

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

6112

**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: 16
3 COMMITTEE NAME Travis County Parks		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 512 Bulian Ln. Austin, TX 78746		Date Received 2006 JAN 17 12:54 PM FILED IN RECORD
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME Ms. Valarie Bristol	MS / MRS / MR Ms.	FIRST Valarie	MI
	NICKNAME	LAST Bristol	SUFFIX
	Receipt # Amount SAVOR		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		Date Processed	
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 512 Bulian Ln. Austin, TX 78746		Date Imaged	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 512 Bulian Ln. Austin, TX 78746		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 494-9559		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/30/2005 12/31/2005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/08/2005		
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.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <u>Proposition # 2</u> ELECTION DATE <u>11 / 08 / 05</u> <small>Month Day Year</small>
		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>28,420.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>53,171.05</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3783.28</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 12th day of January, 2006, to certify which, witness my hand and seal of office.

Sherrie Morgan
Signature of officer administering oath

Printed name of officer administering oath

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:

3

2 FILER NAME

Travis County Parks

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/05

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

Christine L. Muse

6 Contributor address; City; State; Zip Code

3300 Crosswind Drive
Spicewood, TX 78669

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

11/3/05

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

John Zapp

Contributor address; City; State; Zip Code

2903 Destrick Lane
Austin, TX 78733

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/05

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

Richard Garriott

Contributor address; City; State; Zip Code

8207 Two Coes
Austin, TX 78730

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

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

Nancy Powell Moore

Contributor address; City; State; Zip Code

2705 Talbot
Houston, TX 77005

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

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

Charlie McCabe

Contributor address; City; State; Zip Code

1818 W. 39th St.
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:

3

2 FILER NAME

Travis County Parks

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31/05

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

Jason Spangler

6 Contributor address; City; State; Zip Code

8521 Foxhound Trail
Austin, TX 78729

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/1/05

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

Carolyn Vogel

Contributor address; City; State; Zip Code

9101 La Cressada Dr. #1823
Austin, TX 78749

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

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

Myron Hess

Contributor address; City; State; Zip Code

1705 Margaret
Austin, TX 78704

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

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

Patricia Ayres

Contributor address; City; State; Zip Code

5705 Scout Island Cove
Austin, TX 78731

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

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

William Abell

Contributor address; City; State; Zip Code

1607 Kerr Ave.
Austin, TX 78704

Amount of contribution (\$)

200.00

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: 3
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2 FILER NAME Travis County Parks	3 ACCOUNT # (Ethics Commission files)
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4 Date 10/30/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandi Clark	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 684641 Austin TX 78768			

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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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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 Travis County Parks		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/31/05	5 Corporation / Labor Organization name Hill Country Conservancy 6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 163125 Austin, TX 78716	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
Date 11/2/05	Corporation / Labor Organization name Palisades Developers LTD. Corporation / Labor Organization address; City; State; Zip Code P.O. Box 342437 Austin TX 78734	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Date 11/3/05	Corporation / Labor Organization name Hogge Canyon Springs, LTD. Corporation / Labor Organization address; City; State; Zip Code 10217 Rawhide Trail Austin, TX 78736	Amount of contribution (\$) 15,000.00	In-kind contribution description (if applicable)
Date 10/31/05	Corporation / Labor Organization name Online Resources Corporation / Labor Organization address; City; State; Zip Code 4795 Meadow Wood Ln. #300 Chantilly, Virginia 20151	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Date 11/2/05	Corporation / Labor Organization name Land/Water/Sky, LLC Corporation / Labor Organization address; City; State; Zip Code 1826 Peaceful Valley Rd Bandera, TX 78003	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Date 11/3/05	Corporation / Labor Organization name Save our Springs Alliance Corporation / Labor Organization address; City; State; Zip Code P.O. Box 684881 Austin, TX 78768	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
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

Travis County Parks

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/05

5 Corporation / Labor Organization name

T Bar K, Inc.

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

23215 Pedernales Canyon Tr.
Spicewood, TX 78669

7 Amount of contribution (\$)

200.00

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)

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: 4

2 FILER NAME Travis County Parks

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11/1/05</u>	5 Payee name <u>Oak Hill Gazette</u>	7 Amount (\$) <u>580.00</u>
6 Payee address; City; State; Zip Code <u>7200 W. Hwy. 71 Austin TX 78735</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>newspaper ad</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/1/05</u>	Payee name <u>Austin Chronicle</u>	Amount (\$) <u>1295.00</u>
Payee address; City; State; Zip Code <u>4000 N. IH 35 Austin, TX 78751</u>		

Purpose of payment (See instructions regarding type of information required.) <u>newspaper ad</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/3/05</u>	Payee name <u>Grassroots Solutions</u>	Amount (\$) <u>20,144.15</u>
Payee address; City; State; Zip Code <u>502 W. 13th St., #200 Austin, TX 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>postage + direct mail</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/3/05</u>	Payee name <u>Stan Gilbert</u>	Amount (\$) <u>375.00</u>
Payee address; City; State; Zip Code <u>1304 Mariposa, #201 Austin, TX 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>design + layout</u>	** 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: **8**

2 FILER NAME **Travis County Parks**

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/3/05	5 Payee name Opinion Analysts	7 Amount (\$) 205.00
6 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) data for auto call	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 11/3/05	Payee name David Bintliff	Amount (\$) 450.00
Payee address; City; State; Zip Code 6303 Danwood Dr. Austin TX 78759		

Purpose of payment (See instructions regarding type of information required.) contract labor for sign placement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/3/05	Payee name David Bintliff	Amount (\$) 196.41
Payee address; City; State; Zip Code 6303 Danwood Dr. Austin, TX 78759		

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

Date 11/3/05	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.) outreach + rent	** 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: 8

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

4 Date	5 Payee name	7 Amount (\$)
11/3/05	Bill Blome	600.00
	6 Payee address; City; State; Zip Code 715 W. 23rd St., Ste. R Austin, TX 78705	

8 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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Date	Payee name	Amount (\$)
11/3/05	Political Calling	454.50
	6 Payee address; City; State; Zip Code 712 5th St., Suite E Davis, CA 95616	

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	Payee name	Amount (\$)
11/10/05	Grassroots Solutions	10,268.02
	6 Payee address; City; State; Zip Code 502 W. 13th St., #200 Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.) postage and direct mail	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/10/05	Bill Blome	775.71
	6 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	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: 8

2 FILER NAME Travis County Parks

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11/10/05</u>	5 Payee name <u>Opinion Analysts</u>	7 Amount (\$) <u>1246.50</u>
6 Payee address; City; State; Zip Code <u>906 Rio Grande Austin, TX 78701</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>data for IO phone calls and auto calls</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/10/05</u>	Payee name <u>Political Calling</u>	Amount (\$) <u>2126.47</u>
Payee address; City; State; Zip Code <u>712 5th St., Suite E Davis, CA 95614</u>		

Purpose of payment (See instructions regarding type of information required.) <u>auto calls</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/10/05</u>	Payee name <u>Texas Vote Environment</u>	Amount (\$) <u>450.00</u>
Payee address; City; State; Zip Code <u>715 W. 23rd St. Austin, TX 78705</u>		

Purpose of payment (See instructions regarding type of information required.) <u>election day poll workers</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>11/10/05</u>	Payee name <u>Stan Gilbert</u>	Amount (\$) <u>205.00</u>
Payee address; City; State; Zip Code <u>1304 Mariposa, # 201 Austin, TX 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>design and layout</u>	** 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: **8**

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

4 Date 11/10/05	5 Payee name Jennifer McSwain	7 Amount (\$) 250.00
6 Payee address; City; State; Zip Code 715 W. 23rd St. Austin, TX 78705		

8 Purpose of payment (See instructions regarding type of information required.) phonebank + poll work	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 11/10/05	Payee name Richie Ahuja	Amount (\$) 100.00
Payee address; City; State; Zip Code 3200 S. 1st St., #1010 Austin, TX 78704		

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

Date 11/10/05	Payee name Travis Wheat sell	Amount (\$) 100.00
Payee address; City; State; Zip Code 401 Woodward, #207 Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) poll work	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/10/05	Payee name Kara Johnson	Amount (\$) 100.00
Payee address; City; State; Zip Code 701 Hearn, Apt. B Austin, TX 78703		

Purpose of payment (See instructions regarding type of information required.) poll work	** 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: 8
2 FILER NAME Travis County Parks		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/10/05	5 Payee name Andrew Cook	7 Amount (\$) 100.00
6 Payee address; City; State; Zip Code 203 W. 39th, # 309 Austin TX 78751		
8 Purpose of payment (See instructions regarding type of information required.) poll work		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/10/05	Payee name Victoria Stengel	Amount (\$) 100.00
Payee address; City; State; Zip Code 3102 Robinson Ave. Austin, TX 78722		
Purpose of payment (See instructions regarding type of information required.) poll work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/10/05	Payee name Alpha graphics	Amount (\$) 1149.46
Payee address; City; State; Zip Code 123 E. 7th St. Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.) color flyers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/15/05	Payee name Ted Siff	Amount (\$) 474.37
Payee address; City; State; Zip Code 404 W. 11th St. Austin TX 78701		
Purpose of payment (See instructions regarding type of information required.) reimbursement for election night party food + drinks		** 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: **8**

2 FILER NAME **Travis County Parks**

3 ACCOUNT # (Ethics Commission filers)

4 Date **11/15/05**

5 Payee name **Pro Courier**
 6 Payee address; City; State; Zip Code
**5308 Fort Mason Dr.
 Austin TX 78745**

7 Amount (\$) **36.39**

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

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

Date **11/15/05**

Payee name **Charlie McCabe**
 Payee address; City; State; Zip Code
**1818 W. 39th St.
 Austin, TX 78731**

Amount (\$) **109.04**

Purpose of payment (See instructions regarding type of information required.)
reimbursement for reserving web names (URLs) and web hosting

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

Date **11/15/**

Payee name **Sonic One Strategies**
 Payee address; City; State; Zip Code
**57 S. Main St., #4
 Yardley, PA 19067**

Amount (\$) **7290.00**

Purpose of payment (See instructions regarding type of information required.)
phone bank / GOTV calls

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

Date **11/30/05**

Payee name **Opinion Analysts**
 Payee address; City; State; Zip Code
**906 Rio Grande
 Austin, TX 78701**

Amount (\$) **470.03**

Purpose of payment (See instructions regarding type of information required.)
data for auto calls

** 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: 8
2 FILER NAME <i>Travis County Parks</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/30/05</i>	5 Payee name <i>Clean Water Action</i>	7 Amount (\$) <i>120.00</i>
6 Payee address; City; State; Zip Code <i>715 W. 23rd. St. Austin, TX 78705</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>rent</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/30/05</i>	Payee name <i>Bill Blame</i>	Amount (\$) <i>400.00</i>
Payee address; City; State; Zip Code <i>715 W. 23rd. St. Austin TX 78705</i>		
Purpose of payment (See instructions regarding type of information required.) <i>campaign consultant</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/30/05</i>	Payee name <i>Andrew Sansom</i>	Amount (\$) <i>300.00</i>
Payee address; City; State; Zip Code <i>722 Yampou Valley Rd. Austin TX 78746</i>		
Purpose of payment (See instructions regarding type of information required.) <i>reimbursement for San Marcos ballot measure election workers</i>		** 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

Travis County Parks

2 ACCOUNT #
(Ethics Commission filers)

CLERK
TRAVIS COUNTY, TEXAS

FILED FOR RECORD
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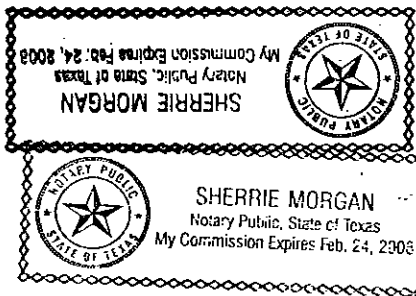
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Affidavit of Dissolution

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.

Valerie Bristol
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 VALERIE BRISTOL, this the 12th day of JANUARY, 2006, to certify which, witness my hand and seal of office.

Sherrie Morgan

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath