

# 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:
3 COMMITTEE NAME  <b>LET THE PEOPLE VOTE</b>		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  <b>P.O. BOX 19117 HOUSTON, TX 77224</b>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>ROBERT W.</b> NICKNAME LAST SUFFIX <b>ENGEL</b>	Receipt #	Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1450 W. SAM HOUSTON PKWY. N., SUITE 100 HOUSTON, TX 77043-3124</b>	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 <b>(713) 467-2222</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input 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		
10 PERIOD COVERED	Month Day Year <b>7 / 1 / 03</b>	THROUGH	Month Day Year <b>12 / 31 / 03</b>
11 ELECTION	ELECTION DATE Month Day Year <b>/ /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>GO TO PAGE 2</b>			

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

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME **LET THE PEOPLE VOTE** ACCOUNT # (Ethics Commission filers)

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

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 982.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,684.36
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 111.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,258.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 426.05
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.

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 12<sup>th</sup> day of March, 20 04, to certify which, witness my hand and seal of office.

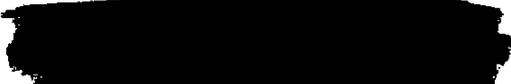
Kathy Jean Fogle  
Signature of officer administering oath

Kathy Jean Fogle  
Printed name of officer administering oath

Accountant  
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:	
2 FILER NAME <b>LET THE PEOPLE VOTE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/31/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ALLEN R. HARTMAN</b> Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) <b>16,302.36</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/18/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BRUCE HOTZE</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/5/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STEVEN FINKLEMAN</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/5/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RAMSAY ELDER</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/10/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GEORGE &amp; JERRY PATE GERLACH</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <b>100.00</b>	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.		<b>1</b> Total pages this Schedule A:	
<b>2</b> FILER NAME <b>LET THE PEOPLE VOTE</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date <b>11/10/03</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TODD LAND COMPANY, LLC</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> 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)	

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)	

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)	

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)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <b>LET THE PEOPLE VOTE</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>9/11/03</b>	<b>5</b> Payee name <b>WC MANAGEMENT</b> <b>6</b> Payee address; City; State; Zip Code <b>402 W. 16TH ST. HOUSTON, TX 77008</b>	<b>7</b> Amount (\$) <b>1,752.00</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE WORK</b>		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>11/21/03</b>	Payee name <b>GRAPHICSLAND</b> Payee address; City; State; Zip Code <b>17730 S. OAK PARK AVE. TINLEY PARK, IL 60477</b>	Amount (\$) <b>169.95</b>
Purpose of payment (See instructions regarding type of information required.) <b>BUMPER STICKERS</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>8/15/03</b>	Payee name <b>U.S. POSTAL SERVICE</b> Payee address; City; State; Zip Code <b>HOUSTON, TX</b>	Amount (\$) <b>370.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>POSTAGE</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>7/23/03</b>	Payee name <b>BRANDON COLEMAN</b> Payee address; City; State; Zip Code <b>14107 TORREY VILLAGE HOUSTON, TX 77014</b>	Amount (\$) <b>516.08</b>
Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE WORK</b>		** 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

5 Payee name

EDWARD HAMILTON

7 Amount (\$)

10/31/03

6 Payee address; City; State; Zip Code

4246 BRIDLEDON  
HOUSTON, TX 77014

3,718.00

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

TELEPHONE WORK

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

ERIKA GREEN

Amount (\$)

7/17/03

Payee address; City; State; Zip Code

13480 S. THORNTREE DR., #203  
HOUSTON, TX 77015

570.40

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

TELEPHONE WORK

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

SCOTT SHELEY

Amount (\$)

8/14/03

Payee address; City; State; Zip Code

14131 LOST MEADOW LN.  
HOUSTON, TX 77079

943.60

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

TELEPHONE WORK

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

TINA THOMPSON

Amount (\$)

12/31/03

Payee address; City; State; Zip Code

14826 ARMITAGE LANE  
SUGAR LAND, TX 77478

4,672.08

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

TELEPHONE WORK

-- 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:

2 FILER NAME

LET THE PEOPLE VOTE

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/28/03

5 Payee name

SHAWANA WILTZ

6 Payee address; City; State; Zip Code

1401 REDFORD, #1513B  
HOUSTON, TX 77034

7 Amount (\$)

2,024.20

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

TELEPHONE WORK

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/21/03

Payee name

HILL RESEARCH CONSULTANTS

Payee address; City; State; Zip Code

2202 TIMBERLOCH PL., #100  
THE WOODLANDS, TX 77380

Amount (\$)

3,410.87

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

TELEPHONE POLL

\*\* 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

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