

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

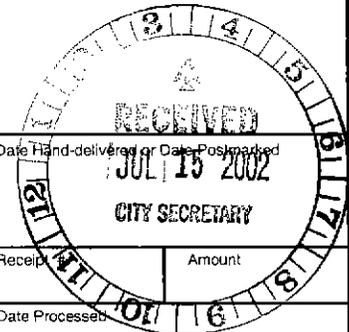
1 ACCOUNT #
(Ethics Commission filers)

2 Total pages this report: 1/5

3 COMMITTEE NAME
People For A Fair Houston

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

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

Change of Address

P.O. Box 667307
Houston TX 77266-7307

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Mr. David

NICKNAME LAST SUFFIX

Berg

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

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

16 Sunset Blvd
Houston TX 77005

7 CAMPAIGN TREASURER'S MAILING ADDRESS

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

Change of Address

16 Sunset Blvd
Houston TX 77005

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 524-2908

9 REPORT TYPE

January 15
 July 15

30th day before election
 8th day before election
 Runoff

Exceeded \$500 limit
 Dissolution (attach PAC-DR)
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

01/01/2002

THROUGH

Month Day Year

06/30/2002

11 ELECTION

ELECTION DATE
Month Day Year

None

ELECTION TYPE

Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME: People For A Fair Houston
ACCOUNT # (Ethics Commission filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input type="checkbox"/> SUPPORT	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input checked="" type="checkbox"/> OPPOSE		ELECTION DATE Month Day Year
<input type="checkbox"/> ASSIST (officeholders only)		DESCRIPTION

Prop 2 11/06/2001
Domestic Partner Measure

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

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 44363.72
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT
State of New York
County of Suffolk

KIMBERLY HARDEN
Notary Public, State of New York
No. 01HA505577
Qualified in Suffolk County
Commission Expires Feb. 12, 2006

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.

David Berg
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Berg, this the 11th day of July, 2002, to certify which, witness my hand and seal of office.

Kimberly Harden Kimberly Harden Act. Clerk Type
Signature of officer administering oath Print name of officer administering oath 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.		1 Total pages this report: 2/5	
2 FILER NAME People For A Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/14/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Stone Interior Design	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard Davidson	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	
Date 01/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Clay Dudley	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/5
2 FILER NAME People For A Fair Houston		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/08/2002	5 Payee name Bank of America 6 Payee address; City; State; Zip Code P.O. Box 2485 Spokane WA 99210	7 Amount (\$) 15.00
8 Purpose of expenditure (See instructions regarding type of information required.) Bank Charge		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/08/2002	Payee name Bank of America Payee address; City; State; Zip Code P.O. Box 2485 Spokane WA 99210	Amount (\$) 15.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Charge		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 157.61
Purpose of expenditure (See instructions regarding type of information required.) Photo Copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 2933.48
Purpose of expenditure (See instructions regarding type of information required.) Paid Phone Calls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/5
2 FILER NAME People For A Fair Houston		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/05/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	7 Amount (\$) 1540.39
8 Purpose of expenditure (See instructions regarding type of information required.) Payroll Expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 6400.15
Purpose of expenditure (See instructions regarding type of information required.) GOTV Expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 671.51
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 1335.00
Purpose of expenditure (See instructions regarding type of information required.) Database Work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/5
2 FILER NAME People For A Fair Houston		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/05/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	7 Amount (\$) 80.08
8 Purpose of expenditure (See instructions regarding type of information required.) Volunteer Refreshments		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 11490.50
Purpose of expenditure (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/02/2002	Payee name Progressive Voters in Action Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 15225.00
Purpose of expenditure (See instructions regarding type of information required.) Loan Repayment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/02/2002	Payee name Progressive Voters in Action Payee address; City; State; Zip Code P.O. Box 667307 Houston TX 77266	Amount (\$) 4500.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held