

# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

6350

1 ACCOUNT #		2 Total pages filed: <u>15</u>		OFFICE USE ONLY	
3 COMMITTEE NAME		<u>Progressive Action P.A.C.</u>		Date Received	
4 TREASURER NAME		FIRST <u>Brian</u> MI LAST <u>Roark</u>	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution Report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year <u>02/03/06</u> THROUGH Month Day Year <u>02/25/06</u>		Receipt # _____ Amount _____ Legal _____ Totals _____ Date Processed _____ Date Traced _____	

7 EXPLANATION OF CORRECTION

*There was an error in Math on the cover page of the original report. The detailed amounts in schedule F were accurate but were added incorrectly for cover page.*

*The amount listed for checks in schedule F of the original report was inaccurate and has been changed.*

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*[Handwritten Signature]*

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Brian Roark this the 17<sup>th</sup> day of July, 2006.

to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Treva Forrester

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember to Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed:  <div style="text-align: center; font-size: 24pt; font-weight: bold;">15</div>									
3 COMMITTEE NAME  <div style="font-size: 24pt; font-family: cursive;">Progressive Action P.A.C.</div>		OFFICE USE ONLY										
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX:    APT / SUITE #    CITY:    STATE:    ZIP CODE  <div style="font-size: 24pt; font-family: cursive;">1100 Guadalupe Austin Tx. 78701</div>										
5 CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address		MS / MRS / MR    FIRST    MI    LAST    SUFFIX  <div style="font-size: 24pt; font-family: cursive;">Mr. Brian Roark</div>										
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE)    APT / SUITE #    CITY:    STATE:    ZIP CODE  <div style="font-size: 24pt; font-family: cursive;">1100 Guadalupe Austin Tx. 78701</div>										
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX,    APT / SUITE #    CITY:    STATE:    ZIP CODE  <div style="font-size: 24pt; font-family: cursive;">1100 Guadalupe Austin Tx. 78701</div>										
8 CAMPAIGN TREASURER PHONE		AREA CODE    PHONE NUMBER    EXTENSION  <div style="font-size: 24pt; font-family: cursive;">(512) 476-4873</div>										
9 REPORT TYPE		<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>		<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"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<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"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)										
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination										
10 PERIOD COVERED		<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt; font-family: cursive;">02 / 03 / 06</td> <td></td> <td style="text-align: center; font-size: 24pt; font-family: cursive;">02 / 25 / 06</td> </tr> </table>		Month    Day    Year	THROUGH	Month    Day    Year	02 / 03 / 06		02 / 25 / 06			
Month    Day    Year	THROUGH	Month    Day    Year										
02 / 03 / 06		02 / 25 / 06										
11 ELECTION		<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE Month    Day    Year</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: 24pt; font-family: cursive;">03 / 07 / 06</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>		ELECTION DATE Month    Day    Year	ELECTION TYPE			03 / 07 / 06	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
ELECTION DATE Month    Day    Year	ELECTION TYPE											
03 / 07 / 06	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special								

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

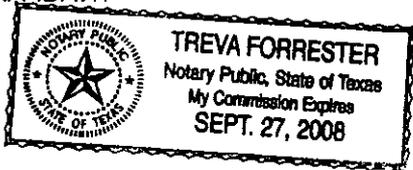
**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> <i>Progressive Action P.A.C.</i>	<b>ACCOUNT #</b> (Ethics Commission filers)
--	--

<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICEHOLDER</b>  <input type="checkbox"/> <b>MEASURE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b> <i>Sarah Eckhardt</i>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> <i>County Commissioner, pct. 2</i>
	<b>BALLOT IDENTIFICATION / #</b>	
	<b>DESCRIPTION</b>	

<b>14 CONTRIBUTION TOTALS</b>	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)	\$ <i>25,700</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>16,213</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>9425.44</i>
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Brian Roark*  
 \_\_\_\_\_  
 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Brian Roark*, this the *17<sup>th</sup>* day of *July*, 20*06*, to certify which, witness my hand and seal of office.

*Treva Forrester*                      *Treva Forrester*                      \_\_\_\_\_  
 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 Schedule A: 1

2 FILER NAME Progressive Action PAC 3 ACCOUNT # (Ethics Commission file #)

4 Date <u>02/24/06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Roark</u>	7 Amount of contribution (\$) <u>\$6200.<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>1100 Guadalupe Austin TX. 78701</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>02/24/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ken Oden</u>	Amount of contribution (\$) <u>\$6000.<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1506 Carsten Ave Austin TX. 78703</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>02/24/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Adrian Williams</u>	Amount of contribution (\$) <u>\$6000.<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1100 West Ave Austin TX. 78701</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>02/24/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Minton Burton, Foster &amp; Collins</u>	Amount of contribution (\$) <u>\$7500.<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1100 Guadalupe Austin TX. 78701</u>		(If travel outside of Texas, complete Schedule T)	

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		(If travel outside of Texas, complete Schedule T)	

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

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

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

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.		<b>1</b> Total pages Schedule D:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Letters)	
<b>4</b> Date	<b>5</b> Corporation / Labor Organization name  ..... <b>6</b> Corporation / Labor Organization address;      City;      State;      Zip Code	<b>7</b> Amount of pledge (\$)	<b>8</b> In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address;      City;      State;      Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address;      City;      State;      Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address;      City;      State;      Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address;      City;      State;      Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address;      City;      State;      Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		<b>\$</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y            N	<b>8</b> Lender address:      City:      State:      Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address:      City:      State:      Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
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)
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address:      City:      State:      Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**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

2 FILER NAME Progressive Action P.A.C. 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/7/06</u>	5 Payee name <u>People for Efficient Transportation</u>	7 Amount (\$) <u>\$6000.00</u>
6 Payee address: City: State: Zip Code <u>9901 P.O. Box 90715 Austin TX. 78709</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>mailer to support Sarah Eckhardt</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <u>Sarah Eckhardt</u> Office sought: <u>cc pct. 2</u> Office held:
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Date <u>2/23/06</u>	Payee name <u>Message, Audience &amp; Presentation</u>	Amount (\$) <u>\$9213.00</u>
Payee address: City: State: Zip Code <u>2400 S. 4th St. Austin TX. 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>mailer to support Sarah Eckhardt</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <u>Sarah Eckhardt</u> Office sought: <u>cc pct 2</u> Office held:
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Date <u>2/23/06</u>	Payee name <u>Eric Sheppard</u>	Amount (\$) <u>\$1000.00</u>
Payee address: City: State: Zip Code <u>221 W. 6th St. Suite 1000 Austin TX. 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <u>Eric Sheppard</u> Office sought: <u>County Court #2</u> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: Office sought: Office held:
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# 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.)  (If travel outside of Texas, complete Schedule T)	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.)  (If travel outside of Texas, complete Schedule T)	<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.)  (If travel outside of Texas, complete Schedule T)	<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.)  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I: <u>2</u>
2 FILER NAME <i>Progressive Action P.A.C.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>First State Bank Central TX</i>	8 Amount (\$)  <i>\$61.56</i>
6 Payee address; City: State: Zip Code <i>6500 N. Mopac #1101 Austin TX. 78731</i>		
7 Purpose of expenditure (See instructions regarding type of information required.) <i>checks</i>		
Date	Payee name  Payee address: City: State: Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address: City: State: Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address: City: State: Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address: City: State: Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

## SCHEDULE J

The Instruction Guide explains how to complete this form.		1 Total pages Schedule J: .
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date Returned	5 Original payee name  6 Original payee address; City; State; Zip Code	7 Amount Returned (\$)
Date Returned	Original payee name  Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name  Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name  Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name  Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name  Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name  Original payee address; City; State; Zip Code	Amount Returned (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name ..... 6 Payor address;            City; State; Zip Code  7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address;            City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;            City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;            City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;            City; State; Zip Code  Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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**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

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

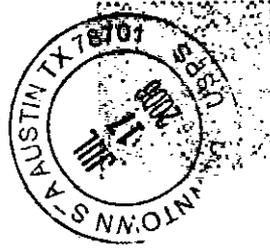
\_\_\_\_\_  
Title of officer administering oath

**CERTIFIED MAIL**



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PS Form 3800, 6/02



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Travis County Clerk's Office  
Elections Division  
PO Box 149325  
Austin, Texas 78714-9325

