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

SPECIFIC-PURPOSE COMMITTEE REPORT: 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 [] SUPPORT (Candidate or Measure) [X] OPPOSE (Candidate or Measure) BALLOT IDENTIFICATION / # **ELECTION DATE** MEASURE DESCRIPTION [] ASSIST (Officeholder) A ballot measure for an ordinance banning red light cameras. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 14 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS 2 **TOTAL POLITICAL CONTRIBUTIONS** \$191,000.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** \$38.50 TOTALS **TOTAL POLITICAL EXPENDITURES** \$210.648.18 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION \$5,425.37 OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ OUTSTANDING LAST DAY OF THE REPORTING PERIOD LOAN TOTALS **AFFIDAVIT** 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 **FORM SPAC** CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** The SPAC Instruction Guide explains how to complete this form 1 ACCOUNT # 2 Total pages filed: (Ethics Commission filers) **OFFICE USE ONLY** 3 COMMITTEE NAME Date Received Keep Houston Safe ADDRESS / PO BOX APT/SUITE # CITY STATE ZIP CODE 4 COMMITTEE 7/15/2010 **ADDRESS** 6006 North Freeway Date Hand-delivered or Date Postmarked Houston TX 77076 Change of address MS/MRS/MR FIRST МІ 5 CAMPAIGN Receipt # Amount **TREASURER Date Processed** Jim NICKNAME LAST SUFFIX NAME Date Imaged McIngvale STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE: ZIP CODE 6 CAMPAIGN TREASURER'S STREET ADDRESS 6006 North Freeway Houston TX 77076 STREET OR PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 6006 North Freeway TX 77076 Houston 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 X July 15 8th day before election Dissolution (attach PAC-DR) Runoff 10th day after campaign treasurer termination Month Month 10 PERIOD **THROUGH COVERED** 3/9/2010 6/30/2010 **ELECTION DATE** 11 ELECTION Month Day Year Primary General Special Runoff **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 [] SUPPORT (Candidate or Measure) [X] OPPOSE (Candidate or Measure) BALLOT IDENTIFICATION / # **ELECTION DATE** MEASURE DESCRIPTION [] ASSIST (Officeholder) A ballot measure for an ordinance banning red light cameras TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$ 14 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS 2 **TOTAL POLITICAL CONTRIBUTIONS** \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** \$ TOTALS **TOTAL POLITICAL EXPENDITURES** \$ TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION \$ OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ OUTSTANDING LAST DAY OF THE REPORTING PERIOD LOAN TOTALS **AFFIDAVIT** 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:

	_	AL CONTRIBUTION THAN PLEDGES OF	_				SCHEDULE A
The	Instruction	on Guide explains how to co	mplete this forn	n.	1	Total Pages So	chedule A:
2 F	ILER NAM	ЛE			3	ACCOUNT # (Ethic	cs Commission filers)
4	Date	5 Full name of contributor 6 Contributor address;	out of state City;	PAC(ID#) State; Zip Code;	7	Amount of Contribution (\$)	8. In-Kind contribution description (if applicable) f Texas, Complete Schedule T)
9	Principal	occupation / Job title (See Instruct	ions)	10 Employer (See In:	struct	`	
		ATTACH	ADDITIONAL (COPIES OF THIS FOR	RM A	AS NEEDED	
		If contributor is out-of-state	PAC, please se	ee instruction guide for	r add	ditional reporting	requirements

CORPORATE OR LABOR ORGANIZATION SCHEDULE C CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule C: ACCOUNT # (Ethics Commission filers) 2 FILER NAME 4 Date 5 Corporation/Labor Organization name American Traffic Solutions, Inc. 8. In-kind contribution Amount of description (if applicable) contribution (\$) 6 Corporation/Labor Organization address; City; State; Zip Code 3/23/2010 Scottsdale ΑZ 85260 100,000.00 (If travel outside of Texas, complete Schedule T) 5 Corporation/Labor Organization name 4 Date American Traffic Solutions, Inc. 8. In-kind contribution Amount of description contribution (\$) (if applicable) 6 Corporation/Labor Organization address; City; State; Zip Code 5/25/2010 Scottsdale ΑZ 50,000.00 85260 (If travel outside of Texas, complete Schedule T) Date 5 Corporation/Labor Organization name 4 Signal Electric Inc. Amount of 8. In-kind contribution description (if applicable) contribution (\$) 6 Corporation/Labor Organization address; Zip Code City; State; 5/25/2010 Kent WA 98064 15,000.00 (If travel outside of Texas, complete Schedule T) 5 Corporation/Labor Organization name Date 8. In-kind contribution Forcecon Services, LLC Amount of description contribution (\$) (if applicable) 6 Corporation/Labor Organization address; City; State; Zip Code 5/25/2010 Keller TX 76248 3,500.00 (If travel outside of Texas, complete Schedule T) 5 Corporation/Labor Organization name 4 Date TAT Technologies, LLC Amount of 8. In-kind contribution description contribution (\$) (if applicable) 6 Corporation/Labor Organization address; City; State; Zip Code 6/8/2010 Phoenix ΑZ 85032 2,500.00 (If travel outside of Texas, complete Schedule T) 5 Corporation/Labor Organization name 4 Date

Amount of

contribution (\$)

In-kind contribution description
 (if applicable)

Horsepower Electric, Inc.

The	Instruction (Guide explains how to complete this for	m.			1	Total Pages Sc	hedule C:
2 F	LER NAME					3	ACCOUNT # (Eth	nics Commission filers)
		6 Corporation/Labor Organization address;	City;	State;	Zip Code			
	6/8/2010		Hialeah	FL	33014		5,000.00	! ! !
							(If travel outside of Tex	xas, complete Schedule T)
4	Date	5 Corporation/Labor Organization name						
		Red Light Design, LLC				7	Amount of	In-kind contribution description
							contribution (\$)	(if applicable)
		6 Corporation/Labor Organization address;	City;	State;	Zip Code			i ! !
	6/17/2010		Fenton	MO	63026		5,000.00	
							(If travel outside of Tex	kas, complete Schedule T)
4	Date	5 Corporation/Labor Organization name						
		REM Services, Inc.				7	Amount of	In-kind contribution description
							contribution (\$)	(if applicable)
		6 Corporation/Labor Organization address;	City;	State;	Zip Code			
	6/4/2010		Houston	TX	77098		10,000.00	! !
							(If travel outside of Tex	kas, complete Schedule T)

LO	ANS						SCHEDULE E
The	Instruction Guid	de explains how to complete the	nis form.			1	Total Pages Schedule E:
2 FII	_ER NAME					3	ACCOUNT # (Ethics Commission filers)
4	TOTAL (OF UNITEMIZED LOANS:	=> => => =	> => =>	•		0.00
5	Date of loan	7 Name of lender	out of state PAC(ID	#)		9	Loan Amount (\$)
6	ls Lender a Financial	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Institution?					11	Maturity date
12	12 Principal occupation / Job title (See Instructions) 13 Employer (See Instru					uctions	5)
14	Description o	f collateral					
15	GUARANTOR INFORMATION	16 Name of guarantor 17 Guarantor address;	City;	State;	Zip Code	18	Amount Guaranteed (\$)
19	not applicable Principal Occup	pation		20 Emplo	oyer		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements						

PO	LITICAL EX	(PENDITURES			SCHEDULE F
The	Instruction Guide	e explains how to complete this fo	orm.	1	Total Pages Schedule F:
2 FIL	ER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			•
		Wilson Research Strategies, I	LLC	7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	4/1/2010	1319 Classen Drive			20875
		Oklahoma City OK 73103			
8	Purpose of paymer	nt (See Instructions regarding type of	9 ** Complete if direct expenditure to bene	fit C/OI	⊣ **
	information require		Openhidate / Office hadden a see		r effect hald
	Intersection camer		Candidate / Officeholder name office	sough	nt office held
4	(If travel outside Te	exas, complete schedule T) 5 Payee name			
4	Date	,			
		Wilson Research Strategies, I		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	4/1/2010	1319 Classen Drive			4250
		Oklahoma City OK 73103			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to bene	fit C/OI	· **
	Intersection camer		Candidate / Officeholder name office	sough	nt office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name	·		
		Phil Owens		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	4/1/2010	10231 Glenfield Park Lane			300
		Houston TX 77070			
8	Purpose of paymer	nt (See Instructions regarding type of	9 ** Complete if direct expenditure to bene	fit C/OI	
0	information require	d)	5 Complete il direct experialitare to belle		1
	Distribution of print	ed materials	Candidate / Officeholder name office	sough	nt office held
		exas, complete schedule T)			
4	Date	5 Payee name			
		Advarion Incorporated		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	4/1/2010	PO Box 540183			2000
		Houston TX 77254			
8	Purpose of paymer information require	Int (See Instructions regarding type of d)	9 ** Complete if direct expenditure to bene	fit C/OI	· **
	•	g and internet advertising	Candidate / Officeholder name office	sough	nt office held
	(If travel outside Te	exas. complete schedule T)			

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	e explains how to complete this fo	orm.	1	Total Pages Schedule F:
2 FII	LER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			
		Begala McGrath, LLC		7	Amount
		6 Payee address; City;	State; Zip Code	-	(\$)
	4/1/2010	PO Box 27701			10036
		Houston TX 77227			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benef	it C/OI	H **
	Public issue consul		Candidate / Officeholder name office	sough	nt office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name			
		RazorIT		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	4/14/2010	5520 Larkin St			5000
		Houston TX 77007			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benef	it C/OI	H **
	Social network sup	port - setup	Candidate / Officeholder name office	sough	nt office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name			
		Houston Police Foundation		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	4/30/2010	PO Box 346			2500
		Houston TX 77001-0346			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benef	it C/OI	H **
	Sponsor Moonlight	Classic bike ride	Candidate / Officeholder name office	sough	nt office held
		exas, complete schedule T)			
4	Date	5 Payee name			
		Carl Davis		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	5/11/2010	1507 California St, #6			2500
		Houston TX 77006			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benef	it C/OI	H **
	Public issue consul	Iting services	Candidate / Officeholder name office	sough	nt office held
	(If travel outside Te	exas, complete schedule T)			

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	e explains how to complete this for	rm.	1	Total Pages Schedule F:
2 FIL	ER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			
		Walker Entertainment Group		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	5/11/2010	10101 SW Freeway, Suite 612	2		2500
		Houston TX 77074			
8	Purpose of paymer information require	nt (See Instructions regarding type of	9 ** Complete if direct expenditure to be	nefit C/OI	· **
	Public issue consul		Candidate / Officeholder name off	ice sough	t office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name	•		
		Sheinkopf Ltd.		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	5/11/2010	152 Madison Avenue, Suite 16			5000
	3/11/2010	132 Madison Avenue, Suite 10	503		3000
		No. West NIV 40040			
		New York NY 10016		#: 0/01	1.44
8	information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to be	nefit C/OF	1 **
	Art design		Candidate / Officeholder name off	ice sough	t office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name			
		Law Office of Roger Gordon		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	5/11/2010	901 S. Mopac, Suite 300			7400
		Austin TX 78746			
8	Purpose of paymer information require	nt (See Instructions regarding type of	9 ** Complete if direct expenditure to be	nefit C/Ol	· **
	Legal fees	a)	Candidate / Officeholder name off	ice sough	t office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name	•		
		RazorIT		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	5/11/2010	5520 Larkin St			3000
	0/11/2010	0020 Edillin Ot			0000
		Houston TX 77007			
8	Purpose of paymer information require	I	9 ** Complete if direct expenditure to be	nefit C/Ol	d **
	Social network sup	•	Candidate / Officeholder name off	ice sough	t office held
	(If travel outside Te	exas. complete schedule T)			

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	explains how to complete this fo	rm.	1	Total Pages Schedule F:
2 FIL	ER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name Harland Clarke		7	Amount
	E/40/0040	6 Payee address; City;	State; Zip Code		(\$)
	5/12/2010	10931 Laureate Drive			144.4
	D	San Antonio TX 78249	lo ** O · · · · lo · · · · · · · · · · · · · ·	- (") 0/01	1 ++
8	information required	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to ben		
	Checks	- -	Candidate / Officeholder name office	e sough	nt office held
4	(If travel outside Le	xas, complete schedule T) 5 Payee name			
4	5/21/2010	Sheinkopf Ltd. 6 Payee address; City; 152 Madison Avenue, Suite 16	State; Zip Code	7	Amount (\$) 2000
0		New York NY 10016		ofit C/OI	
8	information required	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to ben	ent C/Or	1
	Stock photography	for mail piece	Candidate / Officeholder name office	e sough	nt office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name Begala McGrath, LLC 6 Payee address; City;	State; Zip Code	7	Amount (\$)
	5/24/2010	PO Box 27701 Houston TX 77227			10156.5
8	Purpose of paymer information required	It (See Instructions regarding type of d)	9 ** Complete if direct expenditure to ben	efit C/Ol	· **
	Public issue consul	ting service	Candidate / Officeholder name office	e sough	nt office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name Ratcliff Creative		7	Amount
	5/24/2010	6 Payee address; City; 22136 Westheimer Parkway, #	State; Zip Code # 206		(\$) 1150
8	Purpose of paymer	Katy TX 77450 It (See Instructions regarding type of	9 ** Complete if direct expenditure to ben	efit C/OI	Ⅎ **
	information required		·		
	Design services (If travel outside Te	exas, complete schedule T)	Candidate / Officeholder name office	e sough	office held

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	e explains how to complete this for	rm.	1	Total Pages Schedule F:
2 FIL	ER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			,
		Don Samuel		7	Amount
		6 Payee address; City;	State; Zip Code	-	(\$)
	5/26/2010	14503 Running Arabian Lane			300
	0,20,20.0	1 1000 Hamming / Habiam Lane			000
		Houston TX 77044			
8		nt (See Instructions regarding type of	9 ** Complete if direct expenditure to benefit	C/OI	1 **
	information require Editing radio ad	u)	Candidate / Officeholder name office s	sough	t office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name	•		
		Begala McGrath, LLC		7	Amount
		6 Payee address; City;	State; Zip Code	-	(\$)
	5/28/2010	PO Box 27701			15400
	0, 20, 20 . 0				.0.00
		Houston TX 77227			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benefit	: C/OH	l **
	Public issue consu	Iting service	Candidate / Officeholder name office s	sough	t office held
		exas, complete schedule T)			
4	Date	5 Payee name			
		Baker & Botts		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	5/28/2010	PO Box 201626			10004.38
		Houston TX 77216-1626			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benefit	: C/Ol	1 **
	Legal fees		Candidate / Officeholder name office s	sough	t office held
	(If travel outside Te	exas, complete schedule T)			
4	Date	5 Payee name			
		Clear Channel		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	6/3/2010	2000 West Loop South, Suite 3	300		27200
		Houston TX 77027			
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to benefit	C/OI	 **
	June radio buy		Candidate / Officeholder name office s	sough	t office held
1	(If travel outside Te	exas, complete schedule T)			

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	explains how to complete this fo	rm.	1	Total Pages Schedule F:
2 FIL	LER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			
		Walker Entertainment Group		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	6/7/2010	10101 SW Freeway, Suite 612	2		17000
		Houston TX 77074			
8	Purpose of payment information required	nt (See Instructions regarding type of	9 ** Complete if direct expenditure to bene	fit C/OI	· **
	Radio buy	. ,	Candidate / Officeholder name office	sough	t office held
	(If travel outside Te	xas, complete schedule T)			
4	Date	5 Payee name			
		Strategic Public Affairs		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	6/21/2010	PO Box 79224			5000
		Houston TX 77279-9224			
8	Purpose of payment information required	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to bene	fit C/OI	· **
	Public issue consul		Candidate / Officeholder name office	sough	t office held
	(If travel outside Te	xas, complete schedule T)			
4	Date	5 Payee name			
		Andy Taylor & Associates		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	6/21/2010	405 Main Street, Suite 200			8343.75
		Houston TX 77002			
8	Purpose of paymen	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to bene	fit C/OI	· **
	Legal fees	,	Candidate / Officeholder name office	sough	t office held
	(If travel outside Te	xas, complete schedule T)			
4	Date	5 Payee name			
		Carl Davis		7	Amount
		6 Payee address; City;	State; Zip Code		(\$)
	6/21/2010	1507 California St, #6			2500
		Houston TX 77006			
8	Purpose of payment information required	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to bene	fit C/OI	· **
	Public issue consul	,	Candidate / Officeholder name office	sough	t office held
	(If travel outside Te	exas, complete schedule T)			

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	explains how to complete this form	m.	1	Total Pages Schedule F:
2 FIL	ER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name Law Office of Roger Gordon 6 Payee address; City;	State; Zip Code	7	Amount (\$)
	6/21/2010	901 S. Mopac, Suite 300	υμ σουσ		7760
8	Purnose of navmer	Austin TX 78746 It (See Instructions regarding type of	9 ** Complete if direct expenditure to be	nefit C/Ol	
0	information required			fice sough	
		yea complete cabadula T\	Candidate / Officeriolder flame	nce sough	it office field
4	Date	5 Payee name	<u> </u>		
7	6/21/2010	Walker Entertainment Group 6 Payee address; City; 10101 SW Freeway, Suite 612	State; Zip Code	7	Amount (\$) 7500
8	Purpose of paymer	Houston TX 77074	9 ** Complete if direct expenditure to be	nefit C/Ol	
	information required Public issue consul		Candidate / Officeholder name off	fice sough	at office held
			Candidate / Officeriolder frame	nice sough	di Onice neid
4	Date	5 Payee name	_ L		
7	6/21/2010	Advarion Incorporated 6 Payee address; City; PO Box 540183 Houston TX 77254	State; Zip Code	7	Amount (\$) 4702.74
8	Purpose of payment information required	I tt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to be	nefit C/Ol	· **
	Software consulting	g and internet advertising	Candidate / Officeholder name off	fice sough	t office held
	(If travel outside Te	xas, complete schedule T)			
4	Date 6/21/2010	5 Payee name Lawrence G. Jones 6 Payee address; City; 3303 Hideaway Lane	State; Zip Code	7	Amount (\$) 750
8	Purpose of paymer	Spring TX 77388 It (See Instructions regarding type of	9 ** Complete if direct expenditure to be	nefit C/Oł	-1 **
-	information required				
	Voice over	exas, complete schedule T)	Candidate / Officeholder name off	fice sough	t office held

РО	LITICAL EX	PENDITURES			SCHEDULE F
The	Instruction Guide	explains how to complete this for	rm.	1	Total Pages Schedule F:
2 FIL	ER NAME			3	ACCOUNT # (Ethics Commission Filers)
4	Date	6 Payee address; City;	State; Zip Code	7	Amount (\$)
	6/21/2010	6300 West Loop South, Suite 3 Bellaire TX 77401	350		263.36
8	Purpose of payment information required	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to b	enefit C/OF	· **
	Talent for radio con	nmercials	Candidate / Officeholder name	office sough	t office held
	(If travel outside Te	xas, complete schedule T)			
4	Date 6/21/2010	5 Payee name AFTRA Health and Retirement 6 Payee address; City; 6300 West Loop South, Suite 3	State; Zip Code	7	Amount (\$) 38.5
8	Purpose of payment information required	Bellaire TX 77401 It (See Instructions regarding type of d)	9 ** Complete if direct expenditure to b	enefit C/Oh	· +*
	Talent for radio con	nmercials	Candidate / Officeholder name	office sough	t office held
		xas, complete schedule T)			
4	Date 6/24/2010	5 Payee name RazorIT 6 Payee address; City; 5520 Larkin St Houston TX 77007	State; Zip Code	7	Amount (\$) 6000
8	Purpose of payment information required	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to b	enefit C/OI	1 **
	Social media suppo	ort	Candidate / Officeholder name	office sough	t office held
	(If travel outside Te	xas, complete schedule T)			
4	Date 4/30/2010	5 Payee name Colon & Company 6 Payee address; City; PO Box 1581	State; Zip Code	7	Amount (\$) 6,000.00
8		Houston TX 77251 It (See Instructions regarding type of	9 ** Complete if direct expenditure to b	enefit C/OF	 **
	information required Political consultant	d)	Candidate / Officeholder name	office sough	t office held
		exas, complete schedule T)	Carraidate / Officeriolide Harife	oo oougii	. omoo noid

PC	LITICAL EX	(PENDITURES		SCHEDULE F		
The	Instruction Guide	e explains how to complete this for	m.	1	Total Pages Schedule F:	
2 FI	LER NAME			3	ACCOUNT # (Ethics Commission Filers)	
4	Date	5 Payee name				
		Colon & Company		7	Amount	
		6 Payee address; City;	State; Zip Code		(\$)	
	5/31/2010	PO Box 1581			6,000.00	
		Houston TX 77251				
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **			
	Political consultant		Candidate / Officeholder name office	Officeholder name office sought office held		
	(If travel outside Te	exas, complete schedule T)				
4	Date	5 Payee name				
		Colon & Company		7	Amount	
		6 Payee address; City;	State; Zip Code		(\$)	
	6/30/2010	PO Box 1581			7,073.55	
		Houston TX 77251				
8	Purpose of paymer information require	nt (See Instructions regarding type of d)	9 ** Complete if direct expenditure to ber	efit C/OI		
	Political consultant		Candidate / Officeholder name office	ce sough	t office held	
	(If travel outside Te	exas, complete schedule T)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

		FROM POLITICAL CONTINESS OF C/OH	SCHEDULE I		
		Guide explains how to complete this	form.	1 Total Pages Schedule H:	
2 FI	LER NAME			3 ACCOUNT # (Ethics Commission filers)	
4	Date	5 Business name		7 Amount	
		6 Business address;	City; State; Zip Code	(\$)	
8	Purpose of p	, , ,	9 ** Complete if direct expenditure to I	penefit C/OH **	
			Candidate / Officeholder name office sought office held		
	(If travel out	side of Texas, complete schedule T)			
		ATTACH ADDITION	AL COPIES OF THIS FORM AS	NEEDED	

NO	NON-POLITICAL EXPENDITURES						SCHEDULE I
MA	DE FROM	POLITICAL CONTRI	BUTIONS				
The	Instruction Gui	de explains how to complete th	is form.		1 Total P	agesSch	edule I:
2 FIL	ER NAME				3 ACCOL	JNT # (E	thicsCommission filers)
4	Date	5 Payee name 6 Payee address; 7 Purpose of expenditure (See Insert	City; structions regarding type	State;	Zip Code	8	Amount (\$)
		ATTACH ADDITIO	NAL COPIES OF T	HIS FORM	1 AS NEEL) DED	

PC	POLITICAL CONTRIBUTIONS RETURNED					SCHEDULE .	
TC	COMMITTE	E					
The	Instruction Guide	explains how to complete this form	1.	1 Total Pa	ges Schedul	e J:	
2 FI	FILER NAME			3 ACCOUNT # (Ethics Commission filers)			nmission filers)
4	Date Returned	5 Original payee name				7	Amount Returned (\$)
		6 Original payee address;	City;	State;	Zip Code		
		ATTACH ADDITIONAL C	OPIES OF THIS F	ORM AS NE	EDED	1	

CRE	CREDITS (optional)						SCHEDULE		
The In	struction Gui	de explains how to complet	e this form.		1 Total P	ages So	chedule K:		
2 FILE	R NAME				3 ACCOL filers)	JNT # (E	Ethics Commission		
4	Date	5 Payor name				8	Amount (\$)		
		6 Payor address;	City;	State;	ZIP Code				
		7 Reason for credit							

POLITICAL COMMITTEE		FORM PAC-DR
AFFIDAVIT OF DISSOLUTION		
The instruction Guide explains how to complete this form		
** Complete only if "Report Type" on page 1 is marked "D	Dissolution" **	
COMMITTEE NAME		2 ACCOUNT #
		(Ethics Commission filers)
Affidavit of Dissolution		
committee for this or any other campaign or e that all of the information required to be repor dissolution report terminates the appointment	t expect the occurrence of any further reportable lection for which reporting under the Election Cotted by me has been reported. I understand that of campaign treasurer. I further understand that r accept political contributions without having ar	ode is required. I declare designating a report as a t a political committee may
	Signature of campaign treasurer	
	DO NOT SIGN UNLESS	
	POLITICAL COMMITTEE IS TO BE DISSOLVED	
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said	, this the	day
of, 20, to certify which, witness my han	d and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET DC 2

Safety Cal	neras for a	Sater Santown	UNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE (Attach lists on plain	le investida	CANDIDATE / OFFICEHOLDER NAME RE	CEIVED	
paper to complete this report if necessary.)	CANDIDATE	BYCL	2010	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholds	er)	
OPPOSE (Candidate or Measure)	17.8 101	BALLOT IDENTIFICATION / # ELECTI	ION DATE	
ASSIST (Officeholder)	₩ MEASURE	MNKNOWN Mr. DESCRIPTION Red Cight Car	WENOWN	
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL POLITICAL	\$ 20,000.0		
	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTION	\$1,020.46		
OUTSTANDING LOAN TOTALS		LAMOUNT OF ALL OUTSTANDING LOANS AS OF THE E REPORTING PERIOD	\$ N/A	
My	April 19, 2013	I swear, or affirm, under penalty of perjury report is true and correct and includes all in reported by me under Title 15. Election Co	nformation required to be ode.	
Sworn to and subscrit day of	bed before me, by the	said Cheryl Guidry	, this the	
Catter M Signature of officer administ	cutury Car	therine matranga	ABM	
3. and a contract during	rinted	J. J	e of officer administering oath	

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

he SPAC Instruction Guide expl	ains how to complete th	is form. 1 ACCO	INT # Commission Filers)	2 Total pages	lled:
Cafety Col	neras for	a Safer	Barton	OFFICE P Date Received	USE ONLY
COMMITTEE ADDRESS ADDRESS Change of Address	5/POBOX: APT/SUITER: 001 Garth Baytown,	Rd.	STATE: ZIP CODE	144	d or Date Postmarked
CAMPAIGN TREASURER NAME	15. Cher	41 iday	Harget	Receipt # Date Processed Date Imaged	Amount
CAMPAIGN	ADDRESS (NO PO BOX PLEASE):		Rayfon	ZIP CODE	77520
CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	OR PO BOX:	as al	CITY: STATE:	ZIP CODE	
CAMPAIGN AREA OF TREASURER PHONE		3244	EXTENSION		
REPORTTYPE D	January 15 July 15	30th day before election 8th day before election Runoff		Exceeded \$600 limit Dissolution (attach P 10th day after campaig	
0 PERIOD COVERED	2/9/2		ROUGH	6/3	o/ 2010
1 ELECTION	ELECTION DATE Day YEAR YEAR	ELECTION TYPE Prmary	Runoff	⊠ General	Special

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	lule C:
SILER HAME	Cameras for a Safer Bayton	3 ACCOUNT # (Ethi	ics Commission Filers)
Date	5 Corporation / Labor Organization name Force Con Services LVC 6 Corporation / Labor Organization address: City: State: Zep Code F5W Egg Form. Rd. #2800	S,000.50	8 In-kind contribution description (if applicable)
	(leller, 7 x 76298	(If travel outside	of Texas, complete Schedule T)
Date	Signal Electric Frc.	Amount of contribution (\$)	In-kind contribution description (if applicable)
thistic	Corporation / Labor Organization address: City: State: Zip Code	12,000.00	
	(cent, washington 98064	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City, State; Zip Code		
	Hallerton, Literate	(If travel outside	of Texas, complete Schedule T
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable
	Corporation / Labor Organization address; City; State; Zip Code		
	E 2402 NORTH St., If THE	(If travel outside	e of Texas, complete Schedule T
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable
	Corporation / Labor Organization address; City; State; Zip Code		
	more land (Charlette	(If travel outsid	se of Texas, complete Schedule
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable
	Corporation / Labor Organization address; City; State; Zip Code		
	A A CALLET OF THE KINK	CA	
	the second secon	(If travel outsing	de of Texas, complete Schedule

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Advertising Expense Advertising Expense Advertising Expense Accounting Banning Consuling Expense Food Bernices Food Bernic	
Consulting Expense Poolitie Vernet	
Consuling Expense Poolifice repairs Provided Provided Expense Politics Exp	
Event Expense Pholing Expense Protes Travel Out Of District The Section of the Pholing Expense Pholing Expense The Instruction Guide explains how to complete this form. Total pages Schoolde P 2 SILLER NAME Connect 25 for a Safer Confound of the Page Schoolde P 2 SILLER NAME Connect 25 for a Safer Confound of the Page Schoolde P 2 SILLER NAME Connect 25 for a Safer Confound of the Page Schoolde P 2 Safer Connect 25 for a Safer Confound of the Page Schoolde P 2 Safer Connect 25 for a Safer Confound of the Page Schoolde P 2 Safer Connect 25 for a Safer Confound of the Page Schoolde P 2 Safer Confound of the P 2 Safer Confound of t	
Fees Printing Expenses The Instruction Guide explains how to complete this form. Total pages Schedule F 2501C FT Total pages Schedule F Total pages Schedule FT	mmittee
The Instruction Guide explains how to complete this form. Total pages Schedule F 2 GILLER MANTE SHEET CAMERIAS FOR S SELECT CAMERIAS ACCOUNT # (Ethica Commiss Date 7 6 Serve name WISON WISSACH STATES AMOUNT (S) 7 Payee address. City: State: 2p Code PURPOSE (a) Category (See categories lated at the top of this schedule) PURPOSE (a) Category (See categories lated at the top of this schedule) Description of travel evidence from a Complete Schedule	
Total pargura Schrechole P 2 Satte Tang Town 2 Satte Tang Town 2 Satte Tang Town 3 ACCOUNT # (Etnics Commons) Dates 2 Satte Tang Town 3 ACCOUNT # (Etnics Commons) Dates 4 November 1 S Payee name W (150h W search Strategies LLC Amount (5) 7 Payee address City, State: 2p Code OKlaha wa City, DK 72 PURPOSE (a) Category (See congrows lated at the up of this schedule) Description of travel inside of this accompless Schedule PURPOSE (b) Category (See congrows lated at the up of this schedule) Description of travel inside of this accompless Schedule PURPOSE	3010)
Amount (s) 7 Payre address. City. State. Zip Code 7 (COO. O) PURPOSE (a) Category (See categoris listed at the top of this schedule) PURPOSE (a) Category (See categoris listed at the top of this schedule) PURPOSE (b) Category (See categories listed at the top of this schedule) PURPOSE (d) Category (See categories listed at the top of this schedule) PURPOSE	sion Filers)
PURPOSE (a) Category (See congroes listed at the top of this schedule) (b) Description of travel evidence frames, complete Schedule)	-
PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule	
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	T) _0
EXPENDITURE Polling Expense Rolling recent	-0
[0 11 2 3 2 2 1	٠,
Complete QNLY if direct Candidate Officeholder name Office sought Office held expenditure to benefit CIOH	
Date Payer Name	
Date 26 Page Gime ACOrporated Amount (8) Page address: City: State: Zip Code	
Amount (\$) Payee address: City; State; Zip Code	
2,000.00 P.O. BOX 540183 Houston, TX 77254	
PURPOSE Category (See categorius listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule	T)
OF // // / `	
EXPENDITURE HOVERTISING EXPENSE WEBSITE	
Complete ONLY if direct Candidate / Office holder name Office sought Office held expenditure to benefit C/OH	
Date 5 12 Payee germe 01 1 Do C 10	
Date 5 1 2 Payer adverse: City, State. 2p Color	
Amount (\$) Payee address; Çity; State; Zip Cold	
3,819.63 2407 Norfolk St., Houston, TX 77098	
PURPOSE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule)	T)
EXPENDITURE Holvertising Expense print and	
Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit ClOH	l)
Date Page name ()	
51/2 Harland Clarke	
Amount (\$) Payee address; City: State: Zip Code	
Amount (8) 144.40 (OUTS) Laureaute Drive, San Antonio TX	240
PURPOSE Category (See categories listed at the typ of this schedule) Description (If travel outside of Texas, complete Schedule)	т)
EXPENDITURE Accounting Bancing Chicks	
Complete ONLY if direct Candidate / Office holder parts Office sought Office held	/
expenditure to benefit C/DH	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	