 2-7-2002	Full name of contributor Texas Coalition for Good Government <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-8-2002	Full name of contributor Jane Cizik <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-12-2002	Full name of contributor Terry Cheng <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-14-2002	Full name of contributor Mrs. Milton Levit <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-17-2002	Full name of contributor Sam Barbar <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-18-2002	Full name of contributor Carl Davis <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
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: 18

FILER NAME: Bert Keller ACCOUNT # (Ethics Commission filers)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-18-2002	Martin Fein	\$250.00	
<b>Contributor address; City; State; Zip Code</b>			
[REDACTED]			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-19-2002	Beverly Casserly	\$250.00	
<b>Contributor address; City; State; Zip Code</b>			
[REDACTED]			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-19-2002	Araceli Flores	\$250.00	
<b>Contributor address; City; State; Zip Code</b>			
[REDACTED]			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-20-2002	Chris Claunch	\$250.00	
<b>Contributor address; City; State; Zip Code</b>			
[REDACTED]			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-21-2002	Mary Mischer	\$250.00	
<b>Contributor address; City; State; Zip Code</b>			
[REDACTED]			

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-21-2002	Howard Singer	\$100.00	
<b>Contributor address; City; State; Zip Code</b>			
[REDACTED]			

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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 2-22-2002	Full name of contributor Joe Davis <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-22-2002	Full name of contributor Jim Easterling <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-22-2002	Full name of contributor Isadore Epstein <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-22-2002	Full name of contributor James Jard <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-23-2002	Full name of contributor Florence Schwartz <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-25-2002	Full name of contributor Linebarger Goggan Blair Pena & Sampson, LLP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sheri Henriksen	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Marilyn King	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC John Morrow	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Robert Peck	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Thomas Phipps	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC David Shindeldecker	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Hermes Reed Architects PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Fulbright & Jaworski L.L.P. Texas Committee Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Richard Weekley Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Tricia Bravenec Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Frank Hevrdejs Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mark L. Boyer Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
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: 18
FILER NAME: Bert Keller			ACCOUNT # (Ethics Commission filers)
Date 2-28-2002	Full name of contributor Mrs. Don Aron <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor Gerald Brady <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor Jerry Chiles <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 1001 West Esplanade [REDACTED] 7	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor Ann Friedman <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor Mrs. Irving Gordon <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-2002	Full name of contributor Esther Hamberger <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code [REDACTED] Blvd. [REDACTED] #7024	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
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: 18

FILER NAME: Bert Keller ACCOUNT # (Ethics Commission filers)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-28-2002	E.P. White	\$250.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-28-2002	Peter Hoyt Brown	\$200.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-28-2002	Jeanette Rash	\$100.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
2-28-2002	Ross Allyn	\$250.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
3-1-2002	Ann Lents	\$250.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

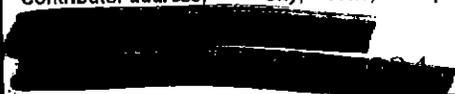
Principal occupation (Optional) Employer (Optional)

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out of state PAC	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if available)</b>
3-4-2002	John Middleton	\$1,000.00	
	<b>Contributor address; City; State; Zip Code</b> [REDACTED]		

Principal occupation (Optional) Employer (Optional)

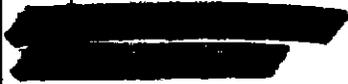
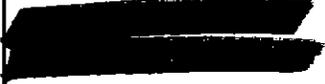
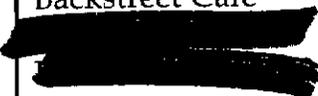
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.		Total pages this Schedule A1: 18	
FILER NAME: Bert Keller		ACCOUNT # (Ethics Commission filers)	
Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Harry Gee	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 1-18-2002	Payee name Ling and Javier 	Payee address  Amount (\$) \$75.33
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-21-2002	Payee name Crisis Pregnancy Center 	Payee address  Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Acqua Restaurante 	Payee address  Amount (\$) \$412.12
Purpose of expenditure (See instructions regarding type of information required.) Travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name AP Graphics 	Payee address  Amount (\$) \$235.58
Purpose of expenditure (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Backstreet Cafe 	Payee address  Amount (\$) \$101.80
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

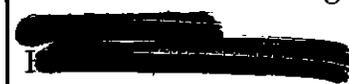
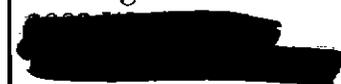
**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 1-29-2002	Payee name Blossoms Floral Design Payee address [REDACTED]	Amount (\$) \$62.79
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Blossoms Floral Design Payee address [REDACTED]	Amount (\$) \$75.78
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Blossoms Floral Design Payee address [REDACTED]	Amount (\$) \$116.91
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Carrabba's Payee address [REDACTED]	Amount (\$) \$43.38
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Cingular Wireless Payee address [REDACTED] 0732	Amount (\$) \$342.73
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 1-29-2002	Payee name Greater Houston Pachyderm Club 	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Houston Realty Breakfast Club 	Amount (\$) \$180.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name International Mailing Systems, Inc. 	Amount (\$) \$892.00
Purpose of expenditure (See instructions regarding type of information required.) Mail processing and postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name La Griglia 	Amount (\$) \$95.24
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Lexis Florist 	Amount (\$) \$227.33
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 15
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FILER NAME: Bert Keller	ACCOUNT #: (Ethics Commission filers)
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Date	Payee name	Payee address	Amount (\$)
1-29-2002	Marrakech [REDACTED]	[REDACTED]	\$113.11

Purpose of expenditure (See instructions regarding type of information required.) Meeting expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office
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Date	Payee name	Payee address	Amount (\$)
1-29-2002	Michaelangelo's [REDACTED]	[REDACTED]	\$135.25

Purpose of expenditure (See instructions regarding type of information required.) Meeting expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office
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Date	Payee name	Payee address	Amount (\$)
1-29-2002	Mike Howard [REDACTED]	[REDACTED]	\$173.87

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for cell phone expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office
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Date	Payee name	Payee address	Amount (\$)
1-29-2002	Piatto Ristorante [REDACTED]	[REDACTED]	\$134.17

Purpose of expenditure (See instructions regarding type of information required.) Meeting expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office
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Date	Payee name	Payee address	Amount (\$)
1-29-2002	Quantum Consultants [REDACTED]	[REDACTED]	\$1,000.00

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

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 1-29-2002	Payee name St. Joseph Hospital Foundation [REDACTED] 02	Amount (\$) \$1,300.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Texas Printing [REDACTED] [REDACTED]	Amount (\$) \$1,037.65
Purpose of expenditure (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 1-29-2002	Payee name Thompson Hotel [REDACTED] [REDACTED]	Amount (\$) \$567.71
Purpose of expenditure (See instructions regarding type of information required.) Travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-2-2002	Payee name Sheraton Hotels [REDACTED] [REDACTED]	Amount (\$) \$192.24
Purpose of expenditure (See instructions regarding type of information required.) Conference expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-6-2002	Payee name El Tiempo [REDACTED] [REDACTED]	Amount (\$) \$48.81
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 2-7-2002	Payee name Jose M. Pionzalez 2420 Abinger [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		Amount (\$) \$55.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-7-2002	Payee name Magic Circle Republican Women [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Directory advertisement		Amount (\$) \$100.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-7-2002	Payee name Texas Printing [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Printing		Amount (\$) \$566.33
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-8-2002	Payee name Embossed Graphics [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Printing		Amount (\$) \$94.90
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-9-2002	Payee name Carrabba's [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$34.84
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 2-10-2002	Payee name Mesa Grill [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$88.31
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-11-2002	Payee name Blossoms Floral Design [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		Amount (\$) \$143.97
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-12-2002	Payee name Janet Carr [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		Amount (\$) \$500.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-12-2002	Payee name Kate Gay [REDACTED] Per Mar [REDACTED], TX 77565	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		Amount (\$) \$500.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-12-2002	Payee name Walden & Associates [REDACTED] [REDACTED] D. Ste 610 [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		Amount (\$) \$2,500.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 2-12-2002	Payee name Gulf Coast Hot Shot Service, Inc. PO Box 700560 ██████████	Amount (\$) \$116.50
Purpose of expenditure (See instructions regarding type of information required.) Courier service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-12-2002	Payee name Career Placement ██████████	Amount (\$) \$215.55
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-12-2002	Payee name More than Paper ██████████	Amount (\$) \$1,094.95
Purpose of expenditure (See instructions regarding type of information required.) Event invitation paper		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 2-18-2002	Payee name Four Seasons Hotel ██████████	Amount (\$) \$936.18
Purpose of expenditure (See instructions regarding type of information required.) Travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-6-2002	Payee name Divino Italian Restaurant ██████████	Amount (\$) \$82.74
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 3-8-2002	Payee name Cingular Wireless PO Box 16780 Houston, TX 77216	Payee address [REDACTED] [REDACTED]
Amount (\$) \$267.11		
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-8-2002	Payee name Harris County Republican Party [REDACTED] [REDACTED]	Payee address [REDACTED] [REDACTED]
Amount (\$) \$625.00		
Purpose of expenditure (See instructions regarding type of information required.) Event sponsor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-8-2002	Payee name Houston Livestock Show & Rodeo [REDACTED] [REDACTED]	Payee address [REDACTED] [REDACTED]
Amount (\$) \$58.00		
Purpose of expenditure (See instructions regarding type of information required.) Program advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-10-2002	Payee name Eatzi's [REDACTED] [REDACTED]	Payee address [REDACTED] [REDACTED]
Amount (\$) \$65.22		
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-12-2002	Payee name Frank Antene [REDACTED] [REDACTED]	Payee address [REDACTED] [REDACTED]
Amount (\$) \$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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 3-22-2002	Payee name Bering's 6102 Westheimer [REDACTED]	Payee address [REDACTED]
Amount (\$) \$59.14		
Purpose of expenditure (See instructions regarding type of information required.) Miscellaneous campaign expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-22-2002	Payee name Blossoms Floral Design [REDACTED]	Payee address [REDACTED]
Amount (\$) \$62.79		
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-23-2002	Payee name Molina's Mexican Restaurant [REDACTED]	Payee address [REDACTED]
Amount (\$) \$104.77		
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name Briargrove PTO [REDACTED]	Payee address [REDACTED]
Amount (\$) \$1,500.00		
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name Cingular Wireless [REDACTED]	Payee address [REDACTED]
Amount (\$) \$282.98		
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 3-26-2002	Payee name El Tiempo [REDACTED] Houston, TX 77050	Payee address
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$97.86
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name Houston West Chamber of Commerce [REDACTED]	Payee address
Purpose of expenditure (See instructions regarding type of information required.) Donation		Amount (\$) \$100.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name I Have a Dream Houston [REDACTED]	Payee address
Purpose of expenditure (See instructions regarding type of information required.) Donation		Amount (\$) \$150.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name Kight Printing [REDACTED]	Payee address
Purpose of expenditure (See instructions regarding type of information required.) Printing		Amount (\$) \$523.75
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name Kyle Janek Campaign [REDACTED] Ste. 102-	Payee address
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Amount (\$) \$1,000.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 3-26-2002	Payee name Laine Lindsey Campaign [REDACTED]	Payee address [REDACTED]
Amount (\$) \$1,000.00		
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name M.A.L.L. [REDACTED]	Payee address [REDACTED]
Amount (\$) \$500.00		
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name More than Paper [REDACTED]	Payee address [REDACTED]
Amount (\$) \$247.62		
Purpose of expenditure (See instructions regarding type of information required.) Event invitation paper		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name Walden & Associates [REDACTED]	Payee address [REDACTED]
Amount (\$) \$2,500.00		
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 3-26-2002	Payee name US Postmaster [REDACTED]	Payee address [REDACTED]
Amount (\$) \$112.20		
Purpose of expenditure (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 4-4-2002	Payee name Rainbow Lodge [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$140.31
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 4-7-2002	Payee name Crostiti [REDACTED]	Payee address Houston, TX [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$147.89
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 4-12-2002	Payee name Blakemore & Associates [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and reimbursement for expenses		Amount (\$) \$8,394.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 4-12-2002	Payee name Briargrove Dad's Club [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Golf tournament sponsor		Amount (\$) \$250.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 4-18-2002	Payee name Patrenella's Restaurant [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$86.53
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 4-22-2002	Payee name The Raven Grill [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$73.70
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 4-24-2002	Payee name Patrenella's Restaurant [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$72.57
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 5-4-2002	Payee name Chuy's [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$52.55
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 5-7-2002	Payee name Backstreet Cafe [REDACTED]	Payee address [REDACTED] 77019
Purpose of expenditure (See instructions regarding type of information required.) Meeting expense		Amount (\$) \$192.97
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 5-8-2002	Payee name Cingular Wireless [REDACTED]	Payee address [REDACTED] 0752
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		Amount (\$) \$246.63
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15
FILER NAME: Bert Keller		ACCOUNT #: (Ethics Commission filers)
Date 5-11-2002	Payee name Flowers by Minerva [REDACTED] Houston, TX	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Event expenses		Amount (\$) \$54.13
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office
Date 6-4-2002	Payee name Cingular Wireless [REDACTED]	Payee address [REDACTED]
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		Amount (\$) \$247.56
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office