exas Ethics Commission	P.O. Box 12070	Austin, Texas 78	3/11-20/0		(512)463-5800 1-800-02	
SPECIFIC-P CAMPAIGN			<b>EE</b>		FORM SPAC	
The SPAC INSTRUCTION GU	PIDE explains how t	o complete this	1 ACCOUNT # (Ethics Commis	sion filers)	2 Total pages filed:	
3 COMMITTEE NAME			24		OFFICE USE ONLY	
Vote Yes			<u> </u>		Date Received	
4 COMMITTEE ADDRESS		lder To 7708	•	TATE, ZIP CODE	RECEIVED	1.41
Change of Address	Houston,	TD 7708	7		Date Hand Affect Care Postmark	ed
5 CAMPAIGN	MS / MRS / MR	FIRST		MI (	Receipt # Amount	
TREASURER NAME	Mr.	Bruce		R, SUFFIX	Date Processed	
·		Hotze			Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO 5440 A Houston,		·	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS  Change of Address	STREET OR PO BOX;	APT/	SUITE#;	CITY; STATE;	ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION		
TREASURER PHONE	(713) 6	64-7333	<b>5</b>	1831		
9 REPORT TYPE	January 15	[2 ]2	30th day before 6		Exceeded \$500 limit  Dissolution (attach PAC-DR)  10th day after campaign treasur lermination	rer 
10 PERIOD COVERED	Month 9 / 6	Day Year 24/04	THRO	DUGH	Month Day Year 10 / 23/04	
11 ELECTION	ELECTION DATE Month Dey	Year	CTION TYPE	Runoff	X General ☐ Special	
		GO TO	PAGE 2			

SPECIFIC-PU PURPOSEAN			ITTEE REPORT:	FORM SPAC COVER SHEET PG 2
12 COMMITTEE NAME Vote	Yes	on Prop.	a	ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
SUPPORT (Candidate or Measu	ıre)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	older)
OPPOSE (Candidate or Measu	ле)	<b>₩</b> MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year  11 / 02 / 04
ASSIST (Officeholder)		(X) WEXOUND	Charter Amendment	
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL COI PLEDGES, LOANS, OR	NTRIBUTIONS OF \$50 OR LESS (OTHER THAN REGULARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,750.00
'	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 156,650.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXI	PENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0-
	4.	TOTAL POLITICAL EXPENDITURES		\$ 206,117.04
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING F	NTRIBUTIONS MAINTAINED AS OF THE LAST DAY PERIOD	\$ -C-
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN	MOUNT OF ALL OUTSTANDING LOANS AS OF THE EPORTING PERIOD	\$ 10,000
Con The Con	SUSA Votary Pu nmission	N BICKHAM blic, State of Texas Expires 12-28-2008	I swear, or affirm, under penalty of perj report is true and correct and includes a reported by me under Title 15, Election  Signature of campaign	Il information required to be Code.
Sworn to and subscribe	ed befo _04_ _31cl	re me, by the said , to certify which, w	ous an Bick hamE	this the 25th day  New Ash  ficer administering oath

exas Ethics Comr	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	<u>-5800 1-800-325-8506</u>
POLITIC	AL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages this S	chedule A:
2 FILER NAME.	es on Prop 2		3 ACCOUNT # (Eth	as Commission filers)
4 Date	5 Full name of contributor     out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/1/04	Hartman Partnership, LP 6 Contributor address; City; State; Zip Code		15,000.	
9 Principal occup	Houston TX 77043	10 Employer (See In	structions)	
<del></del>			Amount of	In-king contribution
Date	Full name of contributor ut-of-state PAC (ID#:	<u></u> ,	contribution (\$)	description (if applicable)
WIDH	BRUCE HOTZE  contributor address: City: State; Zip Code  HOUSTON, TX 77081		5,000.	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/29/04	MR. Rubert F. DeBesse Contributor address; City; State; Zip Code Houston, TX 77079-74		contribution (\$)	description (If applicable)
Principal occu	1 pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		) Amount of contribution (\$)	In-kind contribution description (if applicable)
9/29/04	E.J. GRIVEHI  Contributer address: City: State: Zip Code  Houston. Tx 77079		100.00	
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/29/04	John Frances Beson Contributor address; City; State; Zip Code		100.00	
	Houston, TX 77079	Employer (See	Instructions)	<u> </u>
Principal occi	upation / Job title (See Instructions)	Employer (366		
If cont	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED additional repoi	ting requirements.
I		•		

	nmission P.O. Box 12070 Austin CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	, Texas 78711-2070	<u>(512) 46</u>		1-800-325-8506 HEDULE <b>A</b>
The Instruction	N Guide explains how to complete this form.		1 Total pages this	Schedule A:	8
2 FILER NAME	Yes on Prop 2	·	3 ACCOUNT # (Et	hics Commissio	on filers)
4 Date	5 Full name of contributorcut-of-state PAC (ID#:	)	7 Amount of contribution (\$)	. •	ind contribution otion (if applicable)
9/29/04	Helen F Hough  6 Contributor address; City; State; Zip Code  Houston, TX 77088	<b>,</b>	100.00	     	
	pation / Job title (See Instructions)	10 Employer (See In:		1	
Date	Full name of contributor   Out-of-state PAC (ID#:_		Amount of contribution (\$)		ind contribution otion (if applicable)
9/30/04	Contributor address: City: State: Zip Code Houston, TX 77019		250.00	     	
Principal occu	Retired	Employer (See In:	structions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)		ind contribution otion (if applicable)
9/30/04	Verdene B. Ryder Contributor address; City: State; Zip Code Houston, Tx 7706 G		مو ۱۵۵۰	     	
Principal occu	upation / Job title (See Instructions)	Employer (See In Ryder Co			
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)		Ind contribution otion (if applicable)
10/1/04	SCFF HAAS Contributor address; City; State; Zip Code Houston, TX 77043		250.00	     	
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor   out of state PAC (ID#;	)	Amount of	ln-k	ind contribution

description (if applicable) contribution (\$)

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.

exas Ethics Com	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	-5800 1-800-325-8506
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	3		SCHEDULE A
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	ichedule A:
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	In-kind contribution     description (if applicable)
10/,/04	6 Contributor address; City; State; Zip Code		100.00	 
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	in-kind contribution description (if applicable)
10/1/04	Sames m. Hill Contributor address: City: State: Zip Code Houston, TX 17019		100.00	 
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	in-kind contribution description (if applicable)
10/4/04 Martin	FRED STOCKTON  Contributor address; City; State; Zip Code  Houston, TX 77081		100 50	 
Principal occi	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:_		Arnount of contribution (\$)	In-kind contribution description (if applicable)
10/4/04	Contributor address; City; State; Zip Code	,	100.00	1
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
10  5   04	Full name of contributor   out-of-state PAC (ID#:  TISH A HILLY CONTRIBUTOR CONTRIBUTOR address; City; State: Zip Code  HOUSTON, TX 77027		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See	instructions)	
if con	ATTACH ADDITIONAL COPI tributor is out-of-state PAC, please see inst	ES OF THIS FORM truction guide for	AS NEEDED additional repor	ting requirements.

exas Ethics Comr	nission P.O. Box 1 <u>2070 A</u>	ustin, Texas 78711-2070	(512) 463	-5800 <u>1-800-325-8506</u>
POLITIC	AL CONTRIBUTIONS THAN PLEDGES OR LO			SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages this S	chedule A: 8
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethi	cs Commission filers)
	s on Prop 2	•		
		C (ID#:)	7 Amount of	8 In-kind contribution
	Tom Arnold  6 Contributor address; City: State; Zip  Howston, Tx 7019-68	Code	contribution (\$)	description (If applicable)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In		
Physic		<u>selfem</u>	played	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/0/04	Towns on Witson Contributor address; City; State; Zig		100.00	
1	pation / Job title (See Instructions)	Employer (See II	nstructions) XKS FNANC	اعجا
Consu	etant		Amount of	In-kind contribution
10/12/04	Full name of contributor	p Code	Contribution (\$)	description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I Rとかん		
Date	Full name of contributor uut-of-state P	AC (ID#:	Arnount of contribution (\$)	In-kind contribution description (if applicable)
10/7/04	Dwane D'Quinn Contributor address; City: State; Zi Houston, Tx 77043	ip Code	100.30	
Principal cool	pation / Job title (See Instructions)	Employer (See	Instructions)	<del></del>
Teleco	mmunications	self emp	swyed_	
9/30/2001	Full name of contributor out-or-state of	ip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi Re	upation / Job title (See Instructions)	Employer (See	Instructions)	
If cont	ATTACH ADDITIONAL ributor is out-of-state PAC, please se	COPIES OF THIS FORM e instruction guide for	AS NEEDED additional repor	ting requirements.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Com	nmission P.O. Box 12070 Austin	, Texas 78711-207	0 (512) 46	3-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	5	en-%	SCHEDULE A
The Instruction	ο Guipe explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAME	S on Propa		3 ACCOUNT # (Et	aics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/13/04	Tonus Muyican Ristaupant 6 Contributor address: City; State; Zip Code Houston, TX 11008		aಕುo. <sup>ಕರ</sup>	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/13/04	Contributor address; City; State; Zip Code  HOUSTON, TX 17079	19 29	250.00	     
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/13/04	World Houston Air Cargo Contributor editless: City: State; Zip Code Houston. Tx 77007	CED	100.00	     
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_ ElaBalevard motor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Holsila	Contributor address; City: State: Zip Code  Howston, TX 77092		100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/13/04	Contributor address; City: State; Zip Code Houston, TX 17019		100.00	 
Principal occu	pation / Job title (See Instructions)	RenRed	estructions)	
lf contr	ATTACH ADDITIONAL COPIE			ing requirements.

Texas Ethics Con	nmission P.O. Box 12070 Austin	Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S		SCHEDULE A
The Instruction	พ Guide explains how to complete this form.		1 Total pages this	Schedule A:
2 FILER NAME	on Prop 2		3 ACCOUNT # (Eti	nics Commission filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:_ Let the Plope Vote 6 Contributor address: City: State; Zip Code thuston, Tx 7043		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_BECK & MOSTEN Fonthac Chr. Contributor address: City: State; Zip Code Houston. TX 77065	nc	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	etructione)	
Date	Full name of contributor   out-of-state PAC (10#:_ Thermetrics Mayeric Contributor address: City: State; Zip Code Houston, TX 77030	кр. :	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See in:	structions)	
Date 10120/04	Full name of contributor out-of-state PAC (ID#:_  Let the People Vote  Contributor address; City; State; Zip Code  Houston, TX 17043		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
10/23/0 <sup>1</sup>	Full name of contributor	3 Inc.	Amount of contribution (\$)	in-kind contribution description (If applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

exas Ethics Com	mission P.O. Box 12070 Austin	, Texas 78711-2070	(512) 463	<u>-5800 1-800-325-8506</u>
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	<b>S</b>		SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)
Vote Y	es on Propa			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
rupalor		,	1,000.0	
i	Houston, TX 77230-0650		·	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/04	Contributor address: City; State; Zip Code Houston, TX 17027		10,000 ~	 
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor   out-of-state PAC (ID#_ LET THE PEOPLE VOTE Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/92/01	Houston, TX 11043		15,000.00	!
Principal occu	I. pation / Job title (See instructions)	Employer (See Ir	nstructions)	
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 occu	upation / Job title (See Instructions)	Employer (See II	nstructions)	<u></u>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,		 
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	<u> </u>
If cont	ATTACH ADDITIONAL COPI	ES OF THIS FORM truction guide for a	AS NEEDED additional repor	ting requirements.

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME VOTE, YES	on Prop 2		3 ACCOUNT # (Ed	hics Commission filers)
4 TOTA	L OF UNITEMIZED LOANS:	<b>⇔</b> ⇔ ⇔	<b>ರು</b> ರು	\$
5 Date of loan	7 Name of lender  Bouce Hotze	Out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; 5440 Alder Dr.	Zip Code		10 Interest rate
Y (N)	Houston, TX 77081			11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)		(See Instructions)	g CORA
14 Description of Colla	iteral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	Zip Code		
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State;	Zip Code		interest rate
Y N				Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See	Instructions)	· · · · · · · · · · · · · · · · · · ·
Description of Colle	ateral			
GUARANTOR INFORMATION	Name of guerantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		
If lender is	ATTACH ADDITIONAL CO			quirements.

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
Vote Yes on Prop 2	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name  Sound works  9/24/04 6 Payee address; City; State; Zip Code,  48 D1 Wood way Dr. Sto  Houston, To 77056	7 Amount (\$) . 355 W
8 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
Payee name  Copy Dr.  9/21/04 Payee address; City: State; Zip Code  5115 Buffalo Speedway, S  Houston, Tio 77005	Amount (5)  3 to 700  1,623 75
Purpose of payment (See instructions regarding type of information required.)  Copy Services	** Complete if direct expenditure to benefit C/OH **  Candidate / Officeholder name Office sought Office held
Payee name  Copy Dr.  92804 Payee address; City: State: Zip Code 5115 Buffich Spawy Ste.  Houston, To 77005	Amount (\$) 700 121.31
Purpose of payment (See instructions regarding type of information required.)  Copy SVcs.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Payee name Pathfinder Marketing Payee address; City; State; Zip Code O164 Blackburn Ct. League City, Tr. 77573	30,000.20
Purpose of payment (See instructions regarding type of information required.)  Rad o buyy	Complete if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held
ATTACH ADDITIONAL COPIES O	OF THIS FORM AS NEEDED

Texas Ethics Con	nmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITURES		so	CHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule	F: 6
2 FILER NAME	Yes on trop 2		3 ACCOUNT # (Ethics C	ommission filers)
4 Date	8 Payee name Print Shop		7	Amount (\$)
10/4/04	6 Payee address: City; State; Zip Code 50 Cort Wind+		5	490.44
	Houston, The 77007			
required )	ment (See instructions regarding type of information  3 For mail Pieces	9 Complete if di Candidate / Officeholder r	rect expenditure to benefit name Office sough	
Date	Payee name			Amount (\$)
10/4/04	Media Dne Payee address; City; State; Zip Code		······ \$1,2	407.25
	ment (See instructions regarding type of information	Complete if dir	rect expenditure to benefit	C/OH ··
required.) Sticker	s for signs	Candidate / Officeholder n	name Office sough	ot Office held
Date	Payee name			Amount (\$)
10/01/04	ACRES Homes Chambes Payee address; City; State; Zip Code	z of Commer	ce p	100.00
				•
required.)	ment (See instructions regarding type of information	·· Complete if dis Cendidate / Officeholder n	rect expenditure to benefit lame Office sough	
Date	Payee name			Amount
10/10/04	Modern Print Shop Payee address; City: State; Zip Code 508 Cortland St			(s) 10.01
• • • •	Houston, TX 77007			
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dir Candidate / Officeholder n	rect expenditure to benefit same Office sough	
, ,	for mailing	Sandale / Sinds folder in	garile Silver steam	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule F:
2 FILER NAME	_		3 ACCOUNT# (Eth	lcs Commission filers)
Vote Y	es on Prop2			
4 Date	5 Payee name		7	Amount (\$)
poluloy	Copy Dr. 6 Peyes address; City: State; Zip Code 5115 Bubbalo Speedw Honston, TX 77005	ay, Ste. 700		2,043.76
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 · Complete If dir	rect expenditure to be	
1 ' '	jing services	Sandate / Cincendia (1	Jan 19	'
Date	Payee name			Amount (\$)
voks/64	ThtCRNational Mailing Payee address; City; State; Zip Code PO Box 230299 Houston, TX 77233-02		, the.	6,7115
Purpose of pay required.)	ment (See Instructions regarding type of information	<ul> <li>Complete if die</li> <li>Candidate / Officeholder r</li> </ul>	rect expenditure to be name Office	
	for mailer	- Sanddate / Sindshousi i	and the control of th	
Date	Payee name			Amount
10/9/04	The Carson GROUP Peyes address: City: State: Zip Code 1708 Highway & 801 Howston, TX 77077	x+h,		30,000 
Purpose of pay required.)	ment (See instructions regarding type of information	T	rect expenditure to be	
	Burs	Candidate / Officeholder r	eame Office	ought Office field
Date	Payee name			Amount (\$)
holinlon	Payee address; City; State; Zip Code HOD West 16th St. Howston, TX 77008		ć	2,924.06
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dir Candidate / Officeholder r	rect expenditure to be	
1 ' '	none calls	Canadate / Officendidar r	DICE :	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.	1 1	Total pages Schedule F:
2 FILER NAMI	·	3 /	ACCOUNT # (Ethics Commission filers)
	yes on Propa		
10 11 04	5 Payee name  Bethel Nathan  6 Payee address; City: State; Zip Code  4610 Beach nut 8t.  #104 west Townhouse Houston, TX 770910	· · · · · · · · · · · · · · · · · · · ·	7 Amount (\$) \$9000.50
required.)	yment (See instructions regarding type of information	9 ·· Complete If direct ex Candidate / Officeholder name	openditure to benefit C/OH Office sought Office he
Date	Payee name		Amount
10/12/04	Payee address; city; State; Zip Code. PD Box 230299 Houston, TX 77283-0299	isiems, Inc	3,376.76
required.)	ment (See instructions regarding type of information  ng for malle	•• Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH ·· Office sought Office he
Date 10/12/04	Payee name  Compressor Engineeum Payee address; City; State; Zip Code 5440 Addw Dr. Howston, TX 77081	g.Corp	2,203.61
regulred,)	ment (See instructions regarding type of information	•• Complete if direct ex Cendidate / Officeholder name	penditure to benefit C/OH Office sought Office he
Date	Рауее лагле		Amount (\$)
10/15/04	Sourd Works Peyee eddress; City; State; Zip Code 4801 Woodway Dr. Ste. Howston, TX 71056	<b>జ</b> నరు	1,278.23
Purpose of pay required.)	rment (See instructions regarding type of information Ad Recording	•• Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH · · Office sought Office he

POLITI	CAL EXPENDITURES		SCHEDULE F	
The Instruction	ON GUIDE explains how to complete this form.	1 Total pag	1 Total pages Schedule F:	
.2 FILER NAM	E	3 ACCOU	NT # (Ethics Commission filers)	
Vote yes	3 on Prop 2			
4 Date	The Carson Group  6 Payee address; City; State; Zip Code 1708 Highway Six Sow Houston, TX 17077	tw	7 Amount (\$) \$40,000	
required.)	yment (See Instructions regarding type of information  Buys	9 Complete if direct expenditu Candidate / Officeholder name	re to benefit C/OH Office sought Office he	
Date	Payee name		Amount (\$)	
10/18/04	Payee address; City, State; Zip Code 402 West 10th St. Houston, TX 77008		1,575.6	
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditu		
• •	none calls	Candidate / Officeholder name	Office sought Office he	
10 18 04	Payee name  ModeRn Print Shop Payee address; City; State; Zip Code  508 Cortlanat St.  Houston, TX 77007		Amount (\$) 552.08	
required.)	rment (See Instructions regarding type of Information  Cards	" Complete if direct expenditur Candidate / Officeholder name	e lo benefit C/OH •• Office sought Office he	
Dete	Peyee name  Sound Works  Peyee address; City: State; Zip Code  4901 Woodway Dr., Ste  Houston, TX 77056	365W	Amount (\$) 444.33	
required.)	ment (See instructions regarding type of Information  d Recording	Complete if direct expenditure Candidate / Officeholder name	B to benefit C/OH ** Office sought Office held	

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	N Guide explains how to complete this form.	1 Total pages	Schedule F: 6
2 FILER NAME		3 ACCOUNT	# (Ethics Commission filers)
Vote Ves	on FROD 2 5 Payee name		,
4 Date	5 Payee name		7 Amount (\$)
10/20/04	Bethel Nathan  6 Payee address; City; State; Zip Code  4610 Beachnut St.  4104 West Townhouse  Houston, TX 77090		4000.
required.)	yment (See instructions regarding type of information	9 ·· Complete if direct expenditure to Candidate / Officeholder name	to benefit C/OH Office sought Office h
outre			
Date	Payee name		Amount (\$)
10/20/04	Modern Print Shop Payee address; City; State; Zip Code 508 Cortlanolt St. Houston, TX 77007		173.20
required.)	yment (See instructions regarding type of information  Scords	Complete if direct expenditure to Candidate / Officeholder name	o benefit C/OH •• Difice sought Office he
Date	Payee name		Amount
10/20/04	Spencer Neumann Payee address: City: State: Zip Code 1314 W. Webster St. Houston, TX 77019		62,075.9
Purpose of pay	ment (See instructions regarding type of information	Complete if direct expenditure t	
maile	3 i postage	Candidate / Officeholder name	Office sought Office he
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
Purpose of pay required.)	rment (See instructions regarding type of information	· Complete if direct expenditure to Candidate / Officeholder name	D benefit C/OH · · Office he