

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**4234 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  <p style="font-size: 1.2em; font-family: cursive;">COMMITTEE TO ELECT DAVID VAN OS</p>			<b>OFFICE USE ONLY</b>
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <p style="font-size: 1.2em; font-family: cursive;">802 Highland Austin TX 78703</p>		Date Received  Receipt #
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <p style="font-size: 1.2em; font-family: cursive;">Ms LYNN E.</p> NICKNAME LAST SUFFIX <p style="font-size: 1.2em; font-family: cursive;">RUBINOFF</p>	HD / PM Amount  Date Processed  Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <p style="font-size: 1.2em; font-family: cursive;">802 Highland Austin TX 78703</p>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input checked="" type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA)	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <p style="font-size: 1.2em; font-family: cursive;">(512) 479-6412</p>		
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 checked="" 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  <p style="font-size: 1.2em; font-family: cursive;">7 / 1 / 98     THROUGH     12 / 31 / 99</p>		
11 ELECTION	ELECTION DATE Month Day Year  <p style="font-size: 1.2em; font-family: cursive;">/ /</p>	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

*COMMITTED TO ELECT DAVID WILKS*

13 ACCOUNT #  
(Ethics Commission filers)

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  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

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.

*Lynne Rubinet*

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lynne Rubinet* this the *15<sup>th</sup>* day of *January*, 19 *99*, to certify which, witness my hand and seal of office.

*Vivian Wilks*

Signature of officer administering oath

*VIVIAN WILKS*

Print name of officer administering oath  
**VIVIAN WILKS**  
MY COMMISSION EXPIRES  
March 22, 2002

*Notary Public*

Title of officer/administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		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.

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages this Schedule B1:

**2** FILER NAME **3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out of state PAC	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> Pledgor address; City; State; Zip Code		

**10** Principal occupation (optional) **11** Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional) Employer (optional)

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# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name ..... 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

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# PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule D.

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Corporation / Labor Organization name	<b>7</b> Amount of pledge (\$)	<b>8</b> In-kind description (if applicable)
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

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# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial institution?  Y      N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution?  Y      N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
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
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule F:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	

<b>8</b> Purpose of expenditure	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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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
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float:right">Office sought / held</span>
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float:right">Office sought / held</span>
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float:right">Office sought / held</span>
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float:right">Office sought / held</span>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

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# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

## SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule J:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date Returned

5 Payor name

7 Amount Returned (\$)

6 Payor address; City; State; Zip Code

Date Returned

Payor name

Amount Returned (\$)

Payor address; City; State; Zip Code

Date Returned

Payor name

Amount Returned (\$)

Payor address; City; State; Zip Code

Date Returned

Payor name

Amount Returned (\$)

Payor address; City; State; Zip Code

Date Returned

Payor name

Amount Returned (\$)

Payor address; City; State; Zip Code

Date Returned

Payor name

Amount Returned (\$)

Payor address; City; State; Zip Code

Date Returned

Payor name

Amount Returned (\$)

Payor address; City; State; Zip Code

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# SPECIFIC-PURPOSE COMMITTEE REPORT: AFFIDAVIT OF DISSOLUTION

## FORM SPAC - DR

The SPAC INSTRUCTION GUIDE explains how to complete this form.

•• Complete only if "Report Type" on SPAC page 1 is marked "Dissolution" ••

1 COMMITTEE NAME

COMMITTEE TO ELECT DAVID VAN DY

2 ACCOUNT #

(Ethics Commission filers)

3

### Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this specific-purpose committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand the circumstances in which the specific-purpose committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*Lyone Rubineff*

Signature of campaign treasurer

DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lyone Rubineff*, this the 15<sup>th</sup> day of January, 19 99, to certify which, witness my hand and seal of office.

*Vivian Willis*

Signature of officer administering oath

VIVIAN WILLIS

Print name of officer administering oath

NOTARY Public

Title of officer administering oath

