

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 COMMITTEE NAME

Houstonians for Mobility

OFFICE USE ONLY

Date Received

Received #

HD / PM

Amount

Date Processed

Date Imaged

4 COMMITTEE  
ADDRESS

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

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX

Jim

Thompson

6 CAMPAIGN  
TREASURER'S  
STREET ADDRESS  
(Residence or business)

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

6110 Clarkson Lane  
Houston, TX 77055

7 CAMPAIGN  
TREASURER'S  
MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

- Same as Above  
 Change of Address  
(from Form STA)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 713 ) 956-4100

9 REPORT TYPE

- January 15  
 July 15  
 30th day before election  
 8th day before election  
 Runoff  
 Exceeded \$500 limit  
 Dissolution (attach SPAC-DR)  
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

1 / 1 / 02

THROUGH

Month Day Year

6 / 30 / 02

11 ELECTION

ELECTION DATE  
Month Day Year

ELECTION TYPE

- Primary  Runoff  General  Special

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1
FILER NAME: <b>Houstonians for Mobility</b>	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
1-17-2002	Sue Walden & Associates	55 Waugh Dr., Ste. 610 Houston, TX 77007	\$20,000.00
Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee and fundraising services</b>			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
2-1-2002	Dave Walden	55 Waugh Dr., Ste. 610 Houston, TX 77007	\$5,000.00
Purpose of expenditure (See instructions regarding type of information required.) <b>Reimbursement for mail pieces, yardsign distribution GOTV program</b>			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
2-1-2002	Dave Walden	55 Waugh Dr., Ste. 610 Houston, TX 77007	\$35,000.00
Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held