

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

4908

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

00051447

2 Total pages filed:

3

3 COMMITTEE NAME

YES! Travis County Bonds Committee

OFFICE USE ONLY

Date Received:

OCT -9 AM 11:38

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 300164
Austin, TX 78703-0003

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Cathy Bonner
NICKNAME LAST SUFFIX

Receipt #

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

22 Margarita Crescent
Austin, TX 78703

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 50381
Austin, TX 78763

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 474-5640

9 REPORT TYPE

January 15
 July 15

30th day before election
 8th day before election
 Runoff

Exceeded \$500 limit
 Dissolution (attach PAC-DR)
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

9 / 26 / 01

THROUGH

Month Day Year

9 / 27 / 01

11 ELECTION

ELECTION DATE
Month Day Year

11 / 6 / 01

ELECTION TYPE

Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

ACCOUNT #
(Ethics Commission filers)

YES! Travis County Bonds Committee

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

ASSIST
(officeholders only)

MEASURE

11 / 6 / 01

DESCRIPTION

Travis County Bond proposals

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)

\$

1,000

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

0

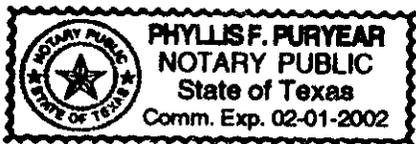
OUTSTANDING
LOAN TOTALS

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.



Cathy Bonner
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Cathy Bonner*, this the *3rd* day of *October*, 20 *01*, to certify which, witness my hand and seal of office.

Phyllis Puryear
Signature of officer administering oath

Phyllis Puryear
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

YES! Travis County Bonds Committee

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/26/01

5 Full name of contributor

ROADS NOW!

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

PO Box 399
Round Rock TX 78680

7 Amount of contribution (\$)

1,000

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

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

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

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.