

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

3788

**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 <i>Taxpayers Against Subsidizing Sprawl</i> | | OFFICE USE ONLY Date Received: JUN 20 4 48 PM '98 DAVID S. BERRY COUNTY CLERK TRAVIS COUNTY, TEXAS Receipt # HD / PM Amount Date Processed: 4/21/98 Date Imaged | |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX: <i>6115 Congress Ste. 150</i> | APT / SUITE #: <i>Austin, TX</i> | CITY: STATE: ZIP CODE: <i>78704</i> |
| 5 CAMPAIGN TREASURER NAME | TITLE: FIRST: MI: <i>Mark</i> | NICKNAME: LAST: SUFFIX: <i>Ferrari</i> | HD / PM: Amount: Date Processed: 4/21/98 Date Imaged: |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE: <i>1719 Entfield Austin TX 78703</i> | | |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS | STREET OR PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE: <input type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: PHONE NUMBER: EXTENSION: <i>(512) 482-8063</i> | | |
| 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 SPAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>10 / 28 / 97 12 / 31 / 97</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>/ /</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input 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 Taxpayers Against Subsidizing Sprawl | | 13 ACCOUNT # (Ethics Commission files) |
| 14 NO REPORTABLE ACTIVITY | <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 135.- |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6625.- |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 56.49 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8088.31 |
| OUTSTANDING LOAN TOTALS | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ — |

16 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.

Mark R Ferrari
Signature of campaign treasurer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK FERRARI, this the 16th day of Jan., 19 98, to certify which, witness my hand and seal of office.

Tina Rydell Signature of officer administering oath
TINA RYDELL Print name of officer administering oath
Notary Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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>Taxpayers Against Subsidizing Sprawl</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>10/31</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Save Our Springs Alliance</i> | 7 Amount of contribution (\$) <i>1200.-</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 684881 Austin TX 78768</i> | | | |
| 9 Principal occupation | | 10 Employer (optional) | |
| Date <i>12/4</i> | Full name of contributor <input type="checkbox"/> out of state PAC <i>Kirk Mitchell</i> | Amount of contribution (\$) <i>500.-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>710 Scarborough Bldg. Austin TX 78701</i> | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <input type="checkbox"/> out of state PAC <i>Save Our Springs PAC</i> | Amount of contribution (\$) <i>125.-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 4023 Austin TX 78765</i> | | | |
| 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) | |
| 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

SCHEDULE A

| | | | |
|--|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A: | |
| 2 FILER NAME <i>Taxpayers Against Subsidizing sprawl</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>10/30</i> | 5 Full name of contributor <i>David Frederick</i> <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) <i>300.-</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>414 Ridgewood Austin 78746</i> | | | |
| 9 Principal occupation | | 10 Employer (optional) | |
| Date | Full name of contributor <i>Mary Arnold</i> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <i>100.-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>3404 South Hill Circle Austin TX 78703</i> | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <i>Shine Barton Creek Association</i> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <i>1000.-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 5923 Austin 78763</i> | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <i>Shine Our Springs Alliance</i> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <i>3000.-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 684881 Austin 78768</i> | | | |
| Principal occupation | | Employer (optional) | |
| Date | Full name of contributor <i>Dan McNamara</i> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <i>400.-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>801 Scarborough Bldg. 101 W. 6th Austin 78701</i> | | | |
| Principal occupation | | Employer (optional) | |

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 this Schedule F:

4

2 FILER NAME

Taxpayers Against Subsidizing Sprawl

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30

5 Payee name

Karen Krueger

6 Payee address; City; State; Zip Code

500 Lightsey #202 Austin, TX 78704

7 Amount (\$)

1000.00

8 Purpose of expenditure

Expense Reimbursement - postage

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10/30

Payee name

US Postal Service

Payee address; City; State; Zip Code

510 Guadalupe Austin, TX 78701

Amount (\$)

1600.00

Purpose of expenditure

Postage

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10/30

Payee name

Kinko's

Payee address; City; State; Zip Code

121 E. 6th Austin, TX 78701

Amount (\$)

441.66

Purpose of expenditure

Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10/29

Payee name

Richard Fawal

Payee address; City; State; Zip Code

301 E. 34th #102 Austin, TX 78705

Amount (\$)

113.66

Purpose of expenditure

Copies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / 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 this Schedule F: 4 |
| 2 FILER NAME Taxpayers Against Subsidizing Sprawl | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10/28/97 | 5 Payee name Kinko's 6 Payee address; City; State; Zip Code 121 E. 6th Austin, TX 78701 | 7 Amount (\$) 81.19 |
| 8 Purpose of expenditure Printing | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date 10/29 | Payee name Austin Chronicle Payee address; City; State; Zip Code 4000 N. IH 35 Austin, TX 78751 | Amount (\$) 585.00 |
| Purpose of expenditure AR | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date 10/30 | Payee name Opinion Analysts Payee address; City; State; Zip Code 906 Rio Grande Austin 78701 | Amount (\$) 502.77 |
| Purpose of expenditure Labels Labels | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date 10/29 | Payee name Kinko's Payee address; City; State; Zip Code 121 E. 6th Austin, TX 78701 | Amount (\$) 194.85 |
| Purpose of expenditure Copies | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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 this Schedule F: **4**

2 FILER NAME

Taxpayers Against Subsidizing Sprawl

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Karen Krueger

7 Amount (\$)

940.00

6 Payee address; City; State; Zip Code

500 Lightsey #202 Austin TX 78704

8 Purpose of expenditure

Expense reimbursement

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / 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 this Schedule F:

4

2 FILER NAME

Taxpayers Against Subsidising Sprawl

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31

5 Payee name

Texas Campaign for the Environment

7 Amount (\$)

1000.-

6 Payee address; City; State; Zip Code

611 S. Congress, Austin, TX 78704
Suite 150

8 Purpose of expenditure

Office rent

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11/3

Payee name

Opinion Analysts

Amount (\$)

284.19

Payee address; City; State; Zip Code

906 Rio Grande Austin, TX 78701

Purpose of expenditure

Labels

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11/6

Payee name

Karen Krueger

Amount (\$)

1000.-

Payee address; City; State; Zip Code

520 Lightsey #202 Austin, TX
78704

Purpose of expenditure

Consulting

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11/20

Payee name

Austin Chronicle

Amount (\$)

345.-

Payee address; City; State; Zip Code

4600 IH 35 Austin, TX 78751

Purpose of expenditure

Ad

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED