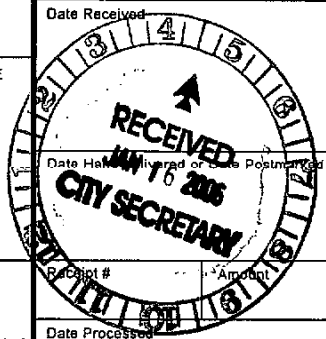


**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**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: 9
--	--	-------------------------------

3 COMMITTEE NAME Let the People Vote, Houston	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	
---	---	---

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bruce R.
	NICKNAME LAST SUFFIX Hotze

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
---	--

7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5440 Alder Houston, Tx 77081
--	---

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 664-7333
----------------------------	---

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 THROUGH Month Day Year 10 / 29 / 06 12 / 31 / 06
-------------------	--

11 ELECTION	ELECTION DATE: Month Day Year 11 / 7 / 06 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 Let the People Vote, Houston	ACCOUNT # (Ethics Commission filers)
--	--

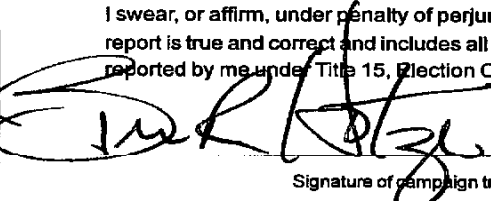
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # Proposition G ELECTION DATE Month Day Year 11 / 7 / 06 DESCRIPTION Charter Amendments

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 8.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1375.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 46.45
	4. TOTAL POLITICAL EXPENDITURES	\$ 96800.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -1498.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 266500.00

15 AFFIDAVIT

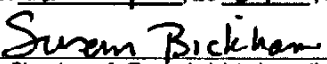
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Hotze this the 16th day of January, 20 07, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Susan Bickham
 Printed name of officer administering oath

Exec. 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 Schedule A: 2	
2 FILER NAME Let the People Vote, Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leland Fontenot	7 Amount of contribution (\$) 5.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77096		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.F. Holland	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James W. Ivy	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77055		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas J. Ryan	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77036		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eleanor M. Wyant	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, Tx 77096		(If travel outside of Texas, complete Schedule T)	
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 Schedule A: 2	
2 FILER NAME Let the People Vote, Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald J. Manint	7 Amount of contribution (\$) 15.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77072		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwendolyn H. Gann	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77096-3909		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David B. Wilson	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. E. Baiamonte	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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: <div style="text-align: center; font-size: 1.5em;">2</div>
2 FILER NAME <i>Let the People Vote, Houston</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan <i>10/31/06</i>	7 Name of lender <i>Bruce Hotze</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>75000.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>5440 Alder Houston, TX 77081</i>	10 Interest rate <i>8 1/4 %</i>
		11 Maturity date <i>7-16-07</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" 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 <i>11/3/06</i>	Name of lender <i>Bruce Hotze</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) <i>10 000.00</i>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>5440 Alder Houston, TX</i>	Interest rate <i>8 1/4 %</i>
		Maturity date <i>7-16-07</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender 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: <div style="text-align: center; font-size: 1.5em;">2</div>
2 FILER NAME <div style="font-size: 1.2em;">Let the People Vote, Houston</div>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan <div style="font-size: 1.2em;">11/21/06</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Bruce Hotze</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">7000.00</div>
6 Is lender a financial Institution? <div style="font-size: 1.2em;">Y <input checked="" type="radio"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">5440 Alder Houston Tx 77081</div>	10 Interest rate <div style="font-size: 1.2em;">8 1/4 %</div>
12 Principal occupation / Job title (See Instructions)		11 Maturity date <div style="font-size: 1.2em;">7-17-07</div>
13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" 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? <div style="font-size: 1.2em;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
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: 3
2 FILER NAME Let the People Vote, Houston		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/31/06	5 Payee name The Carson Group	7 Amount (\$) 21127.00
6 Payee address; City; State; Zip Code 1708 Hwy 6 South Houston, Tx 77077		
8 Purpose of payment (See instructions regarding type of information required.) Media Buys <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/31/06	Payee name Michael Franks	Amount (\$) 338.28
Payee address; City; State; Zip Code 602 Koehl Wharton, Tx 77488		
Purpose of payment (See instructions regarding type of information required.) Yard signs <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/31/06	Payee name International Mail	Amount (\$) 33742.71
Payee address; City; State; Zip Code 815 Live Oak Houston, Tx 77003		
Purpose of payment (See instructions regarding type of information required.) Postage & Database <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/31/06	Payee name Neumann & Company	Amount (\$) 20614.65
Payee address; City; State; Zip Code 1002 Pauline Avenue Bellaire, Tx 77401		
Purpose of payment (See instructions regarding type of information required.) Printing <small>(If travel outside of Texas, complete Schedule T)</small>		** 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: 3
2 FILER NAME Let the People Vote, Houston		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/2/06	5 Payee name Ben Buso	7 Amount (\$) 1200.00
6 Payee address; City; State; Zip Code 926 Mulberry Ridgeway Houston, Tx 77062		
8 Purpose of payment (See instructions regarding type of information required.) Yard signs <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 11/3/06	Payee name Bethel Nathan	Amount (\$) 6260.00
Payee address; City; State; Zip Code 4610 Beechnut Houston, Tx 77096		
Purpose of payment (See instructions regarding type of information required.) Telephone Calls <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 11/7/06	Payee name Bethel Nathan	Amount (\$) 3500.00
Payee address; City; State; Zip Code 4610 Beechnut Houston, Tx 77096		
Purpose of payment (See instructions regarding type of information required.) Consulting <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 11/21/06	Payee name Copy Dr	Amount (\$) 978.99
Payee address; City; State; Zip Code 3814 Bissonnet Houston, Tx 77005		
Purpose of payment (See instructions regarding type of information required.) Printing <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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: 3
2 FILER NAME Let the People Vote, Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/06	5 Payee name Omni Information Services 6 Payee address; City; State; Zip Code P.O. Box 1607 Friendswood, Tx 77549	7 Amount (\$) 5098.52
---------------------------	--	---------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Phone calls <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
---	--

Date 11/21/06	Payee name Sound Works Payee address; City; State; Zip Code 4801 Woodway, ste 355W Houston, Tx 77056	Amount (\$) 300.05
-------------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.) Radio Ads <small>(If travel outside of Texas, complete Schedule T)</small>	<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
---	--

Date 12/6/06	Payee name The Carson Group Payee address; City; State; Zip Code 1708 Hwy 6 South Houston, Tx 77077	Amount (\$) 240.50
------------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Media Buys <small>(If travel outside of Texas, complete Schedule T)</small>	<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
--	--

Date 12/19/06	Payee name Veritas Media Group Payee address; City; State; Zip Code P.O. Box 1776 Stafford, VA 22555	Amount (\$) 3400.00
-------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Consulting <small>(If travel outside of Texas, complete Schedule T)</small>	<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED