

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

4915

FORM GPAC COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: 8

3 COMMITTEE NAME
Austin Neighborhoods Together PAC

OFFICE USE ONLY

Date Received
OCT 29 PM 5:00
TRAVIS COUNTY

Date Hand-Delivered or Date Postmarked

Receipt #/ Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
 Change of Address
ADDRESS / PO BOX: P.O. Box 49794
APT / SUITE #: Austin, TX 78765
CITY: STATE: ZIP CODE

5 CAMPAIGN TREASURER NAME
TITLE FIRST MI
Robert
NICKNAME LAST SUFFIX
Schneider

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
8031 Doe Meadow Dr., Austin TX 78749

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 Change of Address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE
 January 15 30th day before election Dissolution (attach PAC-DR)
 July 15 8th day before election 10th day after campaign treasurer termination
 Runoff

10 PERIOD COVERED
Month Day Year Month Day Year
10 / 19 / 01 THROUGH 10 / 27 / 01

11 ELECTION
ELECTION DATE: Month Day Year 11 / 6 / 01
ELECTION TYPE: Primary Runoff General Special

GO TO PAGE 2

Travis County
Bond Election

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

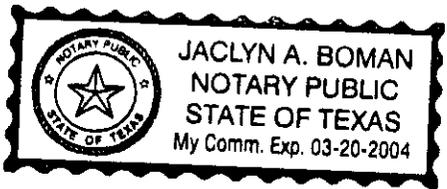
12 COMMITTEE NAME Austin Neighborhoods Together PAC ACCOUNT #

13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed <u>COUNTY BONDS PROPS 1-4</u>
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

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)	\$ <u>5,042.98</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>\$ 524.92</u>
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.



Robert R. Schneider
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE
Sworn to and subscribed before me, by the said Robert R. Schneider, this the 29th day of October, 20 01, to certify which, witness my hand and seal of office.

Jaclyn A Boman Signature of officer administering oath
Jaclyn A. Boman Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A2
(FOR FORMS CEC/MCEC & GPAC/MPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A2: 3

2 FILER NAME Austin Neighborhoods Together PAC 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>Oct. 24, 01</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Meredy Chrisman</u>	7 Amount of contribution (\$) <u>\$15</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4605 - B Rosedale Ave, Austin, TX 78756</u>			

9 Principal occupation 10 Employer (Optional)

Date <u>10/24/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cynthia & Jack Keever</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>206 W. 32nd Austin, TX 78705</u>			

Principal occupation Employer (Optional)

Date <u>10/24/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Louis & Jean Demoll</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation Employer (Optional)

Date <u>10/24/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Donald B. Clinchy</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4408 Bellvue Ave, Austin, TX 78756</u>			

Principal occupation Employer (Optional)

Date <u>10/25/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Dobbs</u>	Amount of contribution (\$) <u>\$300</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9702 Swanson Ranch Rd, Austin, TX 78748</u>			

Principal occupation Retired 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A2 (FOR FORMS CEC/MCEC & GPAC/MPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A2: 3	
2 FILER NAME Austin Neighborhoods Together PAC		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/25/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Elkin	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 4595 Austin, TX 78765			
9 Principal occupation		10 Employer (Optional)	
Date 10/25/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Page / Kazuko Maeda	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (Optional)	
Date 10/25/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James / Junie Johnstone	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (Optional)	
Date 10/25/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rex D. Metcalf	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7010 Bent Oak Tr. Austin, TX 78749			
Principal occupation		Employer (Optional)	
Date 10/24/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Vogt	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A2 (FOR FORMS CEC/MCEC & GPAC/MPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A2: **3**

2 FILER NAME **Austin Neighborhoods Together PAC** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/24/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sierra Club, Austin Regional Grp	7 Amount of contribution (\$) \$2000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code POB 4581 Austin, TX 78765			

9 Principal occupation 10 Employer (Optional)

Date 10/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kim Dean	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3900 Galacia Dr. Austin, TX 78759			

Principal occupation Employer (Optional)

Date 10/24/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J Roger Mitchell	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1016 Camino La Costa #102 Austin, TX 78752-3917			

Principal occupation Employer (Optional)

Date 10/19/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Save Our Springs Alliance	Amount of contribution (\$)	In-kind contribution description (if applicable) \$2,187.98 contribution of yard signs
Contributor address; City; State; Zip Code			

Principal occupation Employer (Optional)

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		

Principal occupation Employer (Optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Austin Neighborhoods Together PAC		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/23/01	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 7211 N. I 35	7 Amount (\$) \$38.02
8 Purpose of payment (See instructions regarding type of information required.) nails for campaign signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/01	Payee name Texaco Shoppers Mart 2 Payee address; City; State; Zip Code 608 S. Lamar Austin, TX	Amount (\$) \$ 6
Purpose of payment (See instructions regarding type of information required.) gasoline		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/01	Payee name Kinko's Payee address; City; State; Zip Code 327 Congress Ave Austin, TX 78701	Amount (\$) \$ 31.18
Purpose of payment (See instructions regarding type of information required.) campaign flyer copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/01	Payee name Kinko's Payee address; City; State; Zip Code	Amount (\$) \$ 86.99
Purpose of payment (See instructions regarding type of information required.) campaign flyers		** 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
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date 10/23/01	5 Payee name Home Depot	7 Amount (\$) \$199.91
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/20/01	Payee name US Postal Service	Amount (\$) \$102.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/21/01	Payee name US Postal Service	Amount (\$) \$48.62
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **Austin Neighborhoods Together PAC** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/25/01	5 Payee name City Market 6 Payee address: City; State; Zip Code 1144 Airport Austin, TX 787-	7 Amount (\$) \$5.40
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8 Purpose of payment (See instructions regarding type of information required.) off Mosquito Repellent (for sign builders)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/23/01	Payee name Diamond Sharavock #234 Payee address; City; State; Zip Code	Amount (\$) \$6.80
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Purpose of payment (See instructions regarding type of information required.) Refreshments for volunteers	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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