

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: <div style="text-align: center; font-size: 2em;">17</div>												
3 COMMITTEE NAME <div style="font-size: 1.5em; font-family: cursive;">Vote Yes on Prop 2</div>		OFFICE USE ONLY													
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">5440 Alder Houston, Tx 77081</div>														
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: cursive;">Mr. Bruce R. Hotze</div>														
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">5440 Alder Houston, Tx 77081</div>														
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Receipt # Amount Date Processed Date Imaged												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: cursive;">(713) 664-7333 1831</div>														
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input checked="" 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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	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination													
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; font-family: cursive;">9 / 24 / 04</td> <td></td> <td style="text-align: center; font-size: 1.5em; font-family: cursive;">10 / 23 / 04</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	9 / 24 / 04		10 / 23 / 04						
Month Day Year	THROUGH	Month Day Year													
9 / 24 / 04		10 / 23 / 04													
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; font-family: cursive;">11 / 2 / 04</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year			11 / 2 / 04				<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
ELECTION DATE	ELECTION TYPE														
Month Day Year															
11 / 2 / 04															
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME

Vote Yes on Prop. 2

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

11 / 02 / 04

DESCRIPTION

Charter Amendment

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,750.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 156,650.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 206,117.04

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,000

15 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Bruce R. Hotze
Signature of campaign treasurer

Sworn to and subscribed before me, by the said Bruce Hotze, this the 25th day of October, 20 04, to certify which, witness my hand and seal of office.

Susan Bickham
Signature of officer administering oath

Susan Bickham
Printed name of officer administering oath

Executive Asst
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 this Schedule A: 8	
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/1/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman Partnership, LP	7 Amount of contribution (\$) 15,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77043			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE HOTZE	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77081			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. ROBERT F. DeBESSU	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079-7418			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. J. Grivetti	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Frances Beson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079			
Principal occupation / Job title (See Instructions)		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 8	
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/29/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen F. Hough	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77088			
9 Principal occupation / Job title (See Instructions) Real Estate Broker		10 Employer (See Instructions) Memorial Realty	
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George R. Jordan	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verdene B. Ryder	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Ryder Co.	
Date 10/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Haas	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77043			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony McCorvey	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Galena Park, TX 77547			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 8	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/1/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John M. Cunningham 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77043	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James m. Hill Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/4/04 wash	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Stockton Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77081	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self employed	
Date 10/4/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. F. Holland Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tisha Hillman Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 8	
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/6/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom. Arnold	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX 77019-5809			
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions) Self employed	
Date 10/6/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joanne G. Wilson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX 77027			
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) River Oaks Financial	
Date 10/6/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S.L. G.F. Baia Monte	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX 77050			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 10/7/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dwane O'Quinn	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX 77062			
Principal occupation / Job title (See Instructions) Telecommunications		Employer (See Instructions) Self employed	
Date 9/30/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marlys S. Rivard	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX 77062			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **8**

2 FILER NAME

Vote Yes on PRODD

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/8/04

5 Full name of contributor out-of-state PAC (ID#: _____)

Let the People Vote

6 Contributor address; City; State; Zip Code

Houston, TX 77043

7 Amount of contribution (\$)

15,000.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/8/2004

Full name of contributor out-of-state PAC (ID#: _____)

Paul Bettencourt Campaign

Contributor address; City; State; Zip Code

Houston, TX 77027

Amount of contribution (\$)

5,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/04

Full name of contributor out-of-state PAC (ID#: _____)

Benjamin Streusand

Contributor address; City; State; Zip Code

Amount of contribution (\$)

5,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/04

Full name of contributor out-of-state PAC (ID#: _____)

Bruce R. Hottel

Contributor address; City; State; Zip Code

Houston, TX 77081

Amount of contribution (\$)

20,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/04

Full name of contributor out-of-state PAC (ID#: _____)

Mac Haik Management

Contributor address; City; State; Zip Code

Houston, TX 77079

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

self employed

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 8	
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom's Mexican Restaurant	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code Houston, TX 77008			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCinnis Insurance Agency	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Houston, TX 77079			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) World Houston Air Cargo LTD	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Houston, TX 77007			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ella Boulevard Motors	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Houston, TX 77092			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John L. Russell	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Houston, TX 77019			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 8

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission files)

4 Date

10/15/04

5 Full name of contributor out-of-state PAC (ID#: _____)

Let the People Vote

6 Contributor address: City: State: Zip Code

Houston, TX 77043

7 Amount of contribution (\$)

35,000.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/30/04

Full name of contributor out-of-state PAC (ID#: _____)

Beck & Masten Pontiac GMC

Contributor address: City: State: Zip Code

Houston, TX 77065

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/04

Full name of contributor out-of-state PAC (ID#: _____)

Thermetrics MAVERIC CORP.

Contributor address: City: State: Zip Code

Houston, TX 77036

Amount of contribution (\$)

15,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/04

Full name of contributor out-of-state PAC (ID#: _____)

Let the People Vote

Contributor address: City: State: Zip Code

Houston, TX 77043

Amount of contribution (\$)

10,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/04

Full name of contributor out-of-state PAC (ID#: _____)

Amtext Machine Products Inc.

Contributor address: City: State: Zip Code

Houston, TX 77041

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **8**

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission files)

4 Date

10/22/04

5 Full name of contributor

out-of-state PAC (ID#: _____)

Dixie Pipe Sales, LP

6 Contributor address; City; State; Zip Code

Houston, TX 77030-0650

7 Amount of contribution (\$)

1,000.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/22/04

Full name of contributor

out-of-state PAC (ID#: _____)

Paul Bettencourt Campaign

Contributor address; City; State; Zip Code

Houston, TX 77027

Amount of contribution (\$)

10,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/04

Full name of contributor

out-of-state PAC (ID#: _____)

Let the People Vote

Contributor address; City; State; Zip Code

Houston, TX 77043

Amount of contribution (\$)

15,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

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.

LOANS		SCHEDULE E
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 10/8/2004	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bence Hotel	9 Loan Amount (\$) 10,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5440 Alder Dr. Houston, TX 77081	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) Compressor Engineering Corp
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED 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: **6**

2 FILER NAME **Vote Yes on Prop 2** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/24/04	5 Payee name Sound works	7 Amount (\$) 745.11
6 Payee address; City; State; Zip Code 4801 Woodway Dr. Ste. 355W Houston, Tx 77056		

8 Purpose of payment (See instructions regarding type of information required.) Radio Ad Recording	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 9/27/04	Payee name Copy Dr.	Amount (\$) 1,623.75
Payee address; City; State; Zip Code 5115 Buffalo Speedway, Ste 700 Houston, Tx 77005		

Purpose of payment (See instructions regarding type of information required.) Copy services	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/28/04	Payee name Copy Dr.	Amount (\$) 121.31
Payee address; City; State; Zip Code 5115 Buffalo Spdwy Ste. 700 Houston, Tx 77005		

Purpose of payment (See instructions regarding type of information required.) Copy Svcs.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 10/1/04	Payee name Pathfinder Marketing	Amount (\$) 30,000.⁰⁰
Payee address; City; State; Zip Code 6164 Blackburn Ct. League City, Tx 77573		

Purpose of payment (See instructions regarding type of information required.) Radio buys	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 6

2 FILER NAME *Vote Yes on Prop 2* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/4/04</i>	5 Payee name <i>Modern Print Shop</i>	7 Amount (\$) <i>5490.44</i>
6 Payee address; City; State; Zip Code <i>508 Cortlandt Houston, TX 77007</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Printing for mail pieces</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>10/6/04</i>	Payee name <i>media one</i>	Amount (\$) <i>\$1,407.25</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>stickers for signs</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>10/10/04</i>	Payee name <i>Acres Homes Chamber of Commerce</i>	Amount (\$) <i>\$ 100.00</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Luncheon</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>10/10/04</i>	Payee name <i>Modern Print Shop</i>	Amount (\$) <i>210.01</i>
Payee address; City; State; Zip Code <i>508 Cortlandt St Houston, TX 77007</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing for mailing</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **6**

2 FILER NAME **Vote Yes on Prop 2** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/6/04	5 Payee name Copy Dr. Payee address; City; State; Zip Code 5115 Buffalo Speedway, Ste. 700 Houston, TX 77005	7 Amount (\$) 2,043.76
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8 Purpose of payment (See instructions regarding type of information required.) copying services	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/8/04	Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code PO Box 230299 Houston, TX 77233-0299	Amount (\$) 6,711.5
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Purpose of payment (See instructions regarding type of information required.) Postage for mailer	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/9/04	Payee name The CARSON GROUP Payee address; City; State; Zip Code 1708 Highway 6 South Houston, TX 77077	Amount (\$) 30,000
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Purpose of payment (See instructions regarding type of information required.) Radio Buys	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/11/04	Payee name WC management Payee address; City; State; Zip Code 402 West 16th St. Houston, TX 77008	Amount (\$) 2,924.26
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Purpose of payment (See instructions regarding type of information required.) Telephone calls	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 6

2 FILER NAME: Vote Yes on Prop 2 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/11/04</u>	5 Payee name <u>Bethel Nathan</u> 6 Payee address; City; State; Zip Code <u>4610 Beachnut St. #104 West Townhouse Houston, TX 77091</u>	7 Amount (\$) <u>\$9000.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Outreach</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>10/12/04</u>	Payee name <u>International mailing systems, Inc.</u> Payee address; City; State; Zip Code <u>PO Box 230299 Houston, TX 77233-0299</u>	Amount (\$) <u>3,376.76</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Processing for mailer</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>10/12/04</u>	Payee name <u>COMPRESSOR Engineering Corp.</u> Payee address; City; State; Zip Code <u>5440 Alder Dr. Houston, TX 77081</u>	Amount (\$) <u>2,263.66</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Postage for letters</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>10/15/04</u>	Payee name <u>Sound Works</u> Payee address; City; State; Zip Code <u>4801 Woodway Dr. Ste. 355W Houston, TX 77056</u>	Amount (\$) <u>1,278.23</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Radio Ad Recording</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/18/04	5 Payee name The Carson Group 6 Payee address; City; State; Zip Code 1708 Highway Six South Houston, TX 77077	7 Amount (\$) \$40,000
8 Purpose of payment (See instructions regarding type of information required.) Radio Buys		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/18/04	Payee name WC management Payee address; City; State; Zip Code 402 West 10th St. Houston, TX 77008	Amount (\$) 1,575.63
Purpose of payment (See instructions regarding type of information required.) Telephone calls		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/18/04	Payee name modern Print Shop Payee address; City; State; Zip Code 508 Cortlandt St. Houston, TX 77007	Amount (\$) 552.08
Purpose of payment (See instructions regarding type of information required.) Printing cards		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/18/04	Payee name sound works Payee address; City; State; Zip Code 4901 Woodway Dr., Ste 365W Houston, TX 77056	Amount (\$) 444.33
Purpose of payment (See instructions regarding type of information required.) Radio Ad Recording		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 6

2 FILER NAME Vote Yes on Prop 2 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/20/04</u>	5 Payee name <u>Bethel Nathan</u> 6 Payee address; City; State; Zip Code <u>4610 Beachnut St. #104 West Townhouse Houston, TX 77096</u>	7 Amount (\$) <u>4000.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>outreach</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10/20/04</u>	Payee name <u>MODERN PRINT SHOP</u> Payee address; City; State; Zip Code <u>508 Cortlandt St. Houston, TX 77007</u>	Amount (\$) <u>173.20</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Printing cards</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10/20/04</u>	Payee name <u>SPENCER NEUMANN</u> Payee address; City; State; Zip Code <u>1314 W. WEBSTER ST. Houston, TX 77019</u>	Amount (\$) <u>62,075.96</u>
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Purpose of payment (See instructions regarding type of information required.) <u>mailers; postage</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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