

August 16, 2004

Ms. Anna Russell  
City Secretary  
City of Houston  
900 Bagby, Room 101  
Houston, Texas 77251

(ph. 713/247-1840)

Re: Specific-Purpose Committee Campaign Finance Report  
Let the People Vote

Dear Ms. Russell:

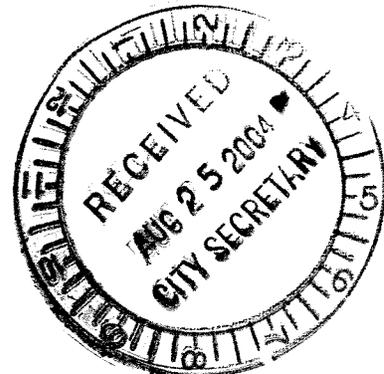
Please find enclosed Specific-Purpose Committee Campaign Finance Report for Let the People Vote for the period ended June 30, 2004.

Please file it in your records.

If you have any questions, please call me at 713/467-2222.

Very truly yours,

Robert W. Engel





# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

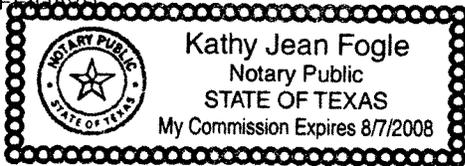
# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Let The People Vote ACCOUNT # (Ethics Commission filers)

<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year / /
		DESCRIPTION <u>Charter Amendment</u>

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>85.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>47,485.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>40,351.71</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,559.34</u>
<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.

Robert W. Engel  
Signature of campaign treasurer

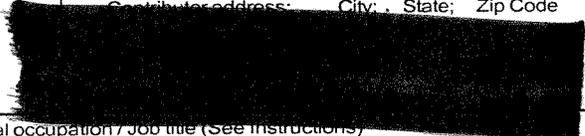
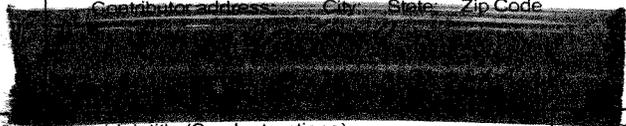
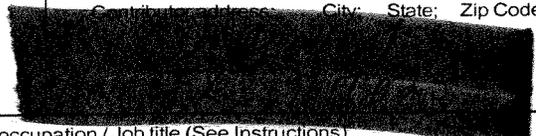
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert W Engel, this the 16<sup>th</sup> day of Aug, 20 04, to certify which, witness my hand and seal of office.

Kathy Jean Fogle Printed name of officer administering oath  
Kathy Jean Fogle Title of officer administering oath  
Accountant

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Let the People Vote</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/11/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allen R. Hartman</i> 	7 Amount of contribution (\$) <i>20,000.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/13/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allen R. Hartman</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) <i>14,000.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lois Vanwart</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/20/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Earl Lainson</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/21/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JANICE WILSON</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____ 	Amount of contribution (\$) <i>25.00</i>	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:	
2 FILER NAME <i>Let the People Vote</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/22/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Verdene Ryder</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. P. Keller</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/23/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Knutson</i>	Amount of contribution (\$) <i>10.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/9/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Boylan</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Hotze</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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:	
2 FILER NAME <i>Let the People Vote</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/20/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Geldens</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>B. A. SHANNON</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allen R. Hartman</i>	Amount of contribution (\$) <i>10,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL EXPENDITURES** **SCHEDULE F**

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

2 FILER NAME **Let the People Vote** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/9/04</b>	5 Payee name <b>HCAD</b>	7 Amount (\$) <b>302.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 922004 Hou. TX 77292-2004</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Protestors lists</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>2/26/04</b>	Payee name <b>Grassroots Enterprise</b>	Amount (\$) <b>17,475.00</b>
Payee address; City; State; Zip Code <b>410 Jessie St. 4th Floor San Francisco Ca. 94103</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Web launch, fundraising component, 4 months hosting, licensing 1 month prof services</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>5/6/04</b>	Payee name <b>Hartman Management</b>	Amount (\$) <b>75.99</b>
Payee address; City; State; Zip Code <b>1450 W. Sam Hou. Pkwy N. #100 Hou. TX. 77043</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Reimburse Am. Exp- Presentation Material</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>2/13/04</b>	Payee name <b>US Postal Service</b>	Amount (\$) <b>68.00</b>
Payee address; City; State; Zip Code <b>Memorik PR Station Hou. Tx. 77024</b>		

Purpose of payment (See instructions regarding type of information required.) <b>P.O. Box Fee payment</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Let the People Vote</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/18/04</b>	5 Payee name <b>Advarion Inc.</b> <small>Payee address: City: State: Zip Code</small> <b>P.O. Box 546183 Hou. TX 77254</b>	7 Amount (\$) <b>1,000.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Website services</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/18/04</b>	Payee name <b>The Sanchez Group</b> <small>Payee address: City: State: Zip Code</small> <b>2476 Bolsoren Ste 414 Hou. TX. 77005</b>	Amount (\$) <b>455.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Professional Services</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/25/04</b>	Payee name <b>Bethel Nathan Public Relations</b> <small>Payee address: City: State: Zip Code</small> <b>4610 Beechnut Ste 104 Hou. TX. 77096</b>	Amount (\$) <b>1,500.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Consulting-minority voters</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/15/04</b>	Payee name <b>Network Solutions</b> <small>Payee address: City: State: Zip Code</small> <b>P.O. Box 17659 Baltimore, Md. 21297</b>	Amount (\$) <b>129.99</b>
Purpose of payment (See instructions regarding type of information required.) <b>Website domain renewal Email box</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Let the People Vote</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/22/04</i>	5 Payee name <i>Advarion Inc.</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 540183 Hou. TX. 77254</i>	7 Amount (\$) <i>408.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>IT Consulting Services Website Services</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/29/04</i>	Payee name <i>Chamberlain, Hrdlicka, White, Williams &amp; Martin</i> Payee address; City; State; Zip Code <i>1200 Smith St. #1400 Hou. TX. 77002</i>	Amount (\$) <i>5,633.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Attorney fees</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/8/04</i>	Payee name <i>Chamberlain, Hrdlicka, White, Williams &amp; Martin</i> Payee address; City; State; Zip Code <i>1200 Smith St. #1400 Hou. TX. 77002</i>	Amount (\$) <i>12,500.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Attorney fees</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/30/04</i>	Payee name <i>Coastal Banc</i> Payee address; City; State; Zip Code <i><del>P.O. Box</del> 5718 Westheimer Ste #100 Hou. TX. 77057</i>	Amount (\$) <i>12.73</i>
Purpose of payment (See instructions regarding type of information required.) <i>Bank fees</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

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

2 FILER NAME *Let the People Vote* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/8/04</i>	5 Payee name <i>Steven Craig - University of Houston</i>	7 Amount (\$) <i>800.00</i>
6 Payee address; City; State; Zip Code <i>204 McElhinney Hall Hou. TX. 77204-5019</i>		

8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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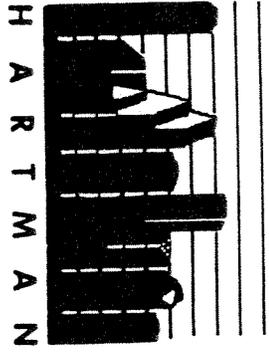
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

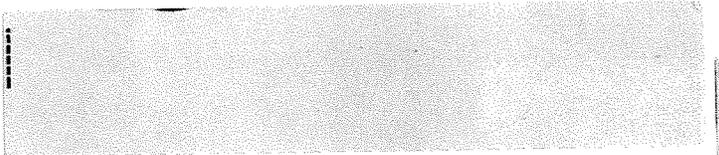
Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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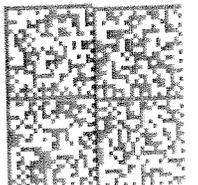
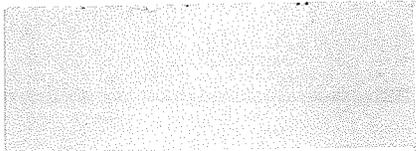


Hartman Management

1450 W. Sam Houston Pkwy. N.  
Suite 100  
Houston, Texas 77043-3124



MS. ANNA RUSSELL  
CITY SECRETARY  
CITY OF HOUSTON  
900 BAGBY, ROOM P101  
HOUSTON, TX 77251



respost

AUG 24 2008