SPECIFIC-PURPOSE COMMITTEE **FORM SPAC COVER SHEET PG 1** CAMPAIGN FINANCE REPORT The SPAC Instruction Guide explains how to complete this form 1 ACCOUNT # 2 Total pages filed: (Ethics Commission filers) 3 COMMITTEE NAME **OFFICE USE ONLY** Keep Houston Safe Date Received ADDRESS / PO BOX APT/SUITE # CITY STATE ZIP CODE 10/25/2010 4 COMMITTEE **ADDRESS** 6006 North Freeway Date Hand-delivered or Date Postmarked Houston TX 77076 Change of address MS/MRS/MR FIRST МІ 5 CAMPAIGN **Amount** Receipt # **TREASURER** Mr. **Date Processed** Jim NICKNAME LAST SUFFIX NAME Date Imaged McIngvale STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; STATE; ZIP CODE 6 CAMPAIGN TREASURER'S 6006 North Freeway STREET ADDRESS Business Houston TX 77076 STREET OR PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 6006 North Freeway Houston TX 77076 MAILING ADDRESS Change of Address AREA CODE PHONE # EXTENSION 8 CAMPAIGN TREASURER PHONE (713)694-5570 9 REPORT TYPE Exceeded \$500 limit January 15 30th day before election July 15 X 8th day before election Dissolution (attach PAC-DR) Runoff 10th day after campaign treasurer termination Month Day Month 10 PERIOD **THROUGH COVERED** 9/24/2010 10/23/2010 ELECTION DATE 11 ELECTION Month Day Year Primary Special Runoff X General 11/2/2010 **GO TO PAGE 2**

PURPOSE AND TOTALS **COVER SHEET PG 2** 15 ACCOUNT # (Ethics Commission filers) 12 COMMITTEE NAME Keep Houston Safe CANDIDATE / OFFICEHOLDER NAME 13 COMMITTEE **PURPOSE** (Attached lists on plain paper to complete CANDIDATE this report if necessary) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICEHOLDER **IXI SUPPORT** (Candidate or Measure) []OPPOSE (Candidate or Measure) BALLOT IDENTIFICATION / # **ELECTION DATE** MEASURE Proposition 3 11/2/2010 DESCRIPTION [] ASSIST (Officeholder) An untimely referendum relating to the use of red light cameras. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 14 CONTRIBUTION \$0.00 TOTALS TOTAL POLITICAL CONTRIBUTIONS 2 \$1,501,000.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** \$42.76 **TOTALS** TOTAL POLITICAL EXPENDITURES \$1,394,401.91 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$188,732.85 OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING \$0.00 LAST DAY OF THE REPORTING PERIOD LOAN TOTALS **AFFIDAVIT** 15 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information regired to be reported by me under Title 15, Election Code. Jim McIngvale Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM SPAC

SPECIFIC-PURPOSE COMMITTEE REPORT:

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total Pages Schedule A: 1 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME 3 out of state PAC(ID#) Date 5 Full name of contributor Linebarger Goggan Blair & 8. In-Kind contribution Amount of Sampson, LLP Contribution (\$) description (if applicable) 6 Contributor address; City; State; Zip Code; 10/6/2010 TX 78760 10,000.00 Austin (If travel outside of Texas, Complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form

SCHEDULE C

The Instruction Guide explains how to complete this form.							Total Pages Sc	Total Pages Schedule C:	
2 FI	LER NAME					3	ACCOUNT # (Ethics Commission filers)		
4	Date	5 Corporation/Labor Organization name							
		American Traffic Solutions, Inc.				7	Amount of	8. In-kind contribution description	
							contribution (\$)	(if applicable)	
		6 Corporation/Labor Organization address;	City;	State;	Zip Code			! !	
	9/27/2010		Scottsdale	AZ	85260		1,000,000.00		
							(If travel outside of Tex	xas, complete Schedule T)	
ļ	Date	5 Corporation/Labor Organization name							
		American Traffic Solutions, Inc.				7	Amount of	In-kind contribution description	
							contribution (\$)	(if applicable)	
		6 Corporation/Labor Organization address;	City;	State;	Zip Code	1		i : :	
	10/8/2010		Scottsdale	AZ	85260		464,000.00	i ! !	
							(If travel outside of Tex	xas, complete Schedule T)	
ļ	Date	5 Corporation/Labor Organization name							
		Louis Betz and Associates, Inc.				7	Amount of	8. In-kind contribution description	
							contribution (\$)	(if applicable)	
		6 Corporation/Labor Organization address;	City;	State;	Zip Code	1		i ! !	
	9/28/2010		Tampa	FL	33688		1,000.00	i !	
							(If travel outside of Tex	xas, complete Schedule T)	
	Date	5 Corporation/Labor Organization name							
		REM Services, Inc.				7	Amount of	8. In-kind contribution description	
							contribution (\$)	(if applicable)	
		6 Corporation/Labor Organization address;	City;	State;	Zip Code	1		!	
	9/28/2010		Houston	TX	77098		10,000.00	! !	
							(If travel outside of Te	xas, complete Schedule T)	
	Date	5 Corporation/Labor Organization name						!	
		Telephone Contact, Inc.				7	Amount of	8. In-kind contribution	
							contribution (\$)	description (if applicable)	
		6 Corporation/Labor Organization address;	City;	State;	Zip Code	┨	contribution (ϕ)	i (ii applicable)	
	10/19/2010	o corporation/Labor Organization address,	St. Louis	MO	63109		15,000.00	!	
	10/19/2010		St. Louis	IVIO	03109		·	: xas, complete Schedule T)	
	Date	5 Corporation/Labor Organization name				\vdash	(ii ii aroi oulolue oi Te.	i	
1	Date	The Leytham Group, Inc.				7	Amount of	8. In-kind contribution	
						1		description	

CORPORA	TE OR LABOR ORGANIZA		SCHEDULE C						
CONTRIBU	CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS								
The Instruction G	Guide explains how to complete this for	m.			1 Total Pages	Schedule C:			
2 FILER NAME	2 FILER NAME					(Ethics Commission filers)			
	6 Corporation/Labor Organization address;	City;	State;	Zip Code					
9/28/2010		Tampa	FL	33602	1,000.00				
						f Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

	The best well as Out to sometime to	
	i ne instruction Guide explains n	now to complete this form.
Total Pages Schedule F:	² FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name	
10/8/2010	3D Visions Planning Consultants	
Amount (\$)	7 Payee address; City; State	e; Zip Code
45,000.00	6802 Champion Village Court	
	Houston TX 77069	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense	Public issue consulting services
Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
Date	5 Payee name	
10/15/2010	3D Visions Planning Consultants	
Amount (\$)	7 Payee address; City; State	e; Zip Code
20,000.00	6802 Champion Village Court	
	Houston TX 77069	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense	Public issue consulting services
Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
Date	5 Payee name	
9/28/2010	Advarion Incorporated	
	7 Payee address; City; State	e; Zip Code
• •	PO Box 540183	
,		
	Houston TX 77254	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense	Software consulting and internet advertising
Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
Date	5 Payee name	
10/22/2010	Agency Design	
	7 Payee address; City; State	e; Zip Code
.,000.00		
	Houston TX 77019	
PURPOSE OF EXPENDITI IPE		(b) Description (If travel outside Texas, complete schedule T)
	A5,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 10/15/2010 Amount (\$) 20,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 9/28/2010 Amount (\$) 7,095.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 10/22/2010 Amount (\$) 4,500.00	Houston TX 77069 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 10/15/2010 Amount (\$) 20,000.00 Complete ONLY if direct expenditure to benefit C/OH Date 5 Payee name 3D Visions Planning Consultants 6802 Champion Village Court Houston TX 77069 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Complete ONLY if direct expenditure to benefit C/OH Date 5 Payee name 4dvarion Incorporated Amount (\$) 7 Payee address; City; State PO Box 540183 Houston TX 77254 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Complete ONLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE (a) Category Consulting Expense Consulting Expense Candidate / Officeholder name TX 77254 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Consulting Expense Candidate / Officeholder name TX 77254 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Consulting Expense Candidate / Officeholder name TX 77254 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Consulting Expense Candidate / Officeholder name TX 77254 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Consulting Expense Candidate / Officeholder name TX 77254 PURPOSE OF EXPENDITURE (a) Category Consulting Expense Consulting Expense Complete ONLY if direct expenditure to benefit C/OH Amount (\$) 7 Payee address; City: State 10/22/2010 Agency Design Amount (\$) 7 Payee address; City: State 1405 Crocker Street Houston TX 77019

POLITICAL EXPE	NDITURES			SCHEDULE
	The Instruction Guide exp	lains how to	complete this form.	
Total Pages Schedule F:	² FILER NAME		3 ACCOUNT # (Ethics Cor	mmission Filers)
	Advertising Expense		Design work - mailer and	l push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
9/26/2010	John Alford			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
6,000.00	15907 Erin Creek Court			
	Houston TX 77062			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel out	side Texas, complete schedule T)
	Consulting Expense		Public issue consulting s	ervices
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/14/2010	Andy Taylor & Associates			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
34,362.50	405 Main Street, Suite 200			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel out	side Texas, complete schedule T)
	Legal Services		Legal fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
9/30/2010	Baker & Botts			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
495.00	PO Box 201626			
	Houston TX 77216-1626			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel out	side Texas, complete schedule T)
	Legal Services		Legal fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/21/2010	Baker & Botts			
Amount (\$)	7 Payee address; City;	State;	Zip Code	

POLITICAL EXPE	NDITURES	SCHEDULE F
	The Instruction Guide explains how to	complete this form.
1 Total Pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Houston TX 77216-1626	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Legal Services	Legal fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
4 Date	5 Payee name	
10/22/2010	Ed Banks	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
800.00	3306 Beulah Street	
	Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
o Form GOL OF EAR ENDITORIE	Salaries/Wages/Contract Labor	Field services
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH	Candidate / Officerolder frame	onice sought onice held
4 Date	5 Payee name	
9/30/2010	Begala McGrath, LLC	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
229,885.00	PO Box 27701	
	Houston TX 77227	
8 PURPOSE OF EXPENDITURE		(b) Description (If travel outside Texas, complete schedule T)
o Form GOL OF EAR ENDITORIE		Radio buy
9 Complete ONLY if direct	Advertising Expense Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH	Candidate / Officerolder frame	office sought office field
4 Date	5 Payee name	
10/1/2010	Begala McGrath, LLC	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
20,000.00	PO Box 27701	·
20,000.00	10 80% 27701	
	Houston TV 77007	
8 PURPOSE OF EXPENDITURE	Houston TX 77227	(b) Description (If travel outside Texas, complete schedule T)
O I UNFOSE OF EXPENDITURE	(a) Category	
	Consulting Expense	Public issue consulting services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
4 Date	E Dover some	
4 Date	5 Payee name	

POLITICAL EXPE	NDITURES		SCHEDULE
	The Instruction Guide ex	cplains how to	complete this form.
Total Pages Schedule F:	² FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
10/22/2010	Begala McGrath, LLC		•
Amount (\$)	7 Payee address; City;	State;	Zip Code
15,000.00	PO Box 27701		
	Houston TX 77227		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule T)
	Advertising Expense		Radio buy
Complete ONLY if direct	Candidate / Officeholder name		office sought office held
expenditure to benefit C/OH			
Date	5 Payee name		
10/5/2010	Colon & Company		
Amount (\$)	7 Payee address; City;	State;	Zip Code
12,000.00	PO Box 1581		
	Houston TX 77251		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense		Public issue consulting services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought office held
Date	5 Payee name		
10/23/2010	Colon & Company		
Amount (\$)	7 Payee address; City;	State;	Zip Code
10,000.00	PO Box 1581		
-,			
	Houston TX 77251		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense		Public issue consulting services
Complete ONLY if direct	Candidate / Officeholder name		office sought office held
expenditure to benefit C/OH			
Date	5 Payee name		
10/15/2010	FFFH		
Amount (\$)	7 Payee address; City;	State;	Zip Code
1,000.00	1835 Stacy Crest		
<i>,</i>	<u> </u>		
	Houston TX 77008		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule T)

POLITICAL EXPE	NDITURES	SCHEDULE
	The Instruction Guide explains how	to complete this form.
Total Pages Schedule F:	² FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
Date	5 Payee name	
10/22/2010	HSE/Ivy Levingston	
Amount (\$)	7 Payee address; City; State;	Zip Code
1,250.00	2406 Edgedale Drive	
	Missouri City TX 77489	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T
	Salaries/Wages/Contract Labor	Field services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
Date	5 Payee name	
10/13/2010	Katy Christian Magazine	
Amount (\$)	7 Payee address; City; State;	Zip Code
950.00	650 West Bough	
	Houston TX 77024	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Advertising Expense	Print ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
Date	5 Payee name	
10/5/2010	Larry M. Hicks, CPA	
Amount (\$)	7 Payee address; City; State;	Zip Code
2,816.00	10500 Northwest Freeway	
,	Suite 212	
	Houston TX 77092	
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T
	Accounting/Banking	Accounting services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
Date	5 Payee name	
9/30/2010	Outreach Strategists, LLC	
Amount (\$)	7 Payee address; City; State;	Zip Code

Total Pages Schedule F: 23,520.00	The Instruction Guide explain FILER NAME 909 Texas Street, Suite 1712	ains how to	o complete this form. 3 ACCOUNT # (Ethics Commission Filers)
			3 ACCOUNT # (Ethics Commission Filers)
23,520.00	909 Tayas Street Suite 1712		7
	303 Texas Street, Suite 1712		
	Houston TX 77002		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule
	Advertising Expense		Production of television ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought office held
Date	5 Payee name		
9/30/2010	Outreach Strategists, LLC		
Amount (\$)	7 Payee address; City;	State;	Zip Code
14,695.73	909 Texas Street, Suite 1712	•	•
14,000.70	300 Texas Officer, Odite 17 12		
	Houston TX 77002		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule
	Advertising Expense		Outdoor media and production
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought office held
Date	5 Payee name		
9/30/2010	Outreach Strategists, LLC		
Amount (\$)	7 Payee address; City;	State;	Zip Code
680,919.96	909 Texas Street, Suite 1712		
000,010.00			
	Houston TX 77002		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule
	Advertising Expense		Television buy
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought office held
Date	5 Payee name		
10/14/2010	Outreach Strategists, LLC		
Amount (\$)	7 Payee address; City;	State;	Zip Code
19,086.65	909 Texas Street, Suite 1712		
	Houston TX 77002		
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule
	Advertising Expense		Postage for mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought office held

POLITICAL EXPE	NDITURES		SCHEDUL	<u>-E</u>
	The Instruction Guide expl	ains how to		
Total Pages Schedule F:	² FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
Date	5 Payee name			
10/20/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,160.60	909 Texas Street, Suite 1712			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule	e T)
	Food/Beverage Expense		Reimbursement to consultant for meetings with commu	ınity
G Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		leaders office sought office held	
Date	5 Payee name			
10/20/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
6,040.00	909 Texas Street, Suite 1712			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule	e T)
	Consulting Expense		Reimbursement to consultant for delivery and placeme signs	nt o
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought office held	
experience to benefit of or i				
1 Date	5 Payee name			
10/20/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
11,227.00	909 Texas Street, Suite 1712			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule	e T)
	Advertising Expense		Postage for mailer	
Complete ONLY if direct	Candidate / Officeholder name		office sought office held	
expenditure to benefit C/OH				
Date	5 Payee name			
10/20/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	_
4,715.00	909 Texas Street, Suite 1712			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside Texas, complete schedule	— е Т)

POLITICAL EXPE	NDITURES			SCHEDULE
	The Instruction Guide expla	ains how to	complete this form.	
Total Pages Schedule F:	² FILER NAME		3 ACCOUNT # (Ethics Com	nmission Filers)
	Consulting Expense		Reimbursement to consul	tant for third party labor costs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/20/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
16,000.00	909 Texas Street, Suite 1712			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outs	side Texas, complete schedule T)
	Consulting Expense		Public issue consulting se	ervices
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/22/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
13,913.00	909 Texas Street, Suite 1712			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outs	side Texas, complete schedule T)
	Advertising Expense		Postage for mailers	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/22/2010	Outreach Strategists, LLC			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
4,320.00	909 Texas Street, Suite 1712			
·	,			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outs	side Texas, complete schedule T)
	Consulting Expense		Reimbursement to consul	tant for third party labor costs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
9/30/2010	Polland & Associates			
Amount (\$)	7 Payee address; City;	State;	Zip Code	
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POLITICAL EXPE	NDITURES	SCHEDULE F
	The Instruction Guide explains how to	complete this form.
1 Total Pages Schedule F:	² FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Legal Services	Legal fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
1 Date	5 Payee name	
10/7/2010	QuestMark Information Management, Ir	nc.
Amount (\$)	7 Payee address; City; State;	Zip Code
36,415.21	9440 Kirby	
,	,	
	Houston TX 77054	
3 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Advertising Expense	Postage and mailing
Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		omes coag.ii
Date	5 Payee name	
10/15/2010	Radio One of Texas	
Amount (\$)	7 Payee address; City; State;	Zip Code
3,800.00	PO Box 847339	
-,		
	Dallas TX 75284	
3 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Advertising Expense	Radio ads
Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH	Candidate / Officeriolder Hame	office sought office field
Date	5 Payee name	
10/5/2010	Razor IT Solutions, LLC	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
5,000.00	340 S. Lemon Ave	
0,000.00	#7557	
B PURPOSE OF EXPENDITURE	Los Angeles CA 91789 (a) Category	(b) Description (If travel outside Texas, complete schedule T)
. SIN SOL OF EM LINDHORE		
Complete ONLY # affect	Consulting Expense	Social network support
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought office held
_		
4 Date	5 Payee name	

POLITICAL EXPE	NDITURES	SCHEDULE F
	The Instruction Guide explains how	to complete this form.
1 Total Pages Schedule F:	² FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10/7/2010	Reel Connection Media, Inc.	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
1,100.00	1114 Augusta #1	
	Houston TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense	Audio equipment and services
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
4 Date	5 Payee name	
10/15/2010	Signature Media	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
8,768.25	3300 Kingswood	
	Houston TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Printing Expense	Post cards
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
4 Date	5 Payee name	
10/15/2010	Signature Media	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
1,924.69	3300 Kingswood	·
1,024.00	COOC TAINGSWOOD	
	Houston TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Printing Expense	Push cards
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH	Canadate / Chiconologi Hame	omee deagnik
4 Date	5 Payee name	
10/20/2010	Signature Media 7 Payee address; City; State;	Zip Code
6 Amount (\$)		Zip Code
6,552.50	3300 Kingswood	
• PURPOSE OF THE THE	Houston TX 77092	[0.5]
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
,	Printing Expense	Mailer

POLITICAL EXPE	NDITURES	SCHEDULE F		
	The Instruction Guide explai			
Total Pages Schedule F:	² FILER NAME	3	ACCOUNT # (Ethics Con	mmission Filers)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/22/2010	Signature Media			
Amount (\$)	7 Payee address; City;	State; Zi	ip Code	
11,458.45	3300 Kingswood			
	Houston TX 77092			
PURPOSE OF EXPENDITURE	(a) Category	(b)	Description (If travel out	side Texas, complete schedule T)
	Printing Expense		Push cards and mailers	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	,	office sought	office held
Date	5 Payee name			
9/29/2010	Sprint 2 Print			
Amount (\$)	7 Payee address; City;	State; Zi	ip Code	
12,118.59	8748 Clay Road, Suite 300			
	Houston TX 77080			
PURPOSE OF EXPENDITURE	(a) Category	(b)	Description (If travel out	side Texas, complete schedule T)
	Printing Expense		Yard signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/15/2010	Sprint 2 Print			
Amount (\$)	7 Payee address; City;	State; Zi	ip Code	
12,118.59	8748 Clay Road, Suite 300			
	Houston TX 77080			
PURPOSE OF EXPENDITURE	(a) Category	(b)	Description (If travel out	side Texas, complete schedule T)
	Printing Expense		Yard signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/20/2010	Sprint 2 Print			
Amount (\$)	<u> </u>	State; Zi	ip Code	
	1 .,			

POLITICAL EXPE	NDITURES			SCHEDULE I
	The Instruction Guide explain	ns how to co	emplete this form.	
Total Pages Schedule F:	² FILER NAME		3 ACCOUNT # (Ethics Comm	ission Filers)
	Houston TX 77080			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside	e Texas, complete schedule T)
	Printing Expense		T shirts	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/5/2010	Strategic Public Affairs			
Amount (\$)	7 Payee address; City; S	State;	Zip Code	
5,000.00	PO Box 79224			
	Houston TX 77279-9224			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside	e Texas, complete schedule T)
	Consulting Expense		Public issue consulting serv	ices
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/15/2010	The Tyson Organization, Inc.			
Amount (\$)	7 Payee address; City; S	State;	Zip Code	
11,884.78	855 Texas street, Suite 100			
	Fort Worth TX 76102			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside	e Texas, complete schedule T)
	Polling Expense		Voter ID calls	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
Date	5 Payee name			
10/13/2010	The What's Up Program			
Amount (\$)	7 Payee address; City; S	State;	Zip Code	
977.50	12337 Jones Road, Suite 450			
	Houston TX 77070			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel outside	e Texas, complete schedule T)
			Radio ads	
	Advertising Expense			
Complete ONLY if direct expenditure to benefit C/OH	Advertising Expense Candidate / Officeholder name		office sought	office held
	L,		office sought	office held

POLITICAL EXPE	NDITURES	SCHEDULE F
	The Instruction Guide explains how to	complete this form.
1 Total Pages Schedule F:	² FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; State;	Zip Code
10,000.00	12337 Jones Road, Suite 450	
	Houston TX 77070	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Advertising Expense	Print ad
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
4 Date	5 Payee name	
10/15/2010	U-WIN Charitable Organization	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
1,000.00	11300 Harwin Drive	
	Houston TX 77072	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Contributions/Donations Made By	Charitable contribution
	Candidate/Officeholder/Political Committee	
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
4 Date	5 Payee name	
10/12/2010	Walker Entertainment Group	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
5,000.00	10101 SW Freeway, Suite 612	·
0,000.00	10101 GW Ficeway, Guite 012	
	Houston TX 77074	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense	Public issue consulting services
9 Complete ONLY if direct	Candidate / Officeholder name	office sought office held
expenditure to benefit C/OH		
4 Date	5 Payee name	
10/20/2010	Walker Entertainment Group	
	7 Payee address; City; State;	Zip Code
6 Amount (\$)		p
3,075.00	10101 SW Freeway, Suite 612	
	Haveton TV 77074	
• DUDDOSE OF EVERYDITUSE	Houston TX 77074	(h) Description (If trough a staids Taxas a staid a Taxas
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside Texas, complete schedule T)
	Consulting Expense	Public issue consulting services

	POLITICAL EXPE	NDITURES			SCHEDULE F
		The Instruction Gui	de explains how to	complete this form.	
1	Total Pages Schedule F:	² FILER NAME		3 ACCOUNT # (Ethics Co	mmission Filers)
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
4	Date	5 Payee name			
	10/22/2010	Walker Entertainment Gr	oup		
6	Amount (\$)	7 Payee address; City;	State;	Zip Code	
	2,250.00	10101 SW Freeway, Suit	te 612		
		Houston TX 77074			
8	PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel ou	tside Texas, complete schedule T)
		Consulting Expense		Public issue consulting s	services
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
4	Date	5 Payee name			
	10/23/2010	Winding Creek Group, In	ıC.		
6	Amount (\$)	7 Payee address; City;	State;	Zip Code	
	15,352.68	2852 Connecticut Ave N	W		
		Washington DC 20008			
8	PURPOSE OF EXPENDITURE	(a) Category		(b) Description (If travel ou	tside Texas, complete schedule T)
		Polling Expense		Automated voter ID calls	S
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		office sought	office held
		ATTACH ADDITIONAL CO	OPIES OF THIS	S SCHEDULE AS NEED	DED