

SPECIFIC-PURPOSE COMMITTEE REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

3610 FORM SPAC PG 1

See SPAC INSTRUCTION GUIDE for detailed instructions.		1 ACCOUNT #	2 Total pages filed:
3 COMMITTEE NAME	TAXPAYERS AGAINST SUBSIDIZING & PRAWL		OFFICE USE ONLY
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Cell S. Congress Austin, TX 78701 Suite 150		RECEIVED TRANS. DIVISION OCT 17 5 56 PM '97
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI	Receipt #	
	NICKNAME LAST SUFFIX	HD / PM	Amount
Date Processed		4/5/98 PM	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1719 Enfield Austin, TX 78703		Frank London
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 482-8063			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Dissolution report <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 10th day after campaign treasurer termination		
9 PERIOD COVERED	Month Day Year 10/15/97		THROUGH Month Day Year 10/31/97
10 ELECTION	ELECTION DATE Month Day Year 11/04/97	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
PG 2

11 COMMITTEE NAME <u>Taxpayers Against subsidizing sprawl</u>		12 ACCOUNT #
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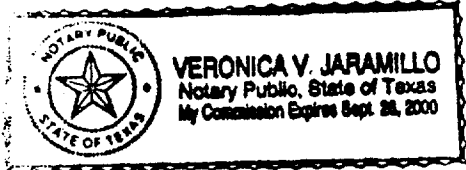
13 SPECIFIC COMMITTEE PURPOSE <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE-HOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	OFFICE USE
	<input checked="" type="checkbox"/> MEASURE <input checked="" type="checkbox"/> Identified <input type="checkbox"/> Unidentified	BALLOT IDENTIFICATION / # <u>Bond propositions #</u> <u>Bond proposition 4</u>	ELECTION DATE Month / Day / Year <u>11 / 04 / 97</u>
DESCRIPTION <u>Bond propositions for county road</u> <u>right-of-ways</u>			

14 NO REPORTABLE ACTIVITY
 Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)


15 CONTRIBUTION AND LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>345.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>920.00</u>
	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>71.44</u>
	5. TOTAL POLITICAL EXPENDITURES	\$ <u>544.05</u>

16 AFFIDAVIT

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



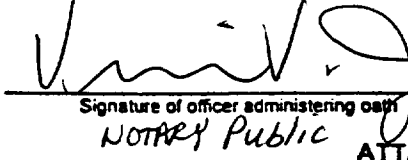
VERONICA V. JARAMILLO
Notary Public, State of Texas
My Commission Expires Sept. 28, 2000



Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK R. FERRARI, this the 27th day of Oct, 19 97, to certify which, witness my hand and seal of office.



Signature of officer administering oath
NOTARY Public

Print name of officer administering oath

Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

See INSTRUCTION GUIDE for detailed instructions.			1 Total pages Schedule A:	
2 FILER NAME TAXPAYERS AGAINST SUBSIDIZING PRAWL			3 ACCOUNT #	
4 Date 10-15-97	5 Full name of contributor BILL BUNCH <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code				
9 Principal occupation ATTORNEY		10 Employer (optional) SOS Alliance		
Date 10-23-97	Full name of contributor William Craig <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8404 Roan Austin 78736				
Principal occupation		Employer (optional)		
Date 10-23-97	Full name of contributor Joyce Conner <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4414 Walhill Ln. Austin 78759				
Principal occupation		Employer (optional)		
Date 10-23	Full name of contributor David Dobbs <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 9702 Swansons Ranch Rd. Austin 78748				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		Employer (optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
6 Contributor address; City; State; Zip Code				
9 Principal occupation		10 Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
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POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION GUIDE for detailed instructions.		1 Total pages Schedule F:
2 FILER NAME Taxpayers Against subsidizing sprawl		3 ACCOUNT #
4 Date 10-20-97	5 Payee name Kinko's 6 Payee address; City; State; Zip Code 121 E. 6th St. Austin, TX 78701	7 Amount (\$) \$99.02
8 Purpose of expenditure Copies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 10-22-97	Payee name Austin Inovice Payee address; City; State; Zip Code 4000 N. IH 35 Austin, TX 78751	Amount (\$) \$320.00
Purpose of expenditure Newspaper Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 10-24-97	Payee name Office Depot Payee address; City; State; Zip Code 2101 S. Lamar Austin, TX 78704	Amount (\$) \$73.57
Purpose of expenditure Copies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought

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POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION GUIDE for detailed instructions.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT #
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought

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