

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

5122

**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

ASSIST
(officeholders only)

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

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)

\$ *11,600.00*

**EXPENDITURE
TOTALS**

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *5,397.20*

**OUTSTANDING
LOAN TOTALS**

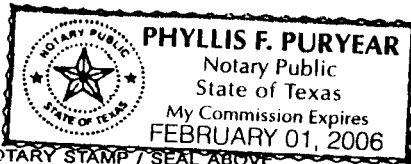
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *-0-*

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 *8th* day of *April*, 20 *02*, to certify which, witness my hand and seal of office.

Phyllis F. Puryear
Signature of officer administering oath

Phyllis F. 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

1/14/02

5 Full name of contributor out-of-state PAC (ID#)

Frank S. Niendorf

6 Contributor address; City; State; Zip Code

7320 North MOPAC Suite 101
Austin, TX 78731

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/29/02

Full name of contributor out-of-state PAC (ID#)

Capital Area Transportation Coalition

Contributor address; City; State; Zip Code

5801 Tom Wooden Dr
Austin, TX 78731

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/27/02

Full name of contributor out-of-state PAC (ID#)

Greater Austin Chamber of Commerce

Contributor address; City; State; Zip Code

111 Congress Avenue, Plaza Level
Austin, TX 78701 (previous loan - converted to contribution)

Amount of contribution (\$)

\$6,500.00

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

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1072

2 FILER NAME

YES! Travis County Bonds Committee

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/29/02

John C. Lewis

6 Payee address; City; State; Zip Code

1717 W. 6th St #390
Austin, TX 78703

\$ 1,000.00

8 Purpose of payment (See instructions regarding type of information required.)

loan repayment

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/29/02

McGinnis Lochridge & Kilgore

Payee address; City; State; Zip Code

919 Congress Ave # 1300
Austin, TX 78701

\$ 612.00

Purpose of payment (See instructions regarding type of information required.)

legal advice

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/29/02

Greater Austin Chamber of Commerce

Payee address; City; State; Zip Code

111 Congress, Plaza level
Austin, TX 78701

\$ 3,500.00

Purpose of payment (See instructions regarding type of information required.)

loan repayment -

\$6,500 balance of loan was forgiven (recorded as contribution on Sch. A1)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/14/02

Wells Fargo

2/14/02

Payee address; City; State; Zip Code

3/14/02

111 Congress
Austin TX 78701

\$ 36.00

Purpose of payment (See instructions regarding type of information required.)

Bank charges

-- 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:

2072

2 FILER NAME

YES! Travis County Bonds Committee

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/21/02

RECA

6 Payee address; City; State; Zip Code

98 San Jacinto #180
Austin TX 78701

\$ 249.20

8 Purpose of payment (See instructions regarding type of information required.)

Refund of Contribution -
to close PAC account

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.

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

1 COMMITTEE NAME

2 ACCOUNT #
(Ethics Commission filers)

YES! Travis County Bonds Committee

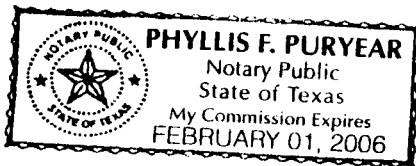
3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political 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 that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Cathy Bonner
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 Cathy Bonner, this the 8th day of April, 20 02, to certify which, witness my hand and seal of office.

Phyllis F. Puryear
Signature of officer administering oath

Phyllis F. Puryear
Printed name of officer administering oath

Title of officer administering oath

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**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:

6

3 COMMITTEE NAME

YES! Travis County Bonds Committee

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

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

Change of Address

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

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 Margranita Crescent
Austin, TX 78703

7 CAMPAIGN TREASURER'S MAILING ADDRESS

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

Change of Address

P.O. Box 50381
Austin, TX 78763

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 474-5640

9 REPORT TYPE

- January 15 30th day before election Exceeded \$500 limit
 July 15 6th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

1 / 1 / 02 THROUGH 4 / 8 / 02

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

11 / 6 / 01

- Primary Runoff General Special

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