

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

VICKY GARNETT KELLER

16 ACCOUNT # (Ethics Commission files)

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 978.00

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

\$ 5,483.00

EXPENDITURE TOTALS

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

\$ 1,274.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,461.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

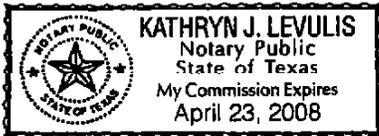
\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

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.

Vicky Garnett Keller
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vicky Garnett Keller this the 12th day of Apr, 2005, to certify which, witness my hand and seal of office.

Kathryn J. Levulis KATHRYN J. LEVULIS NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

VICKY GARNETT KELLER

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Vicky Garnett Keller
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Vicky Garnett Keller
 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/22/03	MARTIN K. MORAN [REDACTED] HOUSTON, TX 77077	\$150	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/20	ALISON CAMERON [REDACTED] HOUSTON, TX 77092	\$100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/21	Andrew TRAN Campaign [REDACTED] HOUSTON, TX 77294	\$100	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/23	TARIF ABoushi [REDACTED] HOUSTON, TX 77056	\$100	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/25	Riley LAW Firm [REDACTED] HOUSTON, TX 77254	\$500	
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME Vicky Garnett Keller		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Rothstein 6 Contributor address; City; State; Zip Code Washington, D.C. 20036	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pipe fitters Local Contributor address; City; State; Zip Code Houston TX 77007	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ironworkers State Cope Fund Contributor address; City; State; Zip Code Georgetown TX 78628	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bert Golding Contributor address; City; State; Zip Code Houston TX 77063	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darryl E. Smith Contributor address; City; State; Zip Code Houston TX 77059	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Vicky GARNETT Keller

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/13/03

5 Full name of contributor

Edward YARRA

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

7 Amount of contribution (\$)

\$10

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77062

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/13

Full name of contributor

Richard DAVIS

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

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77058

Principal occupation (Optional)

Employer (Optional)

Date

8/13

Full name of contributor

Darryl E. Smith

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

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77059

Principal occupation (Optional)

Employer (Optional)

Date

9/22

Full name of contributor

Chris B. Brown

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

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77025

Principal occupation (Optional)

Employer (Optional)

Date

8/27

Full name of contributor

STEVEN SALZMAN

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

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

AUSTIN, TX 78703

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward J Ybarra 6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77062	7 Amount of contribution (\$) \$40 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD SMITH Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77089	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernadette Payne Contributor address; City; State; Zip Code [REDACTED] Katy TX 77443	Amount of contribution (\$) \$50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl E. Smith Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77059	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris County Womens Political Caucus PAC Contributor address; City; State; Zip Code [REDACTED] Baytown TX 77521	Amount of contribution (\$) \$750	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Working Families PAC 6 Contributor address; City; State; Zip Code Amarillo, TX 79101	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

Vicky Garnett Keller

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/12

5 Payee name

Sign Mart of Texas

6 Payee address; City; State; Zip Code

8222 Lockheed
HOUSTON, TX 77061

7 Amount (\$)

487.58

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

STATIONARY

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

Date

8/18

Payee name

KITS-F.M.

Payee address; City; State; Zip Code

4409 Montrose
HOUSTON, TX 77006

Amount (\$)

\$205

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

Radio SPOTS

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

Date

9/8

Payee name

Sign Mart of Texas

Payee address; City; State; Zip Code

8222 Lockheed
HOUSTON, TX 77061

Amount (\$)

\$86.60

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

Flyers

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

Date

9/17

Payee name

Sign Mart of Texas

Payee address; City; State; Zip Code

8222 Lockheed
HOUSTON TX 77061

Amount (\$)

\$209.37

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 (\$)
9/18	Tejano Democrats 3715 N. Main St. Houston, TX 77009	\$80.00
8 Purpose of payment (See instructions regarding type of information required.)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Fall Fundraiser		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
9/19	Sprint Digital 10100 Clay Rd. Suite C Houston TX 77080	\$265.22
Purpose of payment (See instructions regarding type of information required.)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Door Hangers		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
9/22	City of Houston P.O. Box 1562 Houston TX 77251	\$500
Purpose of payment (See instructions regarding type of information required.)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Filing Fee		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
10/2	Sprint Digital 10100 Clay Rd, Suite C Houston TX 77080	265.22
Purpose of payment (See instructions regarding type of information required.)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Door Hangers		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Vicky Garnett Keller

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/10

5 Payee name

Sprint Digital

6 Payee address; City, State; Zip Code

10100 clay Rd, Suite C
Houston TX 77080

7 Amount (\$)

\$671.15

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

signs

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

Candidate / Officeholder name Office sought Office held

Date

10/20

Payee name

Golden Corral

Payee address; City, State; Zip Code

3033 South Loop West
Houston TX 77054

Amount (\$)

170.03

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

Volunteer Breakfast

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/22

Payee name

Postal Annex

Payee address; City, State; Zip Code

16516 El Camino Real
Houston TX 77062

Amount (\$)

100.00

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

copies, postage, + cutting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/31

Payee name

Sprint Digital

Payee address; City, State; Zip Code

10100 CLAY Rd, Suite C
Houston, TX 77080

Amount (\$)

487.13

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

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 (\$)
11/4	BAYOU CITY WINGS 12804 GULF FRWY SUITE 100 HOUSTON, TX 77034	163.54
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
11/4	MARCUS... AQUINIE 1529 RAMADA HOUSTON, TX 77062	450.00
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
Provided poll pushers ELECTION DAY		
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
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

VICKY GARNETT KELLER

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/04

5 Payee name

Bangladesh Association, Houston

6 Payee address; City; State; Zip Code

PO Box 440233
Houston, TX 77244

7 Amount (\$)

\$169.95

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

Donation for IML Day Pgm

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

Candidate / Officeholder name

Office sought

Office held

Date

4/15/04

Payee name

POSTAL ANNEX

Payee address; City; State; Zip Code

16516 EL CAMINO REAL
HOUSTON, TX 77062

Amount (\$)

\$60.00

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

Mailbox Rental Renewal

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

Candidate / Officeholder name

Office sought

Office held

Date

4/20/04

Payee name

Pediatric Brain Tumor Foundation

Payee address; City; State; Zip Code

302 Ridgefield Court
Asheville, NC 28806

Amount (\$)

\$100.00

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

Date

10/8/04

Payee name

Pediatric Brain Tumor Foundation

Payee address; City; State; Zip Code

302 Ridgefield Court
Asheville, NC 28806

Amount (\$)

\$50.00

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED