

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

6055

**FORM SPAC  
COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: <b>5</b>
3 COMMITTEE NAME <b>Travis County Parks</b>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>815-A Brazos, Box # 340 Austin, TX 78701</b>		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI <b>Ms. Valarie</b> NICKNAME LAST SUFFIX <b>Bristol</b>	EXAS 2005 OCT 1 AM 11:27 DODD	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE ZIP CODE <b>512 Bulian Lane Austin, TX 78744</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>815-A Brazos, Box # 340 Austin, TX 78701</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 494-9559 5</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year <b>9 / 24 / 2005</b> THROUGH <b>10 / 4 / 2005</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 08 / 2005</b> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" 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 Travis County Parks

ACCOUNT #  
(Ethics Commission filers)

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT  
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE  
(Candidate or Measure)

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE

Proposition # 2      11 / 08 / 05  
Month      Day      Year

ASSIST  
(Officeholder)

DESCRIPTION County Park Bonds for parks, water quality and flood control

14 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)

\$ 35,057.75

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 35,057.75

OUTSTANDING LOAN TOTALS

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

\$

15 AFFIDAVIT



SHERRIE MORGAN  
Notary Public, State of Texas  
My Commission Expires Feb. 24, 2008

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.

Valarie Bristol

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VALARIE BRISTLE, this the 11<sup>th</sup> day of October, 2005, to certify which, witness my hand and seal of office.

Sherrie Morgan  
Signature of officer administering oath

SHERRIE MORGAN  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**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**

2 FILER NAME  
**Travis County Parks**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9/26/05**  
5 Full name of contributor  out-of-state PAC (ID#)  
**Paige Cooper**  
6 Contributor address: City: State: Zip Code  
**2904 Mossback Lane  
Austin, TX 78739**

7 Amount of contribution (\$) **57.75**  
8 In-kind contribution description (if applicable)  
**opened P.O. Box for the PAC**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/4/05**  
Full name of contributor  out-of-state PAC (ID#)  
**Kathryn Nichols**  
Contributor address: City: State: Zip Code  
**2704 Chaparral Park Rd.  
Manchaca, TX 78652**

Amount of contribution (\$) **50.00**  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/4/05**  
Full name of contributor  out-of-state PAC (ID#)  
**Jefferson Boyd**  
Contributor address: City: State: Zip Code  
**5423 Shoalwood Ave.  
Austin, TX 78754**

Amount of contribution (\$) **200.00**  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/4/05**  
Full name of contributor  out-of-state PAC (ID#)  
**Valarie Bristol**  
Contributor address: City: State: Zip Code  
**512 Bulian Lane  
Austin, TX 78744**

Amount of contribution (\$) **100.00**  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/4/05**  
Full name of contributor  out-of-state PAC (ID#)  
**Theodore Siff**  
Contributor address: City: State: Zip Code  
**604 West 11th Street  
Austin, TX 78701**

Amount of contribution (\$) **100.00**  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2

2 FILER NAME

Travis County Parks

3 ACCOUNT # (Ethics Commission files)

4 Date

10/4/05

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

Anjali Kaul

6 Contributor address: City: State: Zip Code

88 du Chalk Knoll Dr.  
Austin TX 78735

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/4/05

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

Patricia Reese

Contributor address: City: State: Zip Code

3511 Westlake Drive  
Austin, TX 78744

Amount of contribution (\$)

15,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

None

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 / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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: 1	
2 FILER NAME Travis County Parks		3 ACCOUNT # (Ethics Commission files)	
4 Date 9/28/05	5 Corporation / Labor Organization name Hogge Canyon Springs, LTO 6 Corporation / Labor Organization address; City; State; Zip Code 10217 Rawhide Trail Austin, TX 78734	7 Amount of contribution (\$) 15,000.00	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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED