

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6058

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: 11
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3 COMMITTEE NAME Travis County Parks	OFFICE USE ONLY Date Received
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 815-A Brazos, Box # 340 Austin, TX 78701	Date Hand-delivered or Date Postmarked 2005 09 31 PM 3:03 RECORD
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5 CAMPAIGN TREASURER NAME Ms. Valarie Bristol	MS / MRS / MR; FIRST; MI; NICKNAME; LAST; SUFFIX	Receipt #; Amount; Date Processed; Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 512 Bulian Lane Austin, TX 78746
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 815-A Brazos, Box # 340 Austin, TX 78701
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8 CAMPAIGN TREASURER PHONE	AREA CODE; PHONE NUMBER; EXTENSION (512) 494-9559 5
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 30 / 05 THROUGH 10 / 29 / 05
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11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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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.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input type="checkbox"/> OPPOSE (Candidate or Measure)		ELECTION DATE Month Day Year <u>11/08/05</u>
<input type="checkbox"/> ASSIST (Officeholder)		DESCRIPTION <u>County Park Bonds for parks, water quality and flood control</u>

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)	\$ <u>33,350</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>44,540.49</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>23,809.51</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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.

Valerie Bristol
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Valerie Bristol, this the 31st 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 <u>10/10/05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George Lambert Bristol</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>8812 Mesa Dr. Austin, TX 78759</u>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>10/5/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George Cofer</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3306 Gentry Drive Austin, TX 78746</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/6/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eugene I. Lowenthal</u>	Amount of contribution (\$) <u>150.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9000 Crumley Ranch Road Austin TX 78738</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/13/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David A. Todd</u>	Amount of contribution (\$) <u>75.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>709 E. Monroe St. Austin, TX 78704</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/19/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert A. Ayres</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2408 Keating Lane Austin, TX 78703</u>			

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 filers)	
4 Date 10/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balie J. Griffith	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3711 Taylors Drive Austin, TX 78703			
9 Principal occupation / Job title (See Instructions) Principal		10 Employer (See Instructions) Griffith Properties	
Date 10/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colin Clark	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 302 W. Johanna Austin, TX 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max Woodfin	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1405 Travis Heights Blvd. Austin, TX 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene I Lowenthal	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9600 Crumley Ranch Road Austin, TX 78738			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balie J. Griffith	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3711 Taylors Drive Austin, TX 78703			
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Griffith Properties	

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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 <u>10/13/05</u>	5 Corporation / Labor Organization name <u>The Conservation Campaign</u>	7 Amount of contribution (\$) <u>400.00</u>	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code <u>33 Union St. Boston, MA 02108</u>		

Date <u>10/20/05</u>	Corporation / Labor Organization name <u>land/water/sky</u>	Amount of contribution (\$) <u>20,000.00</u>	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code <u>1826 Peaceful Valley Road Bandera, TX 78003</u>		

Date <u>10/26/05</u>	Corporation / Labor Organization name <u>Hogge Canyon Springs, LTD</u>	Amount of contribution (\$) <u>10,000.00</u>	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code <u>10217 Rawhide Trail Austin, TX 78734</u>		

Date <u>10/27/05</u>	Corporation / Labor Organization name <u>The Conservation Campaign</u>	Amount of contribution (\$) <u>1000.00</u>	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code <u>33 Union St. Boston, MA 02108</u>		

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

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

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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: 1	
2 FILER NAME Travis County Parks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/27/05	5 Corporation / Labor Organization name Hill Country Conservancy 6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 163125 Austin, TX 78714	7 Amount of pledge (\$) 500.00	8 In-kind description (if applicable)
10/27/05	Save Our Springs Alliance Corporation / Labor Organization address; City; State; Zip Code 221 E. 9th St., Ste. 201 Austin TX 78701	1000.00	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)

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: 5
2 FILER NAME: Travis County Parks		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/12/05	5 Payee name Clean water Action 6 Payee address; City; State; Zip Code 715 W. 23rd St., Suite R Austin TX 78705	7 Amount (\$) 2500.00
8 Purpose of payment (See instructions regarding type of information required.) rent + grassroots efforts		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/05	Payee name AlphaGraphics Payee address; City; State; Zip Code 123 E. 7th St. Austin, TX 78701	Amount (\$) 292.84
Purpose of payment (See instructions regarding type of information required.) fliers printed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/05	Payee name Grassroots Solutions, Inc. Payee address; City; State; Zip Code 502 W. 13th St., # 200 Austin, TX 78701	Amount (\$) 2500.00
Purpose of payment (See instructions regarding type of information required.) campaign consultant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/20/05	Payee name Grassroots Solutions, Inc. Payee address; City; State; Zip Code 502 W. 13th St., # 200 Austin, TX 78701	Amount (\$) 2,944.53
Purpose of payment (See instructions regarding type of information required.) yard signs + 4x8 signs		** 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: **5**

2 FILER NAME **Travis County Parks**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/20/05

5 Payee name
Stan Gilbert

7 Amount (\$)
130.00

6 Payee address; City; State; Zip Code
**1304 Mariposa, # 201
Austin, TX 78704**

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

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

Date
10/20/05

Payee name
Clean Water Action

Amount (\$)
2500.00

Payee address; City; State; Zip Code
**715 W. 23rd St., Ste. R
Austin, TX 78705**

Purpose of payment (See instructions regarding type of information required.)
rent + grassroots efforts

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

Date
10/20/05

Payee name
Bill Blome

Amount (\$)
300.00

Payee address; City; State; Zip Code
**715 W. 23rd St., Ste. R
Austin, TX 78705**

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

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

Date
10/24/05

Payee name
Oak Hill Gazette

Amount (\$)
580.00

Payee address; City; State; Zip Code
**7200 W. Hwy. 71
Austin, TX 78735**

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

-- 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: **5**

2 FILER NAME **Travis County Parks**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/24/05	5 Payee name Austin Chronicle	7 Amount (\$) 1295.00
6 Payee address; City; State; Zip Code 4000 N. IH 35 Austin, TX 78751		

8 Purpose of payment (See instructions regarding type of information required.) newspaper ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/25/05	Payee name U.S. Postmaster	Amount (\$) 9224.82
Payee address; City; State; Zip Code 8225 Crosspark Dr. Austin, TX 78754		

Purpose of payment (See instructions regarding type of information required.) direct mail postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/25/05	Payee name American Printers	Amount (\$) 10,919.33
Payee address; City; State; Zip Code 1606 Headway Circle Austin, TX 78754		

Purpose of payment (See instructions regarding type of information required.) printing direct mail	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/25/05	Payee name Stan Gilbert	Amount (\$) 425.00
Payee address; City; State; Zip Code 1304 Mariposa, #201 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) design + layout	** 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: **5**

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

4 Date 10/25/05	5 Payee name Opinion Analysts 6 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701	7 Amount (\$) 1927.51
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8 Purpose of payment (See instructions regarding type of information required.) data for direct mail	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/25/05	Payee name Political Calling Payee address; City; State; Zip Code 712 5th St., Suite E Davis, CA 95618	Amount (\$) 2352.00
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Purpose of payment (See instructions regarding type of information required.) auto calls	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/25/05	Payee name Clean Water Action Payee address; City; State; Zip Code 715 W. 23rd St. Austin TX 78705	Amount (\$) 2500.00
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Purpose of payment (See instructions regarding type of information required.) rent + grassroots efforts	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/25/05	Payee name Bill Blome Payee address; City; State; Zip Code 715 W. 23rd St. Austin, TX 78705	Amount (\$) 500.00
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Purpose of payment (See instructions regarding type of information required.) volunteer coordinator	9 ** 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: **5**

2 FILER NAME **Travis County Parks**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/25/05	5 Payee name Grassroots Solutions, Inc.	7 Amount (\$) 2500.00
6 Payee address; City; State; Zip Code 502 W. 13th St., #200 Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) campaign coordinator	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/27/05	Payee name Alpha Graphics	Amount (\$) 1149.40
Payee address; City; State; Zip Code 123 E. 7th Street Austin, TX 78701		

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