

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6295

FORM SPAC  
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

704548015

2006 JUL 27 PM 2:32

3 COMMITTEE NAME

Citizens Building Travis County Together PAC

OFFICE USE ONLY  
TRAVIS COUNTY, TEXAS

Date Received

4 COMMITTEE ADDRESS

Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

P.O. Box 162506 Austin TX  
78716

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

M:

Mr. Ted

SUFFIX

Siff

SUFF-X

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

604 W. 11th St. Austin, TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

Change of Address

STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

604 W. 11th St. Austin, TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 657 - 5414

9 REPORT TYPE

January 15

July 15

30th day before election

8th day before election

Runoff

Exceeded \$500 limit

Dissolution (attach PAC-DR)

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

10 / 30 / 05

THROUGH

Month Day Year

1 / 6 / 06

11 ELECTION

ELECTION DATE  
Month Day Year

11 / 08 / 05

ELECTION TYPE

Primary

Runoff

General

Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME: Citizens Building Travis County Together ACCOUNT #: 704548015  
(Ethics Commission filers)

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

CANDIDATE

SUPPORT (Candidate or Measure)

OFFICEHOLDER

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

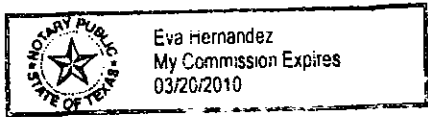
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # Travis County Bond Proposition ELECTION DATE 11 / 8 / 05  
Month Day Year

DESCRIPTION 3 Travis County wide propositions: mobility + Drainage, Parks + open spaces, Jails

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)	\$ 14,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,284.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$ 2237.87
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]  
 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Siff, this the 23<sup>rd</sup> day of June, 2006, to certify which, witness my hand and seal of office.

[Signature] Eva Hernandez Legal Assistant  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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

Citizens Building Travis County Together PAC

3 ACCOUNT # (Ethics Commission filers)

704548015

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11.4.05

HDR Engineering Inc.

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

8404 Indian Hills DR.

Omaha, NE 68114

\$1000.00

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

11.3.05

Carter + Burgess Inc.

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

\$1500.00

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

10.25.05

Heritage Title Company of Austin Inc.

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

401 Congress Ave. Suite 1500

Austin, TX 78701

\$1000.00

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

10.27.05

OPUS WEST Corporation

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

2555 E. Camelback Rd. Suite 800

Phoenix, AZ 85016

\$5000.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A 1

2 FILER NAME Citizens Building Travis County Together PAC 3 ACCOUNT # (Ethics Commission file) 704548015

4 Date <u>10.28.05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Castletop Capital Properties</u>	7 Amount of contribution (\$) <u>\$5000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5000 Plaza on the Lk. Ste 170 Austin, TX 78746</u>			

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

Date <u>10.28.05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Patricia Shield Ayles</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5705 Scout Island Cv. Austin, TX 78731</u>			

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

Date <u>11.7.05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jerald Winetroub</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>515 Congress Ave. Ste 110 Austin, TX 78701</u>			

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)

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.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1 of 3**

2 FILER NAME

**Citizens Building Travis County Together PAC**

3 ACCOUNT # (Ethics Commission files)

**704548015**

4 Date  
**10/31/05**

5 Payee name  
**Emory Young + Assoc., Inc.**

6 Payee address: City: State: Zip Code  
**Po Box 151238 Austin, TX 78715**

7 Amount (\$)  
**\$ 700.00**

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

**Print advertisement**

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

Date  
**10.30.05**

Payee name  
**The Villager Newspaper**

Payee address: City: State: Zip Code  
**1223 Rosewood Ave. Austin, TX 78702**

Amount (\$)  
**\$ 504.00**

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

**Print advertisement**

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

Date  
**10.31.05**

Payee name  
**Mark Littlefield, Littlefield Consulting**

Payee address: City: State: Zip Code  
**7705 Vail Valley Austin TX 78749**

Amount (\$)  
**\$ 240.00 ✓**

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

**consultant**

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

Date  
**10.31.05**

Payee name  
**The Davis Group, Inc.**

Payee address: City: State: Zip Code  
**3601 South Congress Ave. Austin, TX 78704  
Bldg. B, Suite 100**

Amount (\$)  
**\$ 5000.00**

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

**media consultant**

**\*\* 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: **2 of 3**

2 FILER NAME: **Citizens Building Travis County Together PAC** 3 ACCOUNT # (Ethics Commission file #): **704548015**

4 Date <b>11.3.05</b>	5 Payee name <b>Mark Littlefield, Littlefield Consulting</b>	7 Amount (\$) <b>\$4000.00</b>
	6 Payee address; City; State; Zip Code <b>7705 Vail Valley, Austin, TX 78749</b>	

8 Purpose of payment (See instructions regarding type of information required.) <b>campaign management</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <b>11.7.05</b>	Payee name <b>Emory Young + Associates Inc.</b>	Amount (\$) <b>\$1300.00</b>
	Payee address; City; State; Zip Code <b>PO Box 151238 Austin, TX 78715</b>	

Purpose of payment (See instructions regarding type of information required.) <b>Radio Production</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <b>11.2.05</b>	Payee name <b>Emory Young + Assoc. Inc.</b>	Amount (\$) <b>\$6,000.00</b>
	Payee address; City; State; Zip Code <b>PO Box 151238 Austin, TX 78715</b>	

Purpose of payment (See instructions regarding type of information required.) <b>consulting fee</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <b>11.2.05</b>	Payee name <b>The Davis Group</b>	Amount (\$) <b>\$3000.00</b>
	Payee address; City; State; Zip Code <b>3601 S. Congress Ave. Austin, TX 78704 Bldg. B Suite 100</b>	

Purpose of payment (See instructions regarding type of information required.) <b>Radio production</b>	-- 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 of 3**

2 **FILER NAME**  
Citizens Building Travis County Together PAC

3 **ACCOUNT #** (Ethics Commission files)  
70454 8015

4 Date  12.1.06	5 Payee name Mark Littlefield, Littlefield Consulting 6 Payee address; City; State; Zip Code 7705 Vail Valley, Austin, TX. 78749	7 Amount (\$) \$ 2040.00
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8 Purpose of payment (See instructions regarding type of information required.)  consultant	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  12.2.06	Payee name Tate Austin Payee address; City; State; Zip Code 1105 N Lamar Blvd. Austin, TX 78703	Amount (\$) \$ 8500.00
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Purpose of payment (See instructions regarding type of information required.)  consultant	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
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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  Payee address; City; State; Zip Code	Amount (\$)
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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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