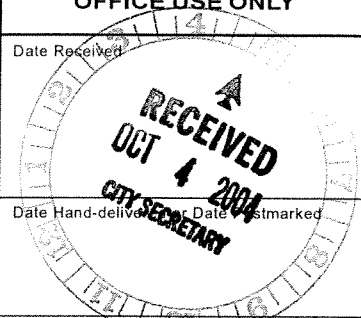


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: 4
3 COMMITTEE NAME Vote Yes on Prop 2		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5440 Alder Houston, TX 77081	Date Received 	
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Bruce R. NICKNAME LAST SUFFIX Hotze	Receipt #	Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5440 Alder Houston, TX 77081	Date Processed	Date Imaged
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 664-7333 1831		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 9 / 15 / 04	THROUGH	Month Day Year 9 / 23 / 04
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 04	ELECTION TYPE <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 / 2 / 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

\$

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

\$ *87,000.00*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *75,777.43*

CONTRIBUTION
BALANCE

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

\$

11,222.57

OUTSTANDING
LOAN TOTALS

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.

Bruce R. Hotze
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Bruce Hotze*, this the *1ST* 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 Assistant
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: <u>1</u>	
2 FILER NAME <u>Vote Yes on Prop 2</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9/16/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thermetrics Maverick Corp</u> 6 _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <u>12,500.⁰⁰</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/16/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce R. Hotze</u> Contributor address; City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <u>27,500.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/16/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wiley Mossy</u> Contributor address; City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <u>10,000.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/17/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Let the People Vote, PAC</u> Contributor address; City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <u>37,000.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15/04

5 Payee name

Sound Works

7 Amount (\$)

763.43

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.)

9 **•• Complete if direct expenditure to benefit C/OH ••**
Candidate / Officeholder name Office sought Office held

Date

9/16/04

Payee name

Pathfinder Marketing

Amount (\$)

75,014.00

Payee address; City; State; Zip Code

*6104 Blackburn Court
Houston, TX 77057*

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED