

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

6059

**FORM SPAC
COVER SHEET PG 1**

<p>The SPAC INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers) 704 54 8015</p>	<p>2 Total pages filed: 12</p>
<p>3 COMMITTEE NAME Citizens Building Travis County Together</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt #</p> <p>Amount</p> <p>Date Processed</p> <p>Date Image</p>	
<p>4 COMMITTEE ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>P.O. Box 162606 Austin TX 78716</p>		
<p>5 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX</p> <p>Ted Siff</p>	<p>Receipt #</p> <p>Amount</p> <p>Date Processed</p> <p>Date Image</p>	
<p>6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>604 W 11th Street, Austin, TX 78701</p>		
<p>7 CAMPAIGN TREASURER'S MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>(same as 6)</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE</p> <p>(512)</p>	<p>PHONE NUMBER</p> <p>657 5414</p>	<p>EXTENSION</p>
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit</p> <p><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Dissolution (attach PAC-DR)</p> <p><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>9 / 30 / 05 10 / 29 / 05</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p>11 / 8 / 05</p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

ACCOUNT #
(Ethics Commission file#)

Citizens Building Travis County Together

704548015

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 / #

Travis County Bond
Propositions

ELECTION DATE

Month Day Year
11 / 8 / 05

ASSIST
(Officeholder)

DESCRIPTION

3 Travis County-wide propositions:
Mobility + drainage, Parks + Open Space, jails

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 48,100.00

EXPENDITURE
TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 21,178.13

CONTRIBUTION
BALANCE

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

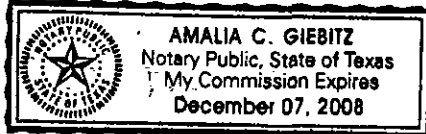
\$ 27,921.87

OUTSTANDING
LOAN TOTALS

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

\$ 2500.00

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.

[Signature]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amalia Giebitz, this the 31st day
of October, 2005, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Amalia C. GIEBITZ
Printed name of officer administering oath

Notary
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:

4

2 FILER NAME

Citizens Building Travis County Together

3 ACCOUNT # (Ethics Commission filers)

704 SA 8015

4 Date

10.04.05

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

Arnlovust + Brown, LLP

6 Contributor address; City; State; Zip Code

100 Congress, Ste 1300 Austin TX 78701

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.05.05

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

Ted Siff

Contributor address; City; State; Zip Code

604 W. 11th St. Austin, TX 78701

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.05

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

Indian Hills Investments Ltd.

Contributor address; City; State; Zip Code

6200 Gilbert Rd. Austin, TX 78724

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.05

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

Wild Horse Creekside Commercial LP

Contributor address; City; State; Zip Code

9900 Hwy 290 E, Manor, TX 78663

Amount of contribution (\$)

\$6,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.05

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

Paige Cooper

Contributor address; City; State; Zip Code

2904 Mossback Lane, Austin TX 78739

Amount of contribution (\$)

\$50.00

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:

4

2 FILER NAME

Citizens Building Travis County Together

3 ACCOUNT # (Ethics Commission filers)

704 54 8015

4 Date

10.12.05

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

Howard Falkenberg

6 Contributor address; City; State; Zip Code

P.O. Box 123 Austin, TX 78767

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.12.05

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

Faulkner USA, LP

Contributor address; City; State; Zip Code

**1700 Rio Grande, 4th Floor
Austin, TX 78701**

Amount of contribution (\$)

\$ 2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.20.05

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

RECA BUSINESS M/PAC

Contributor address; City; State; Zip Code

**98 San Jacinto, Suite 180
Austin, TX 78701**

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.20.05

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

Pamela Reese

Contributor address; City; State; Zip Code

**3511 Westlake Dr. Austin, TX
78746**

Amount of contribution (\$)

\$ 5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.20.05

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

Robert Huthnance

Contributor address; City; State; Zip Code

**4001 Harborlight Cove
Austin, TX 78731**

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)

34

2 FILER NAME

Citizens Building Travis County Together

3 ACCOUNT # (Ethics Commission file#)

704 54 8015

4 Date

10.21.05

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

Downtown Austin Alliance

6 Contributor address; City; State; Zip Code

211 E. 7th St., Suite 100-L
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.24.05

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

Turner, Calie + Braden PAC

Contributor address; City; State; Zip Code

P.O. Box 130089
Houston, TX 77219

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.26.06

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

Hogge Canyon Springs, Ltd.

Contributor address; City; State; Zip Code

10217 Rawhide Trail
Austin, TX 78736

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.26.05

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

Robert A. Ayres

Contributor address; City; State; Zip Code

2408 Keating Lane
Austin, TX 78703

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.27.05

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

TBG Partners

Contributor address; City; State; Zip Code

901 S. MoPac Expwy.
Barton Oaks Plaza, Bldg 11, Ste

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

360
Austin, TX 78746

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: 4	
2 FILER NAME Citizens Building Travis County Together		3 ACCOUNT # (Ethics Commission filers) 704 64 8015	
4 Date 10.12.06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Perry Lorenz	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1311 A E 6th St, Austin, TX 78702			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See instructions)
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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: 2	
2 FILER NAME CITIZENS Building Travis County Together		3 ACCOUNT # (Ethics Commission filers) 704 SA 8015	
4 Date 9.30.06	5 Corporation / Labor Organization name CTL/Thompson TX LLC	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 2800 McHale Ct., Suite 180 Austin, TX 78758		
Date 10.03.05	Corporation / Labor Organization name Klotz Assoc., Inc.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 901 S. MoPac, Building V, Ste 220 Austin, TX 78746		
Date 10.06.05	Corporation / Labor Organization name Martin + Salinas Public Affairs, Inc.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 1221 S. MoPac Expwy, Ste 115 Austin, TX 78746		
Date 10.06.05	Corporation / Labor Organization name Adelante Solutions, Inc.	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 1221 S. MoPac Expwy, Ste 115 Austin, TX 78746		
Date 10.11.05	Corporation / Labor Organization name Malone/Wheeler, Inc.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 7500 Rialto Blvd., Ste. 240 Austin, TX 78735		
Date 10.13.05	Corporation / Labor Organization name Doucet + Assoc., Inc.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 7401 B W Hwy 71, Ste. 160 Austin, TX 78735		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

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:

2

2 FILER NAME

Citizens Building Travis County Together

3 ACCOUNT # (Ethics Commission filers)

704 SA 8015

4 Date

10.17.05

5 Corporation / Labor Organization name

Haff + Assoc., Inc.

6 Corporation / Labor Organization address; City; State; Zip Code

8616 Northwest Plaza Dr.
Dallas, TX 75225

7 Amount of contribution (\$)

\$5,000.00

8 In-kind contribution description (if applicable)

Date

10.20.05

Corporation / Labor Organization name

Huitt-Zelars, Inc.

Corporation / Labor Organization address; City; State; Zip Code

3445 Executive Center Dr, Ste 240
Austin, TX 78731

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Date

10.21.05

Corporation / Labor Organization name

HNTB Corporation

Corporation / Labor Organization address; City; State; Zip Code

715 Kirk Drive
Kansas City, MO 64105

Amount of contribution (\$)

\$5,000.00

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

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: 1
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2 FILER NAME Citizens Building Travis County Together	3 ACCOUNT # (Ethics Commission filers) 704 54 8015
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4 TOTAL OF UNITEMIZED LOANS: ↕ ↗ ↘ ↙ ↚ ↛	\$ 2,500
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5 Date of loan 10.12.05	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Perry Lorenz	9 Loan Amount (\$) 2,500
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6 is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1311A E 6th Austin, TX 78702	10 interest rate —
		11 Maturity date

12 Principal occupation / Job title (See Instructions) real estate	13 Employer (See Instructions) self
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:

3

2 FILER NAME

Citizens Building Travis County Together

3 ACCOUNT # (Ethics Commission files)

704 54 8015

4 Date

10.7.05

5 Payee name

Emory Young + Assoc, Inc.

6 Payee address; City; State; Zip Code

P.O. Box 151238 Austin, TX 78715

7 Amount (\$)

\$8,500.00

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

1/2 pmt, public opinion survey

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

Candidate / Officeholder name Office sought Office held

Date

10.11.05

Payee name

Dain Rauscher, Inc.

Payee address; City; State; Zip Code

Minneapolis, MN 55402

Amount (\$)

\$12.00

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

wire fee

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

Candidate / Officeholder name Office sought Office held

Date

10.17.05

Payee name

Austin Chronicle

Payee address; City; State; Zip Code

P.O. Box 49066 Austin, TX 78765

Amount (\$)

\$711.00

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

adv.

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

Candidate / Officeholder name Office sought Office held

Date

10.20.05

Payee name

Emory Young + Assoc, Inc.

Payee address; City; State; Zip Code

P.O. Box 151238 Austin, TX 78715

Amount (\$)

\$403.13

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

design + produce print ad

** 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**

2 FILER NAME: **CITIZENS Bringing Travis County Together** 3 ACCOUNT # (Ethics Commission filers): **704 64 8015**

4 Date	5 Payee name	7 Amount (\$)
10.21.05	Emory Young + Assoc., Inc	\$5,000.00
	6 Payee address; City; State; Zip Code P.O. Box 151238 Austin, TX 78715	

8 Purpose of payment (See instructions regarding type of information required.) opinion survey pmt.	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date	Payee name	Amount (\$)
10.21.05	Austin Progressive Coalition	\$1,000.00
	Payee address; City; State; Zip Code 1601 Ridgemont Drive Austin, TX 78723	

Purpose of payment (See instructions regarding type of information required.) design + produce flyers	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date	Payee name	Amount (\$)
10.23.05	Austin Chronicle	\$711.00
	Payee address; City; State; Zip Code P.O. Box 49066 Austin, TX 78765	

Purpose of payment (See instructions regarding type of information required.) print ad.	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date	Payee name	Amount (\$)
10.23.05	Emory Young + Assoc., Inc.	\$3,500.00
	Payee address; City; State; Zip Code P.O. Box 151238 Austin, TX 78715	

Purpose of payment (See instructions regarding type of information required.) final pmt, opinion survey	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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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

2 FILER NAME: **Citizens Bringing Travis County Together** 3 ACCOUNT # (Ethics Commission filers):
704 64 8015

4 Date 10.28.05	5 Payee name NOKOA	7 Amount (\$) \$ 630.00
6 Payee address; City; State; Zip Code 1154 B Angelina St., Austin TX 78702		

8 Purpose of payment (See instructions regarding type of information required.) print ad	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 10.28.05	Payee name Austin Chronicle	Amount (\$) \$711.00
Payee address; City; State; Zip Code P.O. Box 49066 Austin, TX 78765		

Purpose of payment (See instructions regarding type of information required.) print ad	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.)	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.)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED