

**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:
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3 COMMITTEE NAME	Keep Houston Safe	<b>OFFICE USE ONLY</b>
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of address	ADDRESS / PO BOX      APT/SUITE #      CITY      STATE      ZIP CODE  6006 North Freeway  Houston TX 77076	Date Received  7/15/2010  Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME	MS/MRS/MR      FIRST      MI  Jim ----- NICKNAME      LAST      SUFFIX  McIngvale	Receipt #      Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS  <input type="checkbox"/> Business	STREET ADDRESS (NO PO BOX PLEASE);      APT/SUITE #;      CITY;      STATE;      ZIP CODE  6006 North Freeway  Houston TX 77076
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7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX;      APT/SUITE #;      CITY;      STATE;      ZIP CODE  6006 North Freeway      Houston      TX      77076
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8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE #      EXTENSION  (713)      694-5570
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year  3/9/2010      THROUGH      6/30/2010
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11 ELECTION	ELECTION DATE Month      Day      Year  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME **Keep Houston Safe** 15 ACCOUNT # (Ethics Commission filers)

<b>13 COMMITTEE PURPOSE</b> (Attached lists on plain paper to complete this report if necessary)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> /
<input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)		
<input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <span style="float: right;"><b>ELECTION DATE</b></span>
<input type="checkbox"/> <b>ASSIST</b> (Officeholder)		<b>DESCRIPTION</b> A ballot measure for an ordinance banning red light cameras.

<b>14 CONTRIBUTION TOTALS</b>	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	<b>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$191,000.00
<b>EXPENDITURE TOTALS</b>	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$38.50
	4	<b>TOTAL POLITICAL EXPENDITURES</b>	\$210,648.18
<b>CONTRIBUTION BALANCE</b>	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$5,425.37
<b>OUTSTANDING LOAN TOTALS</b>	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 **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.

Jim McIngvale

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 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



**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

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3 COMMITTEE NAME	Keep Houston Safe	<b>OFFICE USE ONLY</b>
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		Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME	MS/MRS/MR      FIRST      MI  Jim ----- NICKNAME      LAST      SUFFIX  McIngvale	Receipt #	Amount
		Date Processed	
		Date Imaged	

6 CAMPAIGN TREASURER'S STREET ADDRESS  <input type="checkbox"/>	STREET ADDRESS (NO PO BOX PLEASE);      APT/SUITE #;      CITY;      STATE;      ZIP CODE 6006 North Freeway      Houston TX 77076
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7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX;      APT/SUITE #;      CITY;      STATE;      ZIP CODE 6006 North Freeway      Houston      TX      77076
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8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE #      EXTENSION (713)      694-5570
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 3/9/2010      6/30/2010
-------------------	--

11 ELECTION	ELECTION DATE Month      Day      Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME **Keep Houston Safe** 15 ACCOUNT # (Ethics Commission filers)

<b>13 COMMITTEE PURPOSE</b> (Attached lists on plain paper to complete this report if necessary)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> /
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <span style="float: right;"><b>ELECTION DATE</b></span>  <b>DESCRIPTION</b> A ballot measure for an ordinance banning red light cameras

<b>14 CONTRIBUTION TOTALS</b>	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	<b>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$
<b>EXPENDITURE TOTALS</b>	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4	<b>TOTAL POLITICAL EXPENDITURES</b>	\$
<b>CONTRIBUTION BALANCE</b>	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 **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.

Jim McIngvale

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A:
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)
(If travel outside of Texas, Complete Schedule T)			
9	Principal occupation / Job title (See Instructions)		10 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

**CORPORATE OR LABOR ORGANIZATION  
CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE C**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule C:	
2 FILER NAME		3	ACCOUNT # (Ethics Commission filers)	
4	Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
	3/23/2010	American Traffic Solutions, Inc.		100,000.00
		6 Corporation/Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
		Scottsdale AZ 85260		
4	Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
	5/25/2010	American Traffic Solutions, Inc.		50,000.00
		6 Corporation/Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
		Scottsdale AZ 85260		
4	Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
	5/25/2010	Signal Electric Inc.		15,000.00
		6 Corporation/Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
		Kent WA 98064		
4	Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
	5/25/2010	Forcecon Services, LLC		3,500.00
		6 Corporation/Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
		Keller TX 76248		
4	Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
	6/8/2010	TAT Technologies, LLC		2,500.00
		6 Corporation/Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
		Phoenix AZ 85032		
4	Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
		Horsepower Electric, Inc.		

**CORPORATE OR LABOR ORGANIZATION** **SCHEDULE C**  
**CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule C:	
2 FILER NAME		3	ACCOUNT # (Ethics Commission filers)	
6/8/2010	6 Corporation/Labor Organization address; City; State; Zip Code Hialeah FL 33014		5,000.00	(If travel outside of Texas, complete Schedule T)
4 Date	5 Corporation/Labor Organization name Red Light Design, LLC	7	Amount of contribution (\$)	8. In-kind contribution description (if applicable)
6/17/2010	6 Corporation/Labor Organization address; City; State; Zip Code Fenton MO 63026		5,000.00	(If travel outside of Texas, complete Schedule T)
4 Date	5 Corporation/Labor Organization name REM Services, Inc.	7	Amount of contribution (\$)	8. In-kind contribution description (if applicable)
6/4/2010	6 Corporation/Labor Organization address; City; State; Zip Code Houston TX 77098		10,000.00	(If travel outside of Texas, complete Schedule T)
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>				



<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>		0.00	
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$)	
6 Is Lender a Financial Institution?	8 Lender Address;                                  City;                  State;                  Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address;                                  City;                  State;                  Zip Code		
19 Principal Occupation		20 Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements			

**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  4/1/2010	5 Payee name Wilson Research Strategies, LLC ----- 6 Payee address; City; State; Zip Code 1319 Classen Drive  Oklahoma City OK 73103	7  Amount (\$) 20875
8	Purpose of payment (See Instructions regarding type of information required) Intersection camera survey (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      office sought      office held	
4	Date  4/1/2010	5 Payee name Wilson Research Strategies, LLC ----- 6 Payee address; City; State; Zip Code 1319 Classen Drive  Oklahoma City OK 73103	7  Amount (\$) 4250
8	Purpose of payment (See Instructions regarding type of information required) Intersection camera survey (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      office sought      office held	
4	Date  4/1/2010	5 Payee name Phil Owens ----- 6 Payee address; City; State; Zip Code 10231 Glenfield Park Lane  Houston TX 77070	7  Amount (\$) 300
8	Purpose of payment (See Instructions regarding type of information required) Distribution of printed materials (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      office sought      office held	
4	Date  4/1/2010	5 Payee name Advarion Incorporated ----- 6 Payee address; City; State; Zip Code PO Box 540183  Houston TX 77254	7  Amount (\$) 2000
8	Purpose of payment (See Instructions regarding type of information required) Software consulting and internet advertising (If travel outside Texas, complete schedule T)	9 ** 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 Schedule F:		
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)		
4	Date  4/1/2010	5	Payee name Begala McGrath, LLC ----- 6 Payee address; City; State; Zip Code PO Box 27701  Houston TX 77227	7	Amount (\$) 10036
8	Purpose of payment (See Instructions regarding type of information required) Public issue consulting services (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **			
		Candidate / Officeholder name office sought office held			
4	Date  4/14/2010	5	Payee name RazorIT ----- 6 Payee address; City; State; Zip Code 5520 Larkin St  Houston TX 77007	7	Amount (\$) 5000
8	Purpose of payment (See Instructions regarding type of information required) Social network support - setup (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **			
		Candidate / Officeholder name office sought office held			
4	Date  4/30/2010	5	Payee name Houston Police Foundation ----- 6 Payee address; City; State; Zip Code PO Box 346  Houston TX 77001-0346	7	Amount (\$) 2500
8	Purpose of payment (See Instructions regarding type of information required) Sponsor Moonlight Classic bike ride (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **			
		Candidate / Officeholder name office sought office held			
4	Date  5/11/2010	5	Payee name Carl Davis ----- 6 Payee address; City; State; Zip Code 1507 California St, #6  Houston TX 77006	7	Amount (\$) 2500
8	Purpose of payment (See Instructions regarding type of information required) Public issue consulting services (If travel outside Texas, complete schedule T)	9 ** 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 Schedule F:
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name	7
		Walker Entertainment Group	Amount
		-----	(\$)
	5/11/2010	6 Payee address; City; State; Zip Code	2500
		10101 SW Freeway, Suite 612	
		Houston TX 77074	
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Public issue consulting services		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		
4	Date	5 Payee name	7
		Sheinkopf Ltd.	Amount
		-----	(\$)
	5/11/2010	6 Payee address; City; State; Zip Code	5000
		152 Madison Avenue, Suite 1603	
		New York NY 10016	
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Art design		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		
4	Date	5 Payee name	7
		Law Office of Roger Gordon	Amount
		-----	(\$)
	5/11/2010	6 Payee address; City; State; Zip Code	7400
		901 S. Mopac, Suite 300	
		Austin TX 78746	
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Legal fees		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		
4	Date	5 Payee name	7
		RazorIT	Amount
		-----	(\$)
	5/11/2010	6 Payee address; City; State; Zip Code	3000
		5520 Larkin St	
		Houston TX 77007	
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Social network support		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		

**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	7
		Harland Clarke	Amount
	5/12/2010	6 Payee address; City; State; Zip Code	(\$)
		10931 Laureate Drive	144.4
		San Antonio TX 78249	
8	Purpose of payment (See Instructions regarding type of information required) Checks (If travel outside Texas, complete schedule T)		9 ** Complete if direct expenditure to benefit C/OH **
		Candidate / Officeholder name	office sought office held
4	Date	5 Payee name	7
		Sheinkopf Ltd.	Amount
	5/21/2010	6 Payee address; City; State; Zip Code	(\$)
		152 Madison Avenue, Suite 1603	2000
		New York NY 10016	
8	Purpose of payment (See Instructions regarding type of information required) Stock photography for mail piece (If travel outside Texas, complete schedule T)		9 ** Complete if direct expenditure to benefit C/OH **
		Candidate / Officeholder name	office sought office held
4	Date	5 Payee name	7
		Begala McGrath, LLC	Amount
	5/24/2010	6 Payee address; City; State; Zip Code	(\$)
		PO Box 27701	10156.5
		Houston TX 77227	
8	Purpose of payment (See Instructions regarding type of information required) Public issue consulting service (If travel outside Texas, complete schedule T)		9 ** Complete if direct expenditure to benefit C/OH **
		Candidate / Officeholder name	office sought office held
4	Date	5 Payee name	7
		Ratcliff Creative	Amount
	5/24/2010	6 Payee address; City; State; Zip Code	(\$)
		22136 Westheimer Parkway, # 206	1150
		Katy TX 77450	
8	Purpose of payment (See Instructions regarding type of information required) Design services (If travel outside Texas, complete schedule T)		9 ** 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 Schedule F:
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
4	Date  5/26/2010	5 Payee name Don Samuel ----- 6 Payee address; City; State; Zip Code 14503 Running Arabian Lane  Houston TX 77044	7  Amount (\$) 300
8	Purpose of payment (See Instructions regarding type of information required) Editing radio ad  (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **  Candidate / Officeholder name      office sought      office held	
4	Date  5/28/2010	5 Payee name Begala McGrath, LLC ----- 6 Payee address; City; State; Zip Code PO Box 27701  Houston TX 77227	7  Amount (\$) 15400
8	Purpose of payment (See Instructions regarding type of information required) Public issue consulting service  (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **  Candidate / Officeholder name      office sought      office held	
4	Date  5/28/2010	5 Payee name Baker & Botts ----- 6 Payee address; City; State; Zip Code PO Box 201626  Houston TX 77216-1626	7  Amount (\$) 10004.38
8	Purpose of payment (See Instructions regarding type of information required) Legal fees  (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **  Candidate / Officeholder name      office sought      office held	
4	Date  6/3/2010	5 Payee name Clear Channel ----- 6 Payee address; City; State; Zip Code 2000 West Loop South, Suite 300  Houston TX 77027	7  Amount (\$) 27200
8	Purpose of payment (See Instructions regarding type of information required) June radio buy  (If travel outside Texas, complete schedule T)	9 ** 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 Schedule F:
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
4	Date	5	Payee name
	6/7/2010		Walker Entertainment Group
		6	Payee address; City; State; Zip Code
			10101 SW Freeway, Suite 612
			Houston TX 77074
		7	Amount (\$)
			17000
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Radio buy		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		
4	Date	5	Payee name
	6/21/2010		Strategic Public Affairs
		6	Payee address; City; State; Zip Code
			PO Box 79224
			Houston TX 77279-9224
		7	Amount (\$)
			5000
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Public issue consulting services		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		
4	Date	5	Payee name
	6/21/2010		Andy Taylor & Associates
		6	Payee address; City; State; Zip Code
			405 Main Street, Suite 200
			Houston TX 77002
		7	Amount (\$)
			8343.75
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Legal fees		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		
4	Date	5	Payee name
	6/21/2010		Carl Davis
		6	Payee address; City; State; Zip Code
			1507 California St, #6
			Houston TX 77006
		7	Amount (\$)
			2500
8	Purpose of payment (See Instructions regarding type of information required)		9 ** Complete if direct expenditure to benefit C/OH **
	Public issue consulting services		Candidate / Officeholder name office sought office held
	(If travel outside Texas, complete schedule T)		

**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  6/21/2010	5 Payee name Law Office of Roger Gordon ----- 6 Payee address; City; State; Zip Code 901 S. Mopac, Suite 300  Austin TX 78746	7  Amount (\$) 7760
8	Purpose of payment (See Instructions regarding type of information required) Legal fees (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      office sought      office held	
4	Date  6/21/2010	5 Payee name Walker Entertainment Group ----- 6 Payee address; City; State; Zip Code 10101 SW Freeway, Suite 612  Houston TX 77074	7  Amount (\$) 7500
8	Purpose of payment (See Instructions regarding type of information required) Public issue consulting services (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      office sought      office held	
4	Date  6/21/2010	5 Payee name Advarion Incorporated ----- 6 Payee address; City; State; Zip Code PO Box 540183  Houston TX 77254	7  Amount (\$) 4702.74
8	Purpose of payment (See Instructions regarding type of information required) Software consulting and internet advertising (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      office sought      office held	
4	Date  6/21/2010	5 Payee name Lawrence G. Jones ----- 6 Payee address; City; State; Zip Code 3303 Hideaway Lane  Spring TX 77388	7  Amount (\$) 750
8	Purpose of payment (See Instructions regarding type of information required) Voice over (If travel outside Texas, complete schedule T)	9 ** 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 Schedule F:
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name	7
		Fred Olson	Amount
	6 Payee address; City; State; Zip Code		(\$)
6/21/2010	6300 West Loop South, Suite 350		263.36
	Bellaire TX 77401		
8	Purpose of payment (See Instructions regarding type of information required) Talent for radio commercials (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **	
		Candidate / Officeholder name	office sought office held
4	Date	5 Payee name	7
		AFTRA Health and Retirement	Amount
	6 Payee address; City; State; Zip Code		(\$)
6/21/2010	6300 West Loop South, Suite 350		38.5
	Bellaire TX 77401		
8	Purpose of payment (See Instructions regarding type of information required) Talent for radio commercials (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **	
		Candidate / Officeholder name	office sought office held
4	Date	5 Payee name	7
		RazorIT	Amount
	6 Payee address; City; State; Zip Code		(\$)
6/24/2010	5520 Larkin St		6000
	Houston TX 77007		
8	Purpose of payment (See Instructions regarding type of information required) Social media support (If travel outside Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **	
		Candidate / Officeholder name	office sought office held
4	Date	5 Payee name	7
		Colon & Company	Amount
	6 Payee address; City; State; Zip Code		(\$)
4/30/2010	PO Box 1581		6,000.00
	Houston TX 77251		
8	Purpose of payment (See Instructions regarding type of information required) Political consultant (If travel outside Texas, complete schedule T)	9 ** 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 Schedule F:
2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name Colon & Company	7
		6 Payee address; City; State; Zip Code PO Box 1581  Houston TX 77251	Amount (\$) 6,000.00
8 Purpose of payment (See Instructions regarding type of information required) Political consultant  (If travel outside Texas, complete schedule T)		9 ** Complete if direct expenditure to benefit C/OH **	
		Candidate / Officeholder name	office sought      office held
4	Date	5 Payee name Colon & Company	7
		6 Payee address; City; State; Zip Code PO Box 1581  Houston TX 77251	Amount (\$) 7,073.55
8 Purpose of payment (See Instructions regarding type of information required) Political consultant  (If travel outside Texas, complete schedule T)		9 ** Complete if direct expenditure to benefit C/OH **	
		Candidate / Officeholder name	office sought      office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	
8 Purpose of payment (See Instructions regarding type of information required)  (If travel outside of Texas, complete schedule T)	9 ** Complete if direct expenditure to benefit C/OH **	
	Candidate / Officeholder name    office sought    office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**NON-POLITICAL EXPENDITURES****SCHEDULE I****MADE FROM POLITICAL CONTRIBUTIONS**

The Instruction Guide explains how to complete this form.

1 Total PagesSchedule I:

2 FILER NAME

3 ACCOUNT # (EthicsCommission filers)

4

Date

5 Payee name

8

Amount

6 Payee address;

City;

State;

Zip Code

(\$)

7 Purpose of expenditure (See Instructions regarding type of information required)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL CONTRIBUTIONS RETURNED  
TO COMMITTEE**

**SCHEDULE J**

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule J:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date Returned	5 Original payee name	7 Amount Returned (\$)
	6 Original payee address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; ZIP Code	
	7 Reason for credit	

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

The instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\*

1 COMMITTEE NAME	2 ACCOUNT # (Ethics Commission filers)
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3  
Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

\_\_\_\_\_  
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 hand 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 PG 2**

12 COMMITTEE NAME <i>Safety Cameras for a Safer Bantown</i>		ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
<input checked="" type="checkbox"/> MEASURE	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <i>UNKNOWN</i>	ELECTION DATE Month Day Year <i>UNKNOWN</i>
		DESCRIPTION <i>Repeal Red Light Camera Program</i>	
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,000.00
	EXPENDITURE TOTALS		
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 18,979.54
	CONTRIBUTION BALANCE		
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,020.46	
OUTSTANDING LOAN TOTALS			
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A	

## 15 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.

*Cheryl Guidry*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Cheryl Guidry* this the 14 day of July, 20 10, to certify which, witness my hand and seal of office.

*Catherine Matranga* *Catherine Matranga* *ABM*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



**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: <b>5</b>
3 COMMITTEE NAME <b>Safety Cameras for a Safer Baytown</b>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: <b>1601 Garth Rd. Baytown, TX 77520</b>	Date Received
5 CAMPAIGN TREASURER NAME		APT / SUITE #: CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)		MS / MRS / MR <b>Ms. Cheryl Hayden</b>	Receipt #
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address		FIRST <b>Cheryl</b>	MI <b>Hayden</b>
8 CAMPAIGN TREASURER PHONE		NICKNAME <b>Guidry</b>	LAST <b>Guidry</b>
9 REPORT TYPE		STREET ADDRESS (NO PO BOX PLEASE): <b>1601 Garth Rd. Baytown TX 77520</b>	Amount
10 PERIOD COVERED		APT / SUITE #: CITY: STATE: ZIP CODE	Date Processed
11 ELECTION		AREA CODE <b>(832)</b>	Date Imaged
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election <input type="checkbox"/> Runoff		PHONE NUMBER <b>267-3244</b>	EXTENSION
Month Day Year <b>2 / 9 / 2010</b>		THROUGH <b>6 / 30 / 2010</b>	<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC DR) <input type="checkbox"/> 10th day after campaign treasurer termination
Month Day Year <b>UNKNOWN</b>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

## CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C:	
2 FILER NAME Safety Cameras for a Safer Baytown		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/10	5 Corporation / Labor Organization name Forcecon Services LLC	7 Amount of contribution (\$) 8,000.00	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code 5525 Egg Farm Rd. #2800 Keller, TX 76248		(If travel outside of Texas, complete Schedule T)	
Date 9/15/10	Corporation / Labor Organization name Signal Electric Inc.	Amount of contribution (\$) 12,000.00	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code P.O. Box 6209 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		(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		(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		(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		(If travel outside of Texas, complete Schedule T)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Poling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Safety Cameras for a Sater Baytown	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/26	5 Payee name Wilson Research Strategies LLC	
6 Amount (\$) 13,000.00	7 Payee address, City, State, Zip Code 1519 Classen Drive Oklahoma City, OK 73103	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (if travel outside of Texas, complete Schedule T) polling research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/26	Payee name Advarion Incorporated	
Amount (\$) 2,000.00	Payee address, City, State, Zip Code P.O. Box 540183 Houston, TX 77254	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T) website
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12	Payee name Jackson Design	
Amount (\$) 3,819.63	Payee address, City, State, Zip Code 2407 Norfolk St., Houston, TX 77098	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T) print ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12	Payee name Harland Clarke	
Amount (\$) 144.40	Payee address, City, State, Zip Code 10431 Laureate Drive, San Antonio TX 78249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (if travel outside of Texas, complete Schedule T) checks
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED