Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 files)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

Bert

NICKNAME LAST SUFFIX

Keller

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

9025 Ruland, Ste. B
Houston, TX 77055

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 984-0455

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Penny

NICKNAME LAST SUFFIX

Butler

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

4605 Post Oak Place, No. 707, Houston, TX 77027

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 627-7180

9 REPORT TYPE

- [x] 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

11 / 27 / 03 THROUGH 12 / 31 / 03

11 ELECTION

ELECTION DATE

Month Day Year

12 / 6 / 03

ELECTION TYPE

- [ ] Primary
- [x] Runoff
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any)

Houston City Council, Dist G

13 OFFICE SOUGHT (if known)

Houston City Council, At Large, Pos. 4

14 NOTICE OF 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

15 C/OH NAME: Bert Keller

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 17,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. TOTAL POLITICAL EXPENDITURES	$ 51,589.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3891.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

KARINA MORENO
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
MAY 21, 2005

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Bert Keller, this the 15th day of January, 20 04, to certify which, witness my hand and seal of office.

Karina Moreno — Signature of officer administering oath

Karina Moreno — Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pgs this Schedule A Pg. 1 of 4
FILER NAME: Bert Keller	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	C Club PAC [redacted]	$1,000.00	
Principal [redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Houston Associated General Contractors PAC [redacted]	$500.00	
Principal occu[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Aghaegbuna Odelugo [redacted]	$250.00	
Principal oc[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Kodigbo Odelugo [redacted]	$250.00	
Principal o[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Reliant Resources Inc. PAC [redacted]	$500.00	
Principal occup[redacted]	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pgs this Schedule A Pg. 2 of 4
FILER NAME: Bert Keller	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Jennie May [redacted]	$5,000.00	
Principal occu[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Paul May Contributor address [redacted]	$5,000.00	
Principal occu[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	PAC of Winstead Sechrest & Minick PC [redacted]	$1,000.00	
Principal [redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
11-27-2003	Dionicio V. Flores [redacted]	$250.00	
Principal occ[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-1-2003	Ray Davis [redacted]	$1,000.00	
Principal occ[redacted]	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pgs this Schedule A Pg. 3 of 4
FILER NAME: Bert Keller	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-1-2003	C. Brien Dillon [redacted]	$25.00	
Principal [redacted] (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-1-2003	Richard R. Myers [redacted]	$100.00	
Principal occupation Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-1-2003	Larry Johnson [redacted]	$500.00	
Principal occu[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-1-2003	John Kuhl [redacted]	$250.00	
Principal occ[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-2-2003	Jack Drake [redacted]	$200.00	
Principal occupation Job title [redacted]	Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pgs this Schedule A Pg. 4 of 4
FILER NAME: Bert Keller	ACCOUNT # (Ethics Commission filers)

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-2-2003	Peter A. De La Mora [redacted]	$500.00	
Principal occ[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-3-2003	T.N. Edmonds, Jr. [redacted]	$200.00	
Principal occu[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-4-2003	Jim Dannenbaum [redacted]	$1,000.00	
Principal occupation Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out of state PAC ID#	Amount of contribution ($)	In-kind contribution description (if available)
12-6-2003	Meyer Chaskin [redacted]	$250.00	
Principal occupation Job title (See Instructions)	Employer (See Instructions)		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/2/03	THE STONE KITCHEN 55 Waugh St 610 H, T 77007	557.09

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Fundraiser Caterer	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/2/03	B. E. Mills 2206 Ashmont Miss, Cy, TX 77489	830.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/2/03	Sterling Bank 15000 Northwest Freeway H, T 77040	15,000

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/2/03	Ralph Garcia 2810 Leeland H, T 77003	3000.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/2/03	The Kaleidoscope Group 5757 Woodway HOT 77057	1000

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
signs	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/3/03	Sacred Heart 816 East Whitney HOT 77022	703.63

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/4/03	Sterling Bank 15022 Northwest Freeway HOT 77040	5000

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/4/03	Evelyn Mears 9025 Rutland HOT 77055	250

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
H.S. Contribution Graduation	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/4/03	The Kaleidoscope Group 5757 Woodway Hou 77057	6690.25

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Signs	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	Tyson Organization 5757 Woodway Hou 77057	1443.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	B.E. Mills 2206 Ashmont Miss City, TX 77489	1000.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Consulting (Poll Workers)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/7/03	Kearn Graves 9025 Rutland Hou 77055	840.=

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/7/03	Cheryl Felps 9025 Ruland HIT 77055	90.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/7/03	Nikko Munro 9025 Ruland HIT 77055	70.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/10/03	Elmo Johnson 1106 Valentine HIT 77019	450.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	Sarah Thomas 9025 Ruland HIT 77055	72.00

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

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

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Revised 09/01/2003

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/15/03	American Express	97 94

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	Sterling Bank 1500 Northwest Freeway Houston TX 77040	616 05

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	503 00

Purpose of payment (See instructions regarding type of information required.): cell phone communications

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	Los Tios Restaurant	972 44

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/15/03	Career Placement	92.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	Kate Gary 110 Del Mar Kemah, TX 77565	781.73

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	Ralph Garcia 2810 Leeland Hou, TX 77003	2000.-

Purpose of payment (See instructions regarding type of information required.): signs/labor

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/15/03	E. Schubert 9025 Rule Hou TX 77055	500.-

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/17/03	SK Strategies 55 Waugh ST. 610 H, T 77007	2500 00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/17/03	The Kaleidoscope Group 5757 Woodway H, T 77057	3964 00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/17/03	Blackmon & Associates 3405 Edloe ST. 380 H, T 77027	2566 81

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

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