



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME: **PROGRESSIVE ACTION P.A.C.** ACCOUNT #: (Ethics Commission filers)

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

CANDIDATE **SARAH ECKHARDT**

SUPPORT (Candidate or Measure)  OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): **COUNTY COMMISSIONER PCT #2**

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)  MEASURE

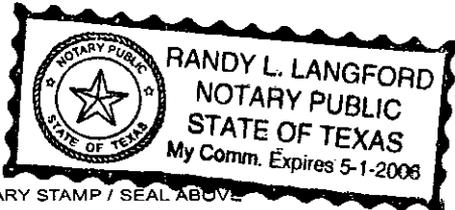
BALLOT IDENTIFICATION / #: \_\_\_\_\_ ELECTION DATE: \_\_\_\_\_  
Month / Day / Year

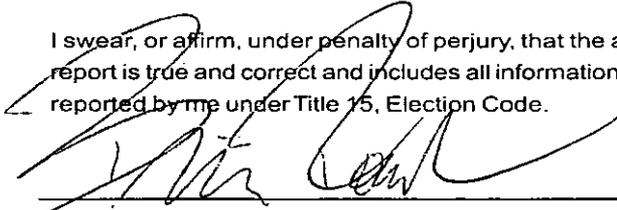
DESCRIPTION: \_\_\_\_\_

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)	\$ 25,700
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,213
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,487
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 AFFIDAVIT

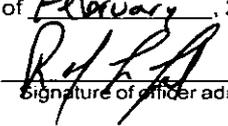
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Roark, this the 24<sup>th</sup> day of February, 2006, to certify which, witness my hand and seal of office.

 Signature of officer administering oath  
Randy L. Langford 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: <b>1</b>	
2 FILER NAME <b>PROGRESSIVE ACTION</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/24/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN ROARK</b>	7 Amount of contribution (\$) <b>\$6200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1100 GUADALUPE AUSTIN, TX 78701</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/24/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEN ODEN</b>	Amount of contribution (\$) <b>\$6000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1506 GASTON AUSTIN, TEXAS 78703</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/24/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALLAN WILLIAMS</b>	Amount of contribution (\$) <b>\$6000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1100 WEST ST. AUSTIN TX 78701</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/24/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MINTON, BURTON, FOSTER &amp; COLLINS</b>	Amount of contribution (\$) <b>\$7500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1100 GUADALUPE AUSTIN, TX 78701</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEGGED CONTRIBUTIONS****SCHEDULE B**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>			<b>1</b> Total pages this Schedule B:	
<b>2</b> FILER NAME			<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒				\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>7</b> Pledgor address;           City;   State;   Zip Code				
<b>10</b> Principal occupation / Job title (See Instructions)			<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages this Schedule C:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name  6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)	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

# PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule D:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name  6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of pledge (\$)	8 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)
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

# LOANS

# SCHEDULE E

<p><b>The INSTRUCTION GUIDE explains how to complete this form.</b></p>	<p><b>1</b> Total pages Schedule E:</p>
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<p><b>2</b> FILER NAME</p>	<p><b>3</b> ACCOUNT # (Ethics Commission filers)</p>
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<p><b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨</p>	<p><b>\$</b></p>
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<p><b>5</b> Date of loan</p>	<p><b>7</b> Name of lender                      <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p><b>9</b> Loan Amount (\$)</p>
<p><b>6</b> Is lender a financial institution?  Y            N</p>	<p><b>8</b> Lender address;    City;    State;    Zip Code</p>	<p><b>10</b> Interest rate</p>
		<p><b>11</b> Maturity date</p>

<p><b>12</b> Principal occupation / Job title (See Instructions)</p>	<p><b>13</b> Employer (See Instructions)</p>
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**14** Description of Collateral  
 none

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

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

<p>GUARANTOR INFORMATION  <input type="checkbox"/> not applicable</p>	<p>Name of guarantor</p> <p>.....</p> <p>Guarantor address;    City;    State;    Zip Code</p>	<p>Amount Guaranteed (\$)</p>
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<p>Principal Occupation</p>	<p>Employer</p>
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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:
2 FILER NAME <b>PROGRESSIVE ACTION</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/7/06</b>	5 Payee name <b>PEOPLE FOR EFFICIENT TRANSPORTATION</b>	7 Amount (\$) <b>\$6000.00</b>
6 Payee address; City; State; Zip Code <b>9901 P.O. BOX 90715 AUSTIN, TX 78709</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>MAILER TO SUPPORT SARAH ECKHARDT</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>SARAH ECKHARDT</b> Office sought: <b>CC PCT #2 TRAVIS COUNTY COMMISSIONERS CT.</b> Office held:
Date <b>2/23/06</b>	Payee name <b>MESSAGE, AUDIENCE AND PRESENTATION</b>	Amount (\$) <b>\$9,213.00</b>
Payee address; City; State; Zip Code <b>2400 S. 4TH ST. AUSTIN, TX 78704</b>		
Purpose of payment (See instructions regarding type of information required.) <b>MAILER TO SUPPORT SARAH ECKHARDT</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>SARAH ECKHARDT</b> Office sought: <b>TRAVIS COUNTY COMMISSIONERS COURT PCT 2</b> Office held:
Date <b>2/23/06</b>	Payee name <b>ERIC SHEPPERD</b>	Amount (\$) <b>\$1000.00</b>
Payee address; City; State; Zip Code <b>221 W. 6TH ST. SUITE 1000 AUSTIN, TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>ERIC SHEPPERD</b> Office sought: <b>TRAVIS COUNTY COURT #2</b> 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

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers):
4 Date	5 Business name  ..... 6 Business address;      City;    State;    Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address;      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address;      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address;      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address;      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule I:

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

<b>4</b> Date	<b>5</b> Payee name ..... FIRST STATE BANK OF CENTRAL TEXAS ..... <b>6</b> Payee address; City; State; Zip Code 6500 N. MOPAL EXPRESSWAY #1101 AUSTIN, TX 78731	<b>8</b> Amount (\$)  \$85.00
<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)  CHECKS		

Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

## SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule J:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date Returned	5 Original payee name	7 Amount Returned (\$)
	..... 6 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
	..... Original payee address; City; State; Zip Code	

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address;            City; State; Zip Code ..... <b>7</b> Reason for credit	<b>8</b> Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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# 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)

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.

\_\_\_\_\_  
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 \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath